

File No. 151040

Committee Item No. 13

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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Completed by: Victor Young Date November 23, 2015

Completed by: _____ Date _____

1 [Contract Amendment - Instituto Familiar de la Raza - Behavioral Health Services - Not to
2 Exceed \$26,136,910]

3 **Resolution approving amendment number two to the Department of Public Health**
4 **contract for behavioral health services with Instituto Familiar de la Raza to extend the**
5 **contract by two years, from July 1, 2010, through December 31, 2015, to July 1, 2010,**
6 **through December 31, 2017, with a corresponding increase of \$11,917,749 for a total**
7 **amount not to exceed \$26,136,910.**

8
9 WHEREAS, The mission of the Department of Public Health is to protect and promote
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health
12 services through a wide network of approximately 300 Community-Based Organizations and
13 service providers; and

14 WHEREAS, In 2010, the Department of Public Health selected Instituto Familiar de la
15 Raza through a Request For Proposals process to provide behavioral health services for the
16 period of July 1, 2010, through December 31, 2015; and

17 WHEREAS, The Board of Supervisors approved the original agreement for these
18 services under Resolution No. 563-10; and

19 WHEREAS, The Department of Public Health wishes to extend the term of that
20 contract in order to allow the continuation of services while Requests For Proposals are
21 administered to take into account the changes to behavioral health services business needs
22 related to the Affordable Care Act and the State Department of Health Care Services' 1115
23 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
24 services; and
25


1 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
2 into by a department or commission having a term in excess of ten years, or requiring
3 anticipated expenditures by the City and County of ten million dollars, to be approved by the
4 Board of Supervisors; and

5 WHEREAS, The Department of Public Health requests approval of an amendment to
6 the Department of Public Health contract for behavioral health services with Instituto Familiar
7 de la Raza to extend the contract by two years, from July 1, 2010, through December 31,
8 2015, to July 1, 2010, through December 31, 2017, with a corresponding increase of
9 \$11,917,749 for a total not-to-exceed amount of \$26,136,910; now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
11 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
12 County of San Francisco to amend the contract with Instituto Familiar de la Raza, extending
13 the term of the contract by two years, through December 31, 2017, and increasing the total,
14 not-to-exceed amount of the contract by \$11,917,749 to \$26,136,910; and, be it

15 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
16 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
17 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
18 for inclusion into the official file (File No. 151040).

19
20 RECOMMENDED:

21 
22 Barbara A. Garcia,
23 Director of Health

APPROVED:

24 
25 Mark Morewitz,
Health Commission Secretary



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

Dear Ms. Calvillo:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 (Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

RECEIVED
OFFICE OF SUPERVISOR
SANTOS
2015 OCT -5 AM 11:17

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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

Second Amendment

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

RECITALS

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

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

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

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

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

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

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

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

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

2. Term of the Agreement.

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

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

2. Term of the Agreement.

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

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

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fourteen Million Two Hundred Nineteen Thousand, One Hundred Sixty One Dollars (\$14,219,161)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

5. Compensation.

Compensation shall be made in monthly payments on or before the 30th day of each month for works set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Six Million One Hundred Thirty Six Thousand Nine Hundred Ten Dollars (\$26,136,910)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

8. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at

[http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates\\$fn=default.htm\\$3.0\\$vid=amlegal:sanfrancisco_ca\\$sync=1](http://www.amlegal.com/nxt/gateway.dll/California/administrative/administrativecode?f=templates$fn=default.htm$3.0$vid=amlegal:sanfrancisco_ca$sync=1). A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

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

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

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two

paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorney's fees, arising from this section.

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

15. Insurance.

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

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

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

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

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

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

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

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

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

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

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

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

20. Default; Remedies.

a. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

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

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

63. Protected Health Information

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

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

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of

Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

33. Local Business Enterprise Utilization; Liquidated Damages

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

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE

participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Contracts Monitoring Division or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of CMD") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of CMD will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17. By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the CMD shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City. Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of CMD or the Controller upon request.

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

34. Nondiscrimination; Penalties

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

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

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

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

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

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

42. Limitations on Contributions

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

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

43. Requiring Minimum Compensation for Covered Employees.

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

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any

subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

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

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

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

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

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

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

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

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

44. Requiring Health Benefits for Covered Employees

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

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

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

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

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

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

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

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

- h. Contractor shall keep itself informed of the current requirements of the HCAO.
- i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.
- j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.
- k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.
- l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.
- m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

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

49. Administrative Remedy for Agreement Interpretation.

- a. Negotiation; Alternative Dispute Resolution. The parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement by negotiation. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. If agreed by both parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. Neither party will be entitled to legal fees or costs for matters resolved under this section.
- b. Government Code Claims. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the Government Code Claim requirements set forth in Administrative Code Chapter 10 and Government Code Section 900, et seq.

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

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

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

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

Section 58. Not Used

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

59. Food Service Waste Reduction Requirements

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

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

63. Protected Health Information

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

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

64. Additional Terms

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

- s. **Appendix A dated 07/01/14 (i.e. July 1, 2014) is hereby replaced in its entirety with Appendix A dated 07/01/15 (i.e. July 1, 2015).**
- t. **Appendices A-1 to A-12 dated 07/01/15 (i.e. July 1, 2015) are hereby added for 2015-16.**
- u. **Appendix B dated 07/01/14 (i.e. July 1, 2014) is hereby replaced in its entirety with Appendix B dated 07/01/15 (i.e. July 1, 2015).**
- v. **Appendices B-1 to B-12 dated 07/01/14 (i.e. July 1, 2014) are hereby added for 2015-16.**
- w. **Appendix D, Additional Terms to the Original Agreement dated 07/01/10 (i.e. July 1, 2010 is hereby deleted in its entirety and replaced with Appendix D dated 07/01/15 (i.e. July 1, 2015).**
- x. **Appendix E, Business Associate Addendum to the Original Agreement dated 07/01/10 (i.e. July 1, 2010 is hereby deleted in its entirety and replaced with Appendix E dated 05/19/15 (i.e. May 19, 2015).**
- y. **Appendix F page A dated 07/01/15 (i.e. July 1, 2015) is hereby added for 2015-16.**

3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

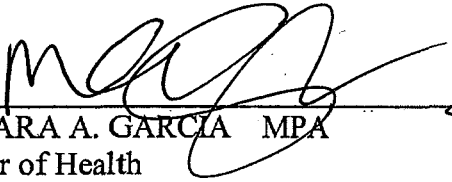
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY


CONTRACTOR

Recommended by:

INSTITUTO FAMILIAR DE LA RAZA



BARBARA A. GARCIA MPA
Director of Health



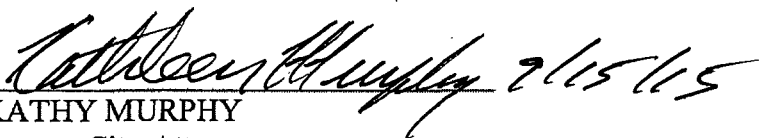
ESTELA R. GARCIA
EXECUTIVE DIRECTOR
2919 MISSION STREET
SAN FRANCISCO, CA 94110

Approved as to Form:

City vendor number: 09835

DENNIS J. HERRERA
City Attorney

By:



KATHY MURPHY
Deputy City Attorney

Approved:

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

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

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

M. CBHS Electronic Health Records System

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

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

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

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

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

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

Description of Services

2. Description of Services

Detailed description of services are listed below and are attached hereto

- Appendix A-1: Adult Outpatient Behavioral Health Clinic
- Appendix A-2: Behavioral Health Primary Care Integration
- Appendix A-3: Indigena Health and Wellness Collaborative
- Appendix A-4a: Child Outpatient Behavioral Health Services (General Fund)
- Appendix A-4b: Child Outpatient Behavioral Health Clinic (EPSDT)
- Appendix A-5: Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative
- Appendix A-6: La Cultura Cura ISCS/EPSDT Services
- Appendix A-7: Early Intervention Program-Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)
- Appendix A-8: MHSA Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative
- Appendix A-9: Trauma Recovery and Healing Services
- Appendix A-10: MHSA PEI Early Intervention program (EIP) Child Care Mental Health Consultation Initiative
- Appendix A-11: Semillas de Paz
- Appendix A-12: Roadmap to Peace

1. Identifiers:

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

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

Program Code(s): 3818-3

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

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

Please refer to exhibit B for Units of Service.

6. Methodology:

Direct client services

a. Outreach, Recruitment, Promotion, and Advertisement

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

a face-to-face contact from our staff while still in the hospital in order to provide successful linkage to outpatient level of care.

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

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

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

b. Admission, Enrollment and/or Intake criteria and process

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

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

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

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

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

c. Service Delivery Model

IFR is located at 2919 Mission Street, in the heart of the Mission District, and is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 5 p.m. and

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

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

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

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

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

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

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

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

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

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

d. Program's Exit Criteria and Process

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

e. Program Staffing

Please see Exhibit B.

For Indirect Services

N/A

7. Objectives and Measurements:

a. Standardized Objectives

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

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

The first part of the paper discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the success of any business or organization. The author provides several examples of how poor record-keeping can lead to financial loss and legal complications.

In the second part, the author explores the various methods used to collect and analyze data. This section includes a detailed discussion of statistical techniques and their application in different fields. The author also highlights the importance of data security and privacy in the modern era.

The third part of the paper focuses on the role of technology in business operations. It discusses how various technologies, such as artificial intelligence and cloud computing, are transforming the way businesses operate. The author provides a comprehensive overview of the current state of technology and its future potential.

Finally, the paper concludes with a summary of the key findings and a call to action for businesses to embrace change and innovation. The author stresses that only by staying up-to-date with the latest trends and technologies can businesses remain competitive in the global market.

1. Identifiers:

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

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

Program Code(s): N/A

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

Services will be tracked manually reflecting the following:

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

6. Methodology:

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

Outreach/Recruitment:

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

Referral process:

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

Intake Criteria:

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

Service Delivery Model:

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

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

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

Discharge Planning and Exit Criteria and Process:

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

Program Staffing:

Please refer to Appendix B.

For Indirect Services:

N/A

7. Objectives and Measurements:

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

N/A

8. Continuous Quality Improvement:

Achievement of Contract Performance Objectives:

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

Quality of Documentation & Services:

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

Cultural Competency:

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

Satisfaction with Services:

- Client satisfaction is assessed by MNHC evaluation of services.

Completion and use of data:

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

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

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

1. Identifiers:

Program Name: Indígena Health & Wellness Collaborative
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Julia Orellana
Telephone: 415-556-9800
Email Address: Julia.orellana@ifrsf.org

Program Code(s): None

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

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

Outreach & Engagement

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

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

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

Screening and Assessment

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

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

Wellness Promotion Activities (WPA)

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

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

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

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

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

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

Individual and Group Therapeutic Services

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

Service Linkage

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

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

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

6. Methodology:

a. Outreach and Engagement:

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

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

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

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

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

b. Admission, Enrollment and Intake

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

c. Program Service delivery model

Small and large group activities:

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

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

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

Individual/Family Therapeutic Services:

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

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

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

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

Training and Coaching:

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

Collaboration:

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

Location of services:

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

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

d. Exit Criteria:

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

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

e. Staffing

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

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

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

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

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

7. Objectives and Measurements:

a. Outreach & Engagement:

Process Objectives:

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

b. Screening & Assessment:

Process Objective:

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

Outcome Objective:

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

c. Wellness Promotion:

Process Objective:

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

Outcome Objective:

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

d. Individual & Group Therapeutic Services:

Process Objectives:

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

Outcome Objectives:

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

e. Service Linkage:

Process Objectives:

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

Outcome Objectives:

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

Evaluation of Objectives

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

service information in the Database. The deliverables will be consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form.

8. Continuous Quality Improvement:

Each staff member completes a monthly report of UOS, UDC and progress achieving goals, objectives and challenges encountered. Progress is also discussed during bi-weekly individual supervision. Program challenges are addressed during weekly staff meetings. Monthly statistics are compiled and a written report is submitted to the Executive Director and the Fiscal Director.

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

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

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

HIPAA Compliance Procedures:

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

- A. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- B. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Clinical Supervisor will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- C. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- D. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Clinical Supervisor will ensure that documentation is in the client's chart, at the time of the chart review. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse

program. The Supervisor will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

1. Identifiers:

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

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

Program Code(s): 3818-6

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

Services will be provided for Chicano/Latino children/youth under the age of 21 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and do not have full scope medical.

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

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

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

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

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

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

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

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

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

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

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

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

C. Service Delivery Model

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

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

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

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

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

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. IFR has an agreement with Mission Children, Youth and Family Service for IFR to access psychiatric services through their program. IFR will request parental consent to refer child to Medication Services and will accompany the family to every psychiatrist appointment. Mental Health Behaviorist will monitor compliance and other issues, important changes in clients' mental status and will consult and provide feedback to prescribing psychiatrist. Mission Children services will bill for services provided by their staff psychiatrist to their program.

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

Adjunct Services:

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

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

D. Exit Criteria and Process

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

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

E. Program Staffing

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

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

B. Individualized Program Objectives

IFR outpatient will engage in a number of activities enhancement staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

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

Evaluation of Individualized Objectives:

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

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

1. Identifiers:

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

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

Program Code(s): 3818-5

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

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

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Adjunct Services:

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

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients' progress and consider such factors as: risk of harm, compliance, progress and status

of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

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

E. Program Staffing
See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

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

B. Individualized Program Objectives

IFR outpatient will engage in a number of activities enhancement staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

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

Evaluation of Individualized Objectives:

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

1. Identifiers:

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

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-0740

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Cassandra Coe

Telephone: 415-229-0500

Email Address: Cassandra.coe@ifrsf.org

Program Code(s): 3818(2)

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment One

3. Goal Statement:

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

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

4. Target Population:

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

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

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

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

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

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

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

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

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

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

6. Methodology:

A. Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.
- Memorandums of Agreement (Site Agreements) will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.

- The consultants will work closely with the Head Start family specialist staff, education specialists, SFUSD staff and other support staff to continue outreach efforts.

B. Admission, Enrollment and/or intake criteria:

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

C. Program Service Delivery Model:

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

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 4-14 hours per week of bilingual child care mental health consultation services to 24 early education childcare sites and two monthly charlas and individual consultations as requested to 40 family childcare providers participating in the FCCQN (Q Circle) in the Mission, Bay View and Outer Mission Districts of San Francisco.

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

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

For the 40 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. Partnership meetings with parents will be established at the providers request and will

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

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 16th year and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

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

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

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

D. Exit Criteria and Process:

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

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

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

E. Program's staffing: See Appendix B.

7. Objectives and Measurements:

A. Required Objectives:

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

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

B. Individualized Program Objectives

None

8. Continuous Quality Improvement:

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

1. Identifiers:

Program Name: La Cultura Cura ISCS/EPSDT Services
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-3662
Website Address: www.ifrsf.org
Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Jesús Yañez
Telephone: 415-229-0500
Email Address: jesus.yanez@ifrsf.org
Program Code(s): 3818-10

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

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

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

Billable services include Mental Health Services in the following forms:

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

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

6. Methodology:

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

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

A. Outreach & Recruitment:

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

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

B. Admission and Intake Criteria:

Intensive Supervision and Clinical Services (ISCS)

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

Intensive Case Management

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

C. Service Delivery Model:

Intensive Supervision and Clinical Services (ISCS)

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

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

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

- Employment status
- Referrals to community resources

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

Intensive Case Management

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

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

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

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

D. Discharge Planning and Exit Criteria:

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

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

E. Program Staffing:

Please refer to Exhibit B.

No Indirect Services for this component.

7. Objectives and Measurements:

a. Standardized Objectives

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

b. Individualized Program Objectives

The following objectives will also be tracked:

Objective 1:

By June 30th of Fiscal Year 2015-2016, 65% of participants actively involved in the program for 6 months will have completed their assigned community service hours as measured by self-reporting, court documents, and documentation in the case manager's case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data by June 30th 2015 and present to the Associate Director to analyze the data to inform program implementation.

Objective 2:

During Fiscal Year 2015-2016, 90% of participants enrolled in the program and actively participating for a 3 month period will have enrolled in school or an appropriate educational setting as measured by self-reporting, SFUSD progress reports, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data by June 30th 2016 and present to the Associate Director to analyze the data to inform program implementation.

Objective 3:

During Fiscal Year 2015-2016, 35% of participants involved in services for 3 to 6 months will not have an additional sustained petition or conviction as measured by self-reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data by June 30th 2016 and present to the Associate Director to analyze the data to inform program implementation.

Objective 4:

During Fiscal Year 2015-2016, 65% of participants involved with services for a period of 3 to 6 months will complete goals outlined in their initial service plan as measured by self-reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data by June 30th 2016 and present to the Associate Director to analyze the data to inform program implementation.

8. Continuous Quality Improvement:

a. Achievement of contract performance objectives:

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

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

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

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

c. Cultural competency of staff and services:

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

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

d. Client Satisfaction:

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

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

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

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

1. Identifiers:

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

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-0740

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Cassandra Coe

Telephone: 415-229-0500

Email Address: Cassandra.coe@ifrsf.org

Program Code(s): 3818

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

Mental Health Consultation:

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

Systems Work:

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

Outreach and Engagement:

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

Individual Therapeutic Services

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

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

Group Therapeutic Services

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

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

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

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

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

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

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

6. Methodology:

Outreach, Recruitment, Promotion, and Advertisement:

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

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

B. Admission/Intake Criteria

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

C. Service Delivery Model

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

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

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

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

Frequency of Services/Hours/Location:

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

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

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

D. Exit Criteria:

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

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

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

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements:

MHSA SMART GOAL #1:

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

Performance Objective #1:

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

Performance Objective #2:

During academic year 2015-16, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2016.

Performance Objective #3:

During academic year 2015-16, a minimum of 75% of teachers receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2016.

MHSA SMART GOAL #2

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

Performance Objective#1

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

Performance Objective#2

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

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

MHSA SMART GOAL #3

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

Performance Objective #1

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

8. Continuous Quality Improvement:

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

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

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

9. Required Language:

N/A

1. Identifiers:

Program Name: Trauma Recovery & Healing Services (TR&HS)
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org
Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: clery.villacrez@ifrsf.org
Program Code(s): 3818-X

2. Nature of Document:

☐ New ☒ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

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

WELLNESS PROMOTION:

Community Interventions

- i. Provide community wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.
- ii. Debriefing: TR&HS will support HealthRight360's efforts to prevent retaliations and escalations of community violence. These are unplanned interventions coordinated under the direction of the SVRT Program Director, responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.
- iii. Ceremonies and Dialogue on Peace: IFR has a well-established history of integrating cultural and spiritual practices as part of the approach to intervention. Believing that preserving traditional knowledge and practices is healthy and healing. TR&HS convene two (2) facilitated dialogues on peace as well as two (2) community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence. Community ceremonies serve as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the Indigena Health and Wellness Collaborative, funded by DPH, to work closely with leaders in the indigenous community to integrate messages of peace, forgiveness, and reconciliation in the community. Ceremonies will include Día de los Muertos, Xilonen, and Cuahtemoc. Youth and families impacted by street violence will be encouraged to participate in these Healing ceremonies. IFR expects to reach at least twenty-two (22) unduplicated clients under this modality.

OUTREACH AND ENGAGEMENT:

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

SCREENING AND ASSESSMENT:

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

MENTAL HEALTH CONSULTATION:

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

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

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

iii. Individual Therapeutic Services

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

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

Group Therapeutic Service

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

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

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

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

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement:

La Cultura Cura-Trauma Recovery and Healing Services will receive its referrals from the HR360 SVRT, Mission Peace Collaborative (MPC), as well as self-referral. The MPC is a convening of community-based agencies providing street outreach, and crisis response services to youth and their families affected by street and gang violence, as well as other partner agencies that are involved in violence prevention work. The Clinical CM/Behavioral Health Specialists in this contract are responsible for outreach and client recruitment activities. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

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

B. Admission, Enrollment, and Intake:

Clients referred for individual therapeutic services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; however, registration in the System of Care (AVATAR) will not be required until otherwise determined (i.e. if they are linked/coordinated into long term services). The client receives an orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of BHS with regard to treatment of clients. All clients are informed of their rights as consumers, are given linguistically accurate documentation of their client rights and of their right to privacy in regards to HIPPA.

Youth and families referred will receive services through this Program utilizing minimal enrollment and registration requirements. Youth who meet criteria for case management services will be registered for case management services at La Cultural Cura and required to document their attendance at each session. Community debriefings will be open to the public; registration is not required.

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

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

C. Delivery Model:

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

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

Direct Services will be provided at IFR as well as the partner agencies including but not limited to HealthRight 360, SFUSD sites, Mission Neighborhood Centers, and additional partners in response to the needs as determined by the target population. Co-location of the behavioral health specialist create accessibility for youth who are gang affiliated and have risk for conflict if they enter into areas that are "run" by an opposing neighborhood gang. When safe and appropriate, home visits are offered to engage the youth and his/her family. Outreach/Consultation services may be provided at a number of settings including schools, youth centers, and other settings, including the streets, where the target population congregates.

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

IFR and its co-located site for services at HealthRight360 and Mission Neighborhood Centers are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th street BART. IFR hours of operation are Monday

through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with back up from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair bound clients.

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

D. Exit Criteria and Process:

La Cultura Cura-Trauma Recovery and Healing Services will adopt essential elements of the utilization review and discharge/exit criteria from our outpatient comprehensive clinic to prioritize services to those most in need. The Behavioral Health Specialist, under guidance of the Clinical Supervisor, a licensed behavioral health provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services: every three months, a chart/case review will be conducted to assess client need for services and/or creation of a step-down plan into the community or system of care. Chart maintenance and standards of documentation will be reviewed within weekly supervision.

E. Program Staffing:

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

F. Systems Transformation:

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

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

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

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

7. Objectives and Measurements:

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

- i. During FY15-16, 85% of youth and families referred for TR &HS will receive follow-up as demonstrated by client referral and disposition log maintained at the program.

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

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

8. Continuous Quality Improvement:

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

On a staffing level, CQI is supported through supervision, administrative reviews and training. The Behavioral Health Specialists are supervised on a bi-weekly basis by a licensed clinician.

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

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

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

HIPAA Compliance Procedures:

- a. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The IFR Program Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b. All staff who handles patient health information are trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The LCC Program Manager will ensure that documentation shows that all staff has been trained.
- c. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal

translation is provided. The LCC Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."

- d. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The LCC Program Manager will ensure the presence and visibility of posting in said areas.
- e. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The LCC Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- f. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The LCC Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

1. Identifiers:

Program Name: Semillas de Paz

Program Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Telephone: 415-229-0500

FAX: 415-647-0740

Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street

City, State, ZIP: San Francisco, CA 94110

Person Completing this Narrative: Jesús Yañez, Program Manager

Telephone: 415-229-0500

Email Address: jesus.yanez@ifrsf.org

Program Code(s): 3818C

2. Nature of Document:

☒ New ☐ Renewal ☐ Informal Modification Two

3. Goal Statement:

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

4. Target Population:

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

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

Clinical Case Management

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

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

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

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

Individual/Family Mental Health Services

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

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

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

Group Therapeutic Services

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

Case Conferencing

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

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

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

6. Methodology:

A. Outreach and Engagement:

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

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

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

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

B. Admission, Enrollment, and Intake:

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

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

Refereed youth and families will have access to intra-agency resources (e.g., Family Resource Services which provides social services to uninsured families with children under 5years-old) or to appropriate outside service providers.

C. Delivery Model:

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

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

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

Mission Connect staff will coordinate and work with Mobile Crisis Treatment Team, Child Crisis Team,

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

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

D. Exit Criteria and Process:

In a coordinated manner, the Crisis Triage Counselors, under guidance of the Crisis Triage Supervisor, a licensed behavioral health provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services a chart/case review will be conducted to assess client need for services and/or creation of a step-down plan into the community or system of care. Chart maintenance and standards of documentation will be reviewed within existing agency protocols.

E. Program Staffing:

Please refer to Appendix B.

F. Systems Transformation:

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

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

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

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

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

7. Objectives and Measurements:

Individualized Objectives:

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

8. Continuous Quality Improvement:

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

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

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

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

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

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

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

HIPAA Compliance Procedures:

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

1. Identifiers:

Program Name: Roadmap to Peace
 Program Address: 2919 Mission Street
 City, State, ZIP: San Francisco, CA 94110
 Telephone: 415-229-0500
 Website Address: www.ifrsf.org

FAX: 415-647-3662

Contractor Address: 2919 Mission Street
 City, State, ZIP: San Francisco, CA 94110
 Person Completing this Narrative: Estela García
 Telephone: 415-229-0500
 Email Address: estela.garcia@ifrsf.org

Program Code(s): 3818-X

2. Nature of Document:

☒ New ☐ Renewal ☒ Amendment Two

3. Goal Statement:

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

4. Target Population:

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

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

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

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

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

6. Methodology:

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

7. Objectives and Measurements:

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

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

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

8. Continuous Quality Improvement:

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

Appendix B

Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1: Adult Outpatient Behavioral Health Clinic

Appendix B-2: Behavioral Health Primary Care Integration

Appendix B-3: Indigena Health and Wellness Collaborative

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

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

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

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

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

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

Appendix B-9: Trauma Recovery and Healing Services

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

Appendix B-11: Semillas de Paz

Appendix B-12: Roadmap to Peace

B. COMPENSATION

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

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

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

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

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

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

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

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

DPH 1: Department of Public Health Contract Budget Summary

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

DPH 1: Department of Public Health Contract Budget Summary

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

TOTAL INDIRECT COSTS	\$ 383,653
(Salaries & Benefits + Operating Costs)	

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-1/Page 2

	TOTAL		GENERAL FUND (HMHMCC730515)		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.12	\$ 12,290.00	0.12	12,290								
Program Manager	0.77	\$ 57,857.00	0.77	57,857								
Program Coordinator	0.30	\$ 16,686.00	0.30	16,686								
Psychiatrist	0.33	\$ 61,800.00	0.33	61,800								
Psychologist/Clinical Supervisor	0.38	\$ 29,835.00	0.38	29,835								
Behavioral Health Specialists	2.42	\$ 117,590.00	2.42	117,590								
Eligibility Worker/BH Specialist	0.50	\$ 20,302.00	0.50	20,302								
Program Assistants	0.67	\$ 27,783.00	0.67	27,783								
Totals:	5.49	\$344,143	5.49	\$344,143								

Employee Fringe Benefits:	27%	\$91,766	27%	\$91,766								
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TOTAL SALARIES & BENEFITS	\$435,909	\$435,909					
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FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-1/Page 3

Expenditure Category	TOTAL	General Fund (HMHMCC730515)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent	\$ 9,516.00	\$ 9,516.00				
Utilities(telephone, electricity, water, gas)	\$ 4,513.00	\$ 4,513.00				
Building Repair/Maintenance	\$ 9,119.00	\$ 9,119.00				
Materials & Supplies:						
Office Supplies	\$ 3,139.00	\$ 3,139.00				
Photocopying	\$ -					
Printing	\$ 589.00	\$ 589.00				
Program Supplies	\$ 500.00	\$ 500.00				
Computer hardware/software	\$ -					
General Operating:						
Training/Staff Development	\$ 1,750.00	\$ 1,750.00				
Insurance	\$ 3,924.00	\$ 3,924.00				
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 1,668.00	\$ 1,668.00				
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100/hr with 20 hours total	\$ 2,000.00	2,000				
Contract Supervisor Fee at \$75/hr with 7 hours/wk for 10 months	\$ 23,625.00	23,625				
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Expenses	\$ 1,100.00	1,100				
Stipends	\$ 3,000.00	3,000				

TOTAL OPERATING EXPENSE

\$64,443

\$64,443

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-2/Page 2

Document Date: 7/1/15

[illegible]

\$71,828

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-2/Page 3[illegible]**TOTAL OPERATING EXPENSE**

\$7,821

\$7,821

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Program Name: Indigena Health & Wellness Collaborative

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

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

\$179,107

\$179,107

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-3/Page 3

Expenditure Category	TOTAL	General Fund (Include all Funding Sources with this Index Code)	MHSA (HMMHPROP63/PMH S63-1510)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 33,228.00		\$ 33,228.00			
Utilities(telephone, electricity, water, gas)	\$ 848.00		\$ 848.00			
Building Repair/Maintenance	\$ 21,479.00		\$ 21,479.00			
Materials & Supplies:						
Office Supplies	\$ 4,885.00		\$ 4,885.00			
Photocopying						
Printing	\$ 261.00		\$ 261.00			
Program Supplies	\$ 210.00		\$ 210.00			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 800.00		\$ 800.00			
Insurance	\$ 1,743.00		\$ 1,743.00			
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 741.00		\$ 741.00			
Staff Travel:						
Local Travel	\$ 240.00		\$ 240.00			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 8,875.00		\$ 8,875.00			

TOTAL OPERATING EXPENSE

\$73,310

\$73,310

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-4a/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program Name:	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services		
Program Code (formerly Reporting Unit):	38186	38186	38186	38186		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79	15/01-09	45/20-29		
Service Description:	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Outreach		TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16		
FUNDING USES						
Salaries & Employee Benefits:	69,711	1,332	1,676	16,365		89,085
Operating Expenses:	9,019	172	217	2,117		11,526
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	78,731	1,504	1,893	18,483		100,611
Indirect Expenses:	9,447	181	227	2,218		12,073
TOTAL FUNDING USES:	88,178	1,685	2,120	20,701		112,684
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	18,521	354	445		19,320
MH STATE - PSR EPSDT						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA						
MH STATE - MH Realignment	HMHMCP751594	20,558	393	494	4,826	26,271
MH COUNTY - General Fund	HMHMCP751594	49,099	936	1,181	15,875	67,093
MH COUNTY - General Fund WO CODB						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		88,178	1,685	2,120	20,701	112,684
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		88,178	1,685	2,120	20,701	112,684
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		88,178	1,685	2,120	20,701	112,684
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
DPH Units of Service:	32,182	414	1,000	284		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.74	4.07	2.12	72.89		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.74	4.07	2.12	72.89		
Published Rate (Medi-Cal Providers Only):	2.91	4.37	2.29	80.08		
Unduplicated Clients (UDC):	33	33	33	33		Total UDC: 33

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

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

Program Name: Child Outpatient Behavioral Health Services

Document Date: 7/1/15[illegible]

Employee Fringe Benefits:	27%	\$18,790	27%	\$18,790								
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TOTAL SALARIES & BENEFITS

\$89,085

\$89,085

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

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Expenditure Category	TOTAL	General Fund (HMHMCP751594)	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16				
Occupancy:						
Rent	\$ 2,178.00	\$ 2,178.00				
Utilities(telephone, electricity, water, gas)	\$ 1,033.00	\$ 1,033.00				
Building Repair/Maintenance	\$ 2,207.00	\$ 2,207.00				
Materials & Supplies:						
Office Supplies	\$ 718.00	\$ 718.00				
Photocopying						
Printing	\$ 135.00	\$ 135.00				
Program Supplies	\$ 200.00	\$ 200.00				
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 1,375.00	\$ 1,375.00				
Insurance	\$ 898.00	\$ 898.00				
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 382.00	\$ 382.00				
Staff Travel:						
Local Travel						
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hours	\$ 1,000.00	\$ 1,000.00				
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 400.00	\$ 400.00				
Stipends	\$ 1,000.00	\$ 1,000.00				

TOTAL OPERATING EXPENSE

\$11,526

\$11,526

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-4b/Page 1	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015	
Provider Number: 3818				Fiscal Year: 15-16	
Program Name:	Child Outpatient Behavioral Health Clinic- EPSDT	Child Outpatient Behavioral Health Clinic- EPSDT	Child Outpatient Behavioral Health Clinic- EPSDT		
Program Code (formerly Reporting Unit):	38185	38185	38185		
Mode/SFC (MH) or Modality (SA):	15/10-56	15/70-79	15/01-09		
Service Description:	MH Svcs	Crisis Intervention- OP	Case Mgt Brokerage		TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16		
FUNDING USES					
Salaries & Employee Benefits:	238,939	861	3,449		243,249
Operating Expenses:	23,295	84	336		23,715
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	262,233	945	3,786		266,964
Indirect Expenses:	31,468	113	454		32,036
TOTAL FUNDING USES:	293,702	1,058	4,240		299,000
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	140,454	506	2,028	142,988
MH STATE - PSR EPSDT	HMHMCP751594	126,407	455	1,825	128,687
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA					
MH STATE - MH Realignment	HMHMCP751594	5,108	18	74	5,200
MH COUNTY - General Fund	HMHMCP751594	21,733	78	314	22,125
MH COUNTY - General Fund WO CODB	HMHMCP751594				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		293,702	1,058	4,240	299,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		293,702	1,058	4,240	299,000
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		293,702	1,058	4,240	299,000
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS		
DPH Units of Service:	107,190	260	2,000		
Unit Type:	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.74	4.07	2.12		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.74	4.07	2.12		
Published Rate (Medi-Cal Providers Only):	2.91	4.37	2.29		
Unduplicated Clients (UDC):	98	98	98		Total UDC: 98

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38185

Appendix/Page #: B-4b/Page 2

Program Name: Child Outpatient Behavioral Health Clinic-EPSDT

Document Date: 7/1/15

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

\$243,249

\$243,249

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

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

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

TOTAL OPERATING EXPENSE

\$23,715

\$23,715

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38182

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

Program Name: EI - Childcare MH Consultation Initiative

Document Date: 7/1/15

	Sub-TOTAL		General Fund (HMMCP751594) EPSDT		HSA Work Order (HMMCHCDHSWO)		DCYF work Order (HMMCHDCYFWO)		SFCFC/SRI WO (HMMCHSRIPWO)		SFCFC/PFA WO (HMMCHPFAPWO)	
	Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16		Term: 7/1/15 -6/30/16	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.25	\$ 23,702.38	0.01	1,087	0.12	11,603	0.02	1,986	0.01	1,395	0.08	7,632
Program Manager	0.31	\$ 24,400.97	0.01	1,119	0.15	11,945	0.03	2,044	0.02	1,436	0.10	7,857
Program Coordinator	1.00	\$ 50,986.95	0.05	2,337	0.49	24,960	0.08	4,271	0.06	3,000	0.32	16,418
Psychologist/Clinical Supervisor	0.06	\$ 4,471.91	0.00	205	0.03	2,189	0.00	375	0.00	263	0.02	1,440
Mental Health Specialists	6.97	\$ 380,866.24	0.32	17,459	3.41	186,449	0.58	31,905	0.41	22,412	2.25	122,641
Program Assistants	0.76	\$ 32,816.00	0.03	1,504	0.37	16,065	0.06	2,749	0.04	1,931	0.25	10,567
Totals:	9.36	\$517,244	0.43	\$23,711	4.58	\$253,211	0.78	\$43,330	0.55	\$30,437	3.01	\$166,555

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

\$655,957

\$30,069

\$321,117

\$54,950

\$38,600

\$211,221

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

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

Expenditure Category	TOTAL	General Fund (HMMCP751594) non-EPSDT	SFCFC/Prop 10 (HMMPROP10WO)			
	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16			
Occupancy:						
Rent	\$ 16,701.00	\$ 142.28	\$ 354.48			
Utilities(telephone, electricity, water, gas)	\$ 8,092.00	\$ 68.94	\$ 171.75			
Building Repair/Maintenance	\$ 16,005.00	\$ 136.35	\$ 339.71			
Materials & Supplies:						
Office Supplies	\$ 5,510.00	\$ 46.94	\$ 116.95			
Photocopying	\$ -	\$ -	\$ -			
Printing	\$ 1,033.00	\$ 8.80	\$ 21.93			
Program Supplies	\$ 2,500.00	\$ 21.30	\$ 53.06			
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 4,000.00	\$ 34.08	\$ 84.90			
Insurance	\$ 6,887.00	\$ 58.67	\$ 146.18			
Professional License	\$ -	\$ -	\$ -			
Permits	\$ -	\$ -	\$ -			
Equipment Lease & Maintenance	\$ 2,927.00	\$ 24.94	\$ 62.13			
Staff Travel:						
Local Travel	\$ 4,911.00	\$ 41.84	\$ 104.24			
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:						
Internship Trainer Fee at \$100 per hour with total of 10 hrs	\$ 1,000.00	\$ 8.52	\$ 21.22			
w/Dates, Hourly Rate and Amounts)						
w/Dates, Hourly Rate and Amounts)						
(add more Consultant lines as necessary)						
Other:						
Client Related Exp and Cultural Event Activities	\$ 2,000.00	\$ 17.04	\$ 42.45			
Family Childcare Providers Training	\$ 3,000.00	\$ 25.56	\$ 63.67			
	\$ -					

TOTAL OPERATING EXPENSE

\$74,566

\$635

\$1,583

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-5/Page 2b		
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015		
Provider Number: 3818					Fiscal Year: 15-16		
	Program Name:	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	
	Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182	
	Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	15/10-56	15/70-79	15/01-09	
	Service Description:	Early Intervention/(Gro up)	MH Services Indv/Family	EPSDT - MH Services	EPSDT - Crisis Intervention	EPSDT - Case Mgt/Brokerage	TOTAL
	FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES							
	Salaries & Employee Benefits:	6,402	6,138	30,469	160	1,023	676,066
	Operating Expenses:	706	677	3,360	18	113	74,566
	Capital Expenses (greater than \$5,000):						
	Subtotal Direct Expenses:	7,109	6,815	33,829	178	1,136	750,632
	Indirect Expenses:	853	818	4,059	21	136	90,076
	TOTAL FUNDING USES:	7,962	7,632	37,889	199	1,272	840,708
CBHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)		HMHMCP751594		18,944	100	636	19,680
MH STATE - PSR EPSDT		HMHMCP751594		17,050	90	572	17,712
MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	3,967	3,803			399,318
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHCDCYFWO	679	651			68,332
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO					
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHSRIPWO	477	457			48,000
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHPFAPWO	2,610	2,502			262,660
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMPROP10WO	177	170			17,844
MH STATE - MHSA							
MH STATE - MH Realignment							
MH COUNTY - General Fund		HMHMCP751594	44	43	1,894	10	64
MH COUNTY - General Fund WO CODB		HMHMCP751594	7	7			726
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			7,962	7,632	37,889	199	1,272
CBHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES			7,962	7,632	37,889	199	1,272
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			7,962	7,632	37,889	199	1,272
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:		104	100	13,828	49	600	
Unit Type:		Staff Hour	Staff Hour	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		76.19	76.19	2.74	4.07	2.12	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		76.19	76.19	2.74	4.07	2.12	
Published Rate (Medi-Cal Providers Only):		95.00	95.00	2.91	4.37	2.29	Total UDC:
Unduplicated Clients (UDC):		935	935	6	6	6	941

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 38182

Program Name: El - Childcare MH Consultation Initiative

Document Date: 7/1/15

Appendix/Page #: B-5/Page3b[illegible][illegible]**TOTAL SALARIES & BENEFITS**

\$676,066

\$5,759

\$14,349

FY 14-15 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

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

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

TOTAL OPERATING EXPENSE

\$74,566

\$635

\$1,583

FY 14-15 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

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

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

TOTAL OPERATING EXPENSE

\$72,348

\$3,316

\$35,417

\$6,061

\$4,257

\$23,296

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-6/Page 2Document Date: 7/1/15

Employee Fringe Benefits:	27%	\$59,397	28%	28,316	28%	26,212					4,869	
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\$27,200

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-6/Page 3

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

TOTAL OPERATING EXPENSE

\$34,923

\$16,932

\$15,675

\$2,316

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Appendix/Page #: B-7/Page 1a	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2015	
Provider Number: 3818					Fiscal Year: 15-16	
Program Name:	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	
Program Code (formerly Reporting Unit):	None	None	None	None	None	
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
Service Description:	Consultation (Group)/Cmnty Client Svcs	Consultation (Individuals)/Cmnty Client Svcs	Consultation (Class/Observation)/Cmnty Client Svcs	Training/Parent Support (Group)/Cmnty Client Svcs	Direct Services (Group)/Cmnty Client Svcs	TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES						
Salaries & Employee Benefits:	42,929	36,257	16,051	10,462	2,313	108,013
Operating Expenses:	13,559	11,452	5,070	3,304	731	34,115
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	56,488	47,709	21,121	13,766	3,044	142,128
Indirect Expenses:	7,060	5,963	2,639	1,720	380	17,763
TOTAL FUNDING USES:	63,548	53,672	23,761	15,487	3,424	159,891
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)						
MH STATE - PSR EPSDT						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA	HMHMPROP63					
MH STATE - MH Realignment	PMHS63-1510	63,548	53,672	23,761	15,487	159,891
MH COUNTY - General Fund						
MH COUNTY - General Fund WO CODB						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		63,548	53,672	23,761	15,487	159,891
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		63,548	53,672	23,761	15,487	159,891
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		63,548	53,672	23,761	15,487	159,891
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
DPH Units of Service:	682	576	255	166	20	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	93.18	93.18	93.18	93.18	171.22	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	93.18	93.18	93.18	93.18	171.22	
Published Rate (Medi-Cal Providers Only):	98.80	98.80	98.80	98.80	182.00	Total UDC:
Unduplicated Clients (UDC):	570	570	570	570	570	570

FY 15-16 CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Appendix/Page #: B-7/Page 1b
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2015
Provider Number: 3818				Fiscal Year: 15-16
Program Name:	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	
Program Code (formerly Reporting Unit):	None	None	None	
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	45/20-29	
Service Description:	Early Intervention/(Individuals)	Early Ref/Linkage	MH Services Indv/Family	TOTAL
FUNDING TERM:	7/1/15 -6/30/16	7/1/15 -6/30/16	7/1/15 -6/30/16	
FUNDING USES				
Salaries & Employee Benefits:	4,280	16,844	5,715	134,851
Operating Expenses:	1,352	5,320	1,805	42,592
Capital Expenses (greater than \$5,000):				
Subtotal Direct Expenses:	5,631	22,164	7,520	177,443
Indirect Expenses:	704	2,770	940	22,177
TOTAL FUNDING USES:	6,335	24,934	8,460	199,620
CBHS MENTAL HEALTH FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
MH FED - SDMC Regular FFP (50%)				
MH STATE - PSR EPSDT				
MH WORK ORDER - Human Services Agency				
MH WORK ORDER - Dept. Children, Youth & Families				
MH WORK ORDER - Dept. Children, Youth & Families				
MH WORK ORDER - First Five (SF Children & Family Commission)				
MH WORK ORDER - First Five (SF Children & Family Commission)				
MH STATE - MHSA	HM-HMPROP63			
MH STATE - MH Realignment	PMHS63-1510	6,335	24,934	8,460
MH COUNTY - General Fund				
MH COUNTY - General Fund WO CODB				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,335	24,934	8,460
CBHS SUBSTANCE ABUSE FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES				
	Index Code/Project Detail/CFDA#:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES				
TOTAL DPH FUNDING SOURCES				
		6,335	24,934	8,460
NON-DPH FUNDING SOURCES				
TOTAL NON-DPH FUNDING SOURCES				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				
		6,335	24,934	8,460
CBHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)				
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				
Cost Reimbursement (CR) or Fee-For-Service (FFS):				
	FFS	FFS	FFS	
DPH Units of Service:				
	74	728	247	
Unit Type:				
	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)				
	85.61	34.25	34.25	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):				
	85.61	34.25	34.25	
Published Rate (Medi-Cal Providers Only):				
	98.80	80.08	80.08	
Unduplicated Clients (UDC):				
	570	570	570	Total UDC: 570

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-7/Page 2

Document Date: 7/1/15

Employee Fringe Benefits:	27%	\$28,892			27%	\$28,892							
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\$134,851

\$134,851

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-7/Page 3

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

TOTAL OPERATING EXPENSE

\$42,592

\$42,592

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-8/Page 2Document Date: 7/1/15

Employee Fringe Benefits:	26%	\$13,625			26%	\$13,625							
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\$65,848

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

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

TOTAL OPERATING EXPENSE

\$5,067

\$5,067

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

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Program Name: MHSA - Trauma Recovery & Healing Services

Document Date: 7/1/15

[illegible]

Employee Fringe Benefits:	30%	\$38,391			30%	\$38,391						
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TOTAL SALARIES & BENEFITS

\$167,771

\$167,771

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-9/Page 3

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

TOTAL OPERATING EXPENSE

\$29,544

\$29,544

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: None

Program Name: MHSA PEI ECMHC Training

Document Date: 7/1/15Appendix/Page #: B-10/Page 2[illegible]

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

\$14,651

\$14,651

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-10/Page 3

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

TOTAL OPERATING EXPENSE

\$700

\$700

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3818C

Program Name: Semillas de Paz

Document Date: 7/1/15Appendix/Page #: B-11/Page 2[illegible]

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

\$410,715

\$385,715

\$25,000

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-11/Page 3

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

TOTAL OPERATING EXPENSE

\$11,001

\$11,001

FY 15-16 CBHS BUDGET DOCUMENTS

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

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

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Program Code: 3818R

Program Name: Road Map to Peace

Document Date: 7/1/15Appendix/Page #: B-12/Page 2[illegible][illegible]**TOTAL SALARIES & BENEFITS**

\$33,929

\$33,929

FY 15-16 CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-12/Page 3

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

TOTAL OPERATING EXPENSE

\$10,714

\$10,714

**Appendix D
Additional Terms**

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

- Create PHI
- Receive PHI
- Maintain PHI
- Transmit PHI and/or
- Access PHI

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

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

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

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

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

RECITALS

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

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

1. Definitions.

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



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



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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



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



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

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

3. Termination.

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



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

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

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



Appendix E
San Francisco Department of Public Health
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
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

Appendix F
Invoice



CERTIFICATE OF LIABILITY INSURANCE

INSTI-4 OP ID: MI

DATE (MM/DD/YYYY)
06/24/2015

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

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

PRODUCER CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi Renewal	CONTACT NAME: Michaelyn Ragatz	
	PHONE (A/C, No, Ext): 415-680-2127 FAX (A/C, No): 415-680-2153	
	E-MAIL ADDRESS: mragatz@cal-insure.com	
INSURED Instituto Familiar de la Raza 2919 Mission Street San Francisco, CA 94110	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A: State Compensation Ins. Fund	35076
	INSURER B: Nonprofits Ins. Alliance of CA	11384
	INSURER C: NIF Group	
	INSURER D: Philadelphia Insurance Co.	18058
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

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

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

CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES, THEIR OFFICERS, AGENTS, AND DIRECTORS ARE NAMED AS ADDITIONAL INSURED TO GENERAL LIABILITY PER ATTACHED CG2026 & TO COMMERCIAL AUTO PER ATTACHED CG2048

SEE HOLDER NOTES

CERTIFICATE HOLDER

CANCELLATION

CITY&CO

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

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

AUTHORIZED REPRESENTATIVE

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NOTEPAD:HOLDER CODE CITY&CO
INSURED'S NAME Instituto Familiar de la RazaINS
OP ID: MR

PAGE 2

Date 06/24/2015

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

POLICY NUMBER: 2015-12435-NPO

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED – DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p> <p>CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES, THEIR OFFICERS, AGENTS, AND DIRECTORS</p>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

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

First Amendment

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

RECITALS

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

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

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

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

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

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

1a. Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from the RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000026 and DPHM11000277 between Contractor and City, as amended by this First Amendment.

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

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

2a. Section 2. Term of the Agreement is provided for reference only:

2. Term of the Agreement

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

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

5. Compensation

Instituto Familiar de La Raza
CMS#6960

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

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

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

2c. Appendix A Services to be provided by Contractor and Appendices A-1 through A-10 dated 07/01/2012 (i.e., July 1, 2012) are hereby added for Fiscal Year 2012-2013.

2d. Appendix B Calculation of Charges and Appendices B-1 through B-10 dated 07/01/2012 (i.e., July 1, 2012) are hereby added for Fiscal Year 2012-2013.

2e. Appendices A-1 through A-10 have been renumbered from the Original Agreement due to the elimination of funding for Appendices A-6 and Appendix A-10 for Fiscal Year 2012-2013.

2f. Revised Appendix F, Invoice Template dated 07/01/2012 (i.e., July 1, 2012) is hereby attached.

2g. A Cost of Doing Business Increase of 1.91% has been added to the Compensation for Fiscal Year 2012-2013.

3. **Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2012.

4. **Legal Effect.** Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

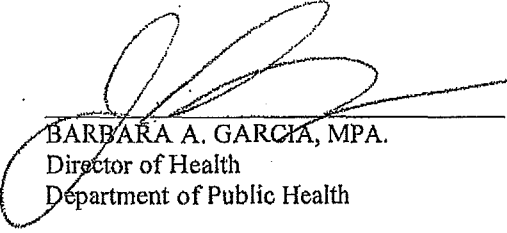
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

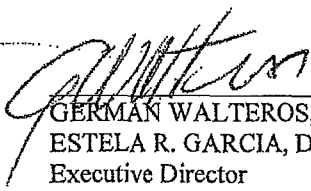
CITY

CONTRACTOR:

Recommended by:

INSTITUTO FAMILIAR DE LA RAZA


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



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

Approved as to Form:

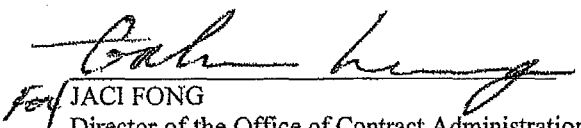
City vendor number: 09835

Dennis J. Herrera
City Attorney

By:


SHERRI SOKELAND KAISER
Deputy City Attorney

Approved:


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

Instituto Familiar de La Raza
CMS#6960

RECEIVED
PURCHASING DEPARTMENT
12 DEC 14 AM 10:38

Appendix A

Community Behavioral Health Services Services to be provided by Contractor

1. Terms

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. Billing and Information System

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

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. Quality Improvement:

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

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

P. Working Trial Balance with Year-End Cost Report

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

Q. Harm Reduction

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

R. Compliance with Community Behavioral Health Services Policies and Procedures

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

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

T. Clinics to Remain Open:

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

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

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTRACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client. CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

2. Description of Services

Detailed description of services are listed below and are attached hereto

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

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

Contractor: Instituto Familiar de la Raza
Program: Adult Outpatient Behavioral Health Clinic
Fiscal Year: 2012-2013
CMS#: 6960

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

1. **Program Name:** Adult Outpatient Behavioral Health Clinic
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 225-0900
Facsimile: (415) 647-3662
Program Code: 3818 (3)

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

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

4. **Target Population**

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

5. **Modalities/Interventions**

Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

of mental illness. The services may include evaluation, of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education, and plan development related to the delivery of the services and/or assessment of the beneficiary.

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

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

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

See Appendix B-1 for Units of Service.

6. Methodology

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

Outreach, Recruitment, Promotion, and Advertisement

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

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

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

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

Admission, Enrollment and Intake

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

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

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

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

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

Service Delivery Model

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

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

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

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

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

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

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

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

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

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

Program's Exit Criteria and Process

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

Program Staffing

Please see Appendix B-1

For Indirect Services

N/A

7. Objectives and Measurements

A. Required Objectives

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

8. Continuous Quality Improvement

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

1. **Program Name:** Behavioral Health Primary Care Integration
Program Address): 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 38183

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

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

4. **Target Population**

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

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

Units of Service (UOS) Description	Units of Service	Number of Clients	Unduplicated Clients (UDC)
Behavioral Health Intervention and consultation to Primary Care clinic patients and staff at MNHC. Billable services consist of Encounters= 30 minutes, These services will be billed as Mode 45 and will be documented on paper rather than AVATAR. (35hrs x 65% x 1FTE x 44 wks=1001x2 Encounters per hour =2002)	2,002 (number of encounters)		395
Total UOS Delivered	2,002		
Total UDC Served			395

Services will be tracked manually reflecting the following:

Number of consultations

Number of patient contacts (one encounter= 30 minutes)

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

6. **Methodology**

A. **For direct client services**

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

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

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

Referral process:

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

Program Staffing: Please refer to Appendix B-2.

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

7. Objectives and Measurements

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

N/A

8. Continuous Quality Improvement

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

1. Program Name: Indigena Health and Wellness Collaborative
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 38183

2. Nature of Document

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

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

4. Target Population

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

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

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

5. Modality(ies)/Interventions

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

Wellness Promotion Activities (WPA):

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

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

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

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

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

Individual/Family Therapeutic Services

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

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

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

Outreach and Engagement

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

Training and Coaching

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

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

MHS/EI at 0.04 FTE x 29.75hrs/wk x 46wks x 65% LOE HP at 0.07FTE x 15hrs/wk x 46wks x 65% LOE x 3HPs PL at 0.06FTE x 17.5hrs/wk x 46wks x 65% LOE UOS = # of participants			
TOTAL	1012	920	160
Units of Service (UOS) Description	UOS	Number of Clients	UDC
Individual and Family Therapeutic Services 12-1hr interventions x 60 individuals = 720UOS MHS/EI at 0.81FTE x 29.75hrs/wk x 46wks x 65% LOE UOS=# of clients x # of hrs	720	60	60
Outreach and Engagement HPs will devote approximately 2hrs a week each to Outreach and Engagement activities 40 O&E contacts/mo x 11mos = 440UOS 0.21 FTE x 15hrs/wk x 46 Wks x 65% LOE x 3HPs UOS =# of contacts	440	440	N/A
Training and Coaching Activities 40 hrs of ongoing training throughout the contract period for each HP 40hrs x 3 Mayan/Indigenous HPs and 1 Senior Promotora = 160 HP at 0.045 x 15hrs/wk x 46wks x 65% LOE x 3HPs and 1PL at 0.04 x 17hrs/wk x 46wks x 65% LOE UOS = # of hrs of training x 3 HPs and 1 SP	160	4	4
TOTAL	1,320	504	64
GRAND TOTAL	2,332	1,424	224

6. Methodology

A. Outreach and Engagement:

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

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

Date: 07/01/12

Page 3 of 7

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

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

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

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

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

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

B. Promotoras/Peer Employees:

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

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

C. Training and Coaching:

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

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

D. Collaboration:

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

E. Exit Criteria:

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

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

F. Staffing:

The Health and Wellness Manager is responsible for the administration, implementation and supervision of the program as well as staff supervision. The PM is responsible to, and supervised by the Executive Director.

The EI/MHS provides Individual/Family Therapeutic services to the Mayan/Indigenous community and Case consultation to the UT Case Manager, the Promotoras and SP/PL.

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

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

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

The Program Assistant will provide support for program needs.

7. Objectives and Measurements

Required Objectives: MHSA GOALS:

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

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

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

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

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

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

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

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

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

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

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

Evaluation of Objectives

See above for evaluation procedures

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

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

8. Continuous Quality Assurance and Improvement

Each staff member completes a monthly report of UOS, UDC and progress achieving goals, objectives and challenges encountered. Progress is also discussed during bi-weekly individual supervision. Program challenges are addressed during weekly staff meetings. Monthly statistics are compiled and a written report is submitted to the Executive Director and the Fiscal Director

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

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

A client satisfaction survey will be developed and administered to a % of the Mayan/indigenous community members participating in the IHWC activities in FY 12-13.

HIPPA Compliance Procedures:

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

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

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services
(General Fund)
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4a
Contract Term: 07/01/12 through 06/30/13

1. **Program Name: Child Outpatient Behavioral Health Services -General Fund**
Program Address: 2919 Mission Street
San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 467-3662
Program Code: 38186

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

Instituto Familiar de la Raza will provide outpatient behavioral health care services to Chicano/Latino children, youth, and families eligible for the San Francisco Mental Health Plan in a culturally and linguistically appropriate manner.

4. **Target Population**

Services will be provided for Chicano/Latino children/youth under the age of 18 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and have full scope medical.

Latino children and youth face high levels of stressors; poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination and the current anti-immigrant sentiments. Latino youth are more likely to drop out of school, and report depression and anxiety. In a national survey of high school students, Hispanic adolescents reported more suicidal ideation and attempts proportionally higher than non-Latino whites and African Americans.

Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Lack of bilingual/bicultural mental health providers constitutes a major obstacle to providing effective treatment once services are sought. The importance of integrating cultural norms, values, beliefs and practices that are accepted with the diverse Latino community underscore the importance of providing culturally proficient models of services.

5. **Modalities/Interventions**

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

Collateral - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.

Therapy - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Medication Support Services - means services which include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation, of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education, and plan development related to the delivery of the services and/or assessment of the beneficiary.

Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

Targeted Case Management - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Outreach Services/Consultation - Services are activities and projects directed toward 1) strengthening individuals' and communities' skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies' or organizations' mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals' coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skill of human services agency staff to handle the mental health problems of particular clients.

See Appendix B-4 for units of service

6. Methodology

A. For direct client services

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each item, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

A. Outreach, recruitment, promotion, and advertisement

IFR has a 30 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

Brochures describing the array of services including behavioral health services, psychiatric services and case management are distributed to agencies in and around the Mission District.

- B. Program's admission, enrollment and/or intake criteria and process where applicable.**
Each client gets a screening for co-occurring disorder and an assessment using the CBHS-CYF-SOCCRAAFT and AADIS form to establish medical necessity for specialty mental health services

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under 5 years-old and CulturaCura which serves youths and families who have had difficulties with law enforcement institutions), or to appropriate partner agencies and/or outside service providers.

For all new intakes, an appointment for face-to face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity for specialty behavioral health and substance abuse services will be assigned to a Behavioral Health Specialist an individual CANS assessment and a full plan of care will be developed within 30 business days. If it is determined that clients need services beyond the initial 30 business days, a request for authorization will be submitted to the PURQC committee for additional hours.

All clients are informed of their rights under CBHS in a linguistically accurate manner and provided with documentation of their right to privacy in regards to HIPAA as well as a review of their Client Rights, which includes obtaining client signature and providing a copy to them. Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

Behavioral Health service delivery is based on Recovery and varied Behavioral Health Substance Abuse theories, bicultural personality development, Harm Reduction, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary, coordinated team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, 9 a.m. to 2 p.m. Client's emergencies are managed by the assigned Behavioral Health Specialist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a clinic serving children, youth up to age 21, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive behavioral health services.

In collaboration with community and partner agencies, and other IFR programs, children and their families are able to access a wide spectrum of services. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and behavioral

health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a coordinated multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the behavioral health needs of the community.

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. Psychiatric Consultation is also provided directly to behavioral health and primary medical providers for questions regarding psychiatric diagnosis and treatment planning. Since the psychiatrist is part of a multi-disciplinary team that reviews all clients, the consultations are with the team about the effects of medications, compliance and other issues, affecting important changes in clients' mental status. Team members provide feedback to the psychiatrist about the mental status and other issues related to the cases.

The psychiatrist also consults with other service providers of the psychiatric client, including, but not limited to, Behavioral Health Specialist, medical providers, substance abuse counselors and case managers. In addition, the psychiatrist consults with the client's primary care provider in the referral, placement and treatment disposition of clients at all phases of their treatment.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR has adopted CRAAFT and AADIS screening tool to determine client needs for substance abuse services.

Adjunct Services:

The outpatient clinic has access to culturallytherapeuticdrummingcircles that are available to youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients' progress and consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

IFR Outpatient clinic will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made in outpatient services.

E. Program Staffing

See Appendix B-4.

F. For Indirect Services

Indirect Services (Outreach) will be provided through collaborations with community organizations, such as MUA, Tree House, and two identified schools, as well as families that come to IFR to request services for their children. At times that the identified client does not meet full criteria for services but would benefit from screening, case management and triage.

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

IFR has implemented the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30 business days initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used (CANS) as standard practice of care, are a requirement for all clinicians.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements, Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services-
EPSDT
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4b
Contract Term: 07/01/12 through 06/30/13

1. **Program Name:** Child Outpatient Behavioral Health Services- EPSDT
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 467-3662
Program Code: 38185

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

Instituto Familiar de la Raza will provide outpatient behavioral health care services to Chicano/Latino children, youth, and families eligible for the San Francisco Mental Health Plan in a culturally and linguistically appropriate manner.

4. **Target Population**

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Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Lack of bilingual/bicultural mental health providers constitutes a major obstacle to providing effective treatment once services are sought. The importance of integrating cultural norms, values, beliefs and practices that are accepted with the diverse Latino community underscore the importance of providing culturally proficient models of services.

5. **Modalities/Interventions**

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

Collateral - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.

Medication Support Services - means services which include prescribing, administering, dispensing, and monitoring of psychiatric medications or biological which are necessary to alleviate the symptoms of mental illness. The services may include evaluation, of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education, and plan development related to the delivery of the services and/or assessment of the beneficiary.

Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

Targeted Case Management - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

See Appendix B-4b for Units of Service.

6. Methodology

A. For direct client services

A. Outreach, recruitment, promotion, and advertisement

IFR has a 30 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., Y.G.C., and the Human Services Agency).

Brochures describing the array of services including behavioral health services, psychiatric services and case management are distributed to agencies in and around the Mission District.

B. Program's admission, enrollment and/or intake criteria and process where applicable.

Each client gets a screening for co-occurring disorder and an assessment using the CBHS-CYF-SOC CRAAFT and AADIS forms to establish medical necessity for specialty mental health services

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under 5 years-old and Cultura Cura which serves youths and families who have had difficulties with law enforcement institutions), or to appropriate partner agencies and/or outside service providers.

For all new intakes, an appointment for face-to face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity for specialty behavioral health and substance

abuse services will be assigned to a Behavioral Health Specialist an individual CANS assessment and a full plan of care will be developed within 30 business days. If it is determined that clients need services beyond the initial 30 business days, a request for authorization will be submitted to the PURQC committee for additional hours.

All clients are informed of their rights under CBHS in a linguistically accurate manner and provided with documentation of their right to privacy in regards to HIPAA as well as a review of their Client Rights, which includes obtaining client signature and providing a copy to them. A Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

Behavioral Health service delivery is based on Recovery and varied Behavioral Health Substance Abuse theories, bicultural personality development, Harm Reduction, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary, coordinated team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, 9 a.m. to 2 p.m. Client's emergencies are managed by the assigned Behavioral Health Specialist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a clinic serving children, youth up to age 21, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive behavioral health services.

In collaboration with community and partner agencies, and other IFR programs, children and their families are able to access a wide spectrum of services. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and behavioral health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a coordinated multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the behavioral health needs of the community.

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. Psychiatric Consultation is also provided directly to behavioral health and primary medical providers for questions regarding psychiatric diagnosis and treatment planning. Since the psychiatrist is part of a multi-disciplinary team that reviews all clients, the consultations are with the team about the effects of medications, compliance and other issues, affecting important changes in clients' mental status. Team members provide feedback to the psychiatrist about the mental status and other issues related to the cases.

The psychiatrist also consults with other service providers of the psychiatric client, including, but not limited to, Behavioral Health Specialist, medical providers, substance abuse counselors and case managers. In addition, the psychiatrist consults with the client's primary care provider in the referral, placement and treatment disposition of clients at all phases of their treatment.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR has adopted CRAAFT and AADIS screening tool to determine client needs for substance abuse services.

Adjunct Services:

The outpatient clinic has access to culturally defined drumming therapeutic circles that are available to youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Día de los Muertos, Las Posadas, Latino Gay Night, Día de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients' progress and consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

IFR Outpatient clinic will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made in outpatient services.

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services-
EPSDT
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4b
Contract Term: 07/01/12 through 06/30/13

- E. **Program Staffing**
Please Appendix B-4b staff salaries and benefits.

- F. **For Indirect Services**
Indirect Services (Outreach) will be provided through collaborations with community organizations, such as MUA, CARECEN (Victims of Crime), Tree House, and two identified schools, as well as families that come to IFR to request services for their children. At times that the identified client does not meet full criteria for services but would benefit from screening, case management and triage.

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

IFR has implemented the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30 business day initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as (CANS) standard practice of care, are a requirement for all clinicians.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

Contractor: Instituto Familiar de la Raza
Program: Child Outpatient Behavioral Health Services-
EPSDT
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-4b
Contract Term: 07/01/12 through 06/30/13

The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) Child Care
Mental Health Consultation Initiative
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-5
Contract Term: 07/01/12 through 06/30/13

1. **Program Name:** Early Intervention Program (EIP) Child Care MH Consultation Initiative
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 38182

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family childcare providers for fiscal year 2012-2013. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity for family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. **Target Population**

The target population is at-risk children and families enrolled in 18 center-based preschool childcare site, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all nine Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs. Southeast Families United Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Sanchez BCE and Bryant ECE; and 2 pre-K SFUSD sites: Cesar Chavez, and Paul Revere; and Mission YMCA. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 12 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. **Modalities/Interventions**

Contractor: Instituto Familiar de la Raza
 Program: Early Intervention Program- Child Care
 Fiscal Year: 2012-2013
 CMS#: 6960

Appendix A-5
 Contract Term: 07/01/2012 through 06/30/2013

Target Population Table:

#	Funding	Center	# of hrs per week	# of Children	# of Class-rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC - Jean Jacobs	7	40	2	4	Milagritos
3	HSA	MNC - Stevenson	7	40	2	4	Nancy
4	HSA	MNC - Valencia Gardens	10	64	4	7	Geraldine
5	HSA	MNC Bernal Dwellings	5	24	1	4	Geraldine
6	HSA	MNC 24 th St.	10	64	4	8	Nancy
7	HSA	MNC - Women's Bldg	5	24	1	4	Geraldine
8	HSA	MNC Mission Bay	7	44	2	7	Marisol
9	HSA	SFUSD Paul Revere PreK	5	20	1	3	Milagritos
10	HSA	Family Childcare Providers	5	16	4	4	Cassandra
11	PFA	SFUSD EEC Zaida Rodriguez Center	12	80	4	4	Milagritos
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	Nancy
13	PFA	SFUSD Sanchez EEC	7	40	2	6	Nancy
14	PFA	Mission YMCA	7	60	3	8	Marisol
15	PFA	SFUSD Bryant EEC	7	48	2	6	Elia
16	PFA	Theresa S. Mahler EEC	7	48	2	6	Julio
17	DCYF	Family Child Care Providers	10	32	8	8	Maria/Nancy
18	SRI	IFR Family Resource Center	7	20	1	3	Marisol
19	SRI	Excelsior Family Connection FRC	7	20	1	4	Elia
20	MHSA	Southwest/Evans Preschool Classroom	7	24	1	4	Jasmine
21	MHSA	Evans Infant/Toddler Classroom	7	14	2	4	Tenisha
22	MHSA	Training-Institute	9 sessions per year	Up to 15 consultants			Cassandra Coe & Michelle Vidal

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of two or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.

- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking on an ongoing basis to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.
- **Training-Institute:** IFR will develop and implement one 9-session training for mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHI. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar. Total funding \$13,729 for 8 to 10 Consultants.(Appendix B-10)

Service units will also include **outreach and linkage** as well as **evaluation services**. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2012-2013, the number of unduplicated clients and total number of units (UOS) to be served under **current funding** will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 491 UOS.
First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.
PFA funding (\$177,660) will serve 316 clients with a total of 2,369 UOS.
HSA funding (\$292,292) will serve 364 clients with a total of 3,897 UOS.
General Fund (\$41,935) will serve 15,367 MH Services, 60 Crisis Intervention, and 400 Case Management with a total of 7 UOS.

They will have a total of 759 Unduplicated Clients.

MHSA funding (\$ 42,000) will serve 32 clients with a total of 560 UOS. Please see Appendix B-5.

Program Consultation

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month

Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

Activity	Small Center: 12-24 children	Med. Center 25-50 children	Large Center: >50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

6. Methodology

For direct client services

Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.

- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start ERSEE staff, education specialists and other support staff to continue outreach efforts.

Admission, Enrollment and/or intake criteria:

Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff, other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 childcare sites and average of 2 hours every two weeks for up to 12 family childcare providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 12 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. In some family childcare provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family childcare provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 15th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

Program's staffing: See Appendix B-5.

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

MHSA objectives remain the same as objectives outlined for ECMHI contained in CBHS document.

B. Individualized Program Objectives

During fiscal Year 2012-2013, 75% of teachers will report they have improved their understanding of the social emotional needs of the children in their care as measured by the completed teacher satisfaction survey that will be administered by June 2013.

During fiscal Year 2012-2013, 75% of parents will report that they are better able to respond to the behavioral and social-emotional needs of their children as measured by the completed parent satisfaction survey administered by June 2013.

During fiscal Year 2012-2013, all Early Intervention Mental Health Specialists will attend weekly group supervision that addresses implementation of IFR model of consultation to enhance the quality of consultation services as measured by attendance logs at EIP Team Meetings.

8. Continuous Quality Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives. Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff is bilingual and bicultural and our work is based on a cultural framework

Requirement Documentation: Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.

- 5) Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

Requirement Documentation: Program has a HIPAA complaint log form that is used by all relevant staff.
(APPLICABLE to DIRECT SERVICES ONLY)

- 6) Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH SafetyNet, including early childhood mental health consultants.

Requirement Documentation: Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used. (APPLICABLE to DIRECT SERVICES ONLY)

MHSA ONLY:

Data Management: The Contractor collects and submits UOS and UDC data on all clients. All agencies receiving funding through MHSA are required to collect and submit UDC and services data through the DPH Client and Services Database. This is applicable for all "MHSA eligible clients" receiving services paid with any MHSA source of funding. Each MHSA funded agency participates in the planning and implementation of their respective agency into the Database. The agency complies with DPH policies and procedures for collecting and maintaining timely, complete, and accurate UDC and service information in the Database. New client registration data is entered within 48 hours or two working days after the data is collected. Service data for the preceding month, including units of services will be entered by the 15th working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form.

8. Continuous Quality Improvement

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

The IFR-EIP program agrees to participate in citywide planning for mental health services to young children and their families and to abide by quality assurance measures developed by CBHS to meet local and state standards of care. The program will utilize technical assistance from CBHS to implement quality assurance standards established for these services.

In addition, Instituto Familiar de la Raza as an agency and its programs are committed to providing the highest quality of care to the target population through program design and staffing that is culturally competent. The IFR-EIP program will complete a CBHS questionnaire on cultural competency to demonstrate its fulfillment of state requirements on cultural competency. The completed questionnaire will be submitted within timelines to the Competence and Consumer Relations Unit of CBHS.

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews. Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

B. Other Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2011.

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2011.

C. Evaluation of Objectives

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

- 1) DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

Required Documentation: Program has approved and implemented policies and procedures that abide by the rules outlined in the DPH Privacy Policy. Copies of these policies are available to patients/clients.

- 2) All staff who handles patient health information are trained and annually updated in the program's privacy policies and procedures.

Required Documentation: Program has written documentation that staff members have received appropriate training in patient privacy and confidentiality.

- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal transition is provided.

Required Documentation: Program has evidence in patients'/clients' charts or electronic files that they were "noticed" in their relevant language either in writing or verbally. (APPLICABLE to DIRECT SERVICES ONLY)

- 4) A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

E. Describe your program's staffing: See Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

Objective #1 (Understanding emotional and development needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

B. Admission, Enrollment and/or intake criteria:

- Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

C. Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based child care, family resource centers, and family child care settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific child care staff, other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other care givers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 child care sites and average of 2 hours every two weeks for up to 15 family child care providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 15 family child care providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. In some family child care provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family child care provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 13th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

D. Exit Criteria and Process:

Activity	Small Center 12-24 children	Med. Center 25-50 children	Large Center >50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA. or at our outpatient clinic and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

A written Memorandum of Agreement (MOA) will be provided by October 1, 2010 for each of the sites. The MOA will outline the following: Site information, the term of the MOA, number of on-site hours, agreed upon services, agreed upon client/site roles and responsibilities, and the agreed upon day and time for regular group consultation.

6. Methodology

A. Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.
- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff.
- The consultants will work closely with the Head Start ERSEE staff and other support staff to continue outreach efforts.

referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.

- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

Service units will also include **outreach and linkage** as well as **evaluation services**. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2010-2011, the number of unduplicated clients and total number of units (UOS) to be served under **current funding** will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 482 UOS.
 First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.
 PFA funding (\$155,660) will serve 316 clients with a total of 2,066 UOS.
 HSA funding (\$272,866) will serve 364 clients with a total of 3,628 UOS.
 MHSA funding (\$42,000) will serve 32 clients with a total of 698 UOS.
 EPSDT funding (\$41,149) will serve 8 clients with a total of 264 UOS.

Program Consultation

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

The IFR-EIP Program will provide mental health consultation services, including group and individual consultation; classroom and child observation, training/parent support; direct services to children and families including therapeutic play groups and individual/family interventions as defined below.

#	Funding	Center	# of hrs per week	# of Children	# of Class-rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC – Jean Jacobs	7	40	2	4	Maite
3	HSA	MNC - Stevenson	7	40	2	4	TBD
4	HSA	MNC – Valencia Gardens	7	40	2	7	Enrique
5	HSA	MNC Bernal Dwellings	5	24	1	4	Enrique
6	HSA	MNC 24 th St.	10	64	4	8	Maite
7	HSA	MNC - Women's Bldg	5	24	1	4	Nancy
8	HSA	MNC - Valencia	7	48	2	7	Nancy
9	HSA	MNC Mission Bay	7	44	2	7	Marisol
10	HSA	SFUSD Paul Revere PreK	5	20	1	3	Kristina
11	PFA	Holy Family Day Home	6	40	2	4	Nancy
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	TBD
13	PFA	Sanchez CDC	6	40	2	6	TBD
14	PFA	Mission YMCA	6	60	3	8	Marisol
15	PFA	Bryant CDC	6	48	2	6	Elia
16	PFA	Theresa S. Mahler CDC	6	48	2	6	Elia
17	PFA	SFUSD Buena Vista PreK	5	40	2	3	Enrique
18	DCYF	Family Child Care Providers	9	20	6	8	Kristina/Nancy
19	SRI	IFR Family Resource Center	6	20	1	3	Nancy
20	SRI	Excelsior Family Connection FRC	6	20	1	4	Elia
21	MHSA	Southeast Center - Evans Preschool Classroom	7	24	1	4	Michelle
22	MHSA	Southeast Center - Evans Infant/Toddler Classroom	7	8	1	4	Maite

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment,

1. Program Information

Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative
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2. Nature of Document

☒ New ☒ Renewal ☐ Modification

(New for CBHS funds, renewal for MHSA funds)

3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based child care sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family child care providers for fiscal year 2010-2011. The program will also open EPSDT charts on 7 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity and skills of teaching and family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool child care sites, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all ten Mission Neighborhood Center Head Start sites: Valencia Center, Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs, Southeast Center (Evans); 3 SFUSD child development centers: Theresa Mahler Center, Sanchez CDC and Bryant CDC; and 3 preK SFUSD sites: Cesar Chavez, Buena Vista, Paul Revere; and Holy Family Day Home and Mission YMCA. These programs serve primarily low-income at-risk Latino children and CalWorks families in part-day and full-day programs.

The 15 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 7 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. Modality(ies)/Interventions

All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. The Clinical Supervisor is responsible for reviewing the charts as indicated by his/her signature. In addition, the Program Manager conducts bi-monthly administrative supervision to review productivity, provide support regarding system issues impacting upon client services, review documentation for administrative compliance and ensure that staff follows program policies and procedures. The Program Manager also evaluates the staff development needs and creates plans of action and training objectives as indicated. Trainings provided by CBHS are attended by all clinicians. Those that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

HIPPA Compliance:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

B. Other Objectives

IFR outpatient IFR will engage in a number of activities enhancement staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

- Staff will participate in a series of trainings on co-occurring disorders
- Staff will participate in a series of trainings on "evidence based" or "evidence informed" practices most relevant to the Chicano/Latino community
- Staff will participate in all relevant CBHS trainings, particularly as it relates to compliance issues.
- IFR program staff will attend training on provision of services to the designated target population of the program, addressing issues regarding ethnicity, cultural background, gender, sexual orientation, creed or disability.

Additional Objectives:

Short Term

- 100% of registered children will be screened for mental health and Substance Abuse, those identified with substance abuse issues will be linked whenever possible, to services that enhance treatment at IFR.
- 75% of children will have reduced or resolved problem behavior in at least one sphere (home, school, siblings) by 6th month re-assessment.

Long-term

- Improve functioning in school and at home evidenced by reduction of problem behavior,
- Develop coping strategies to inhibit the tendency towards impulsive responding
- Reduce criminal system involvement and out of home placement

Systems

- A minimum of 2 planning meeting will be convened between IFR and partners to continue developing an increasingly integrated system of referrals, guidelines for case conferences, and developing coordinated plans of care. Designated agency representative for IFR (Clinic Coordinator) will maintain a sign in sheet, attendance log, and minutes of meeting, a record of issues discussed decisions made.
- 100% of registered children and youth for will be screened for health coverage eligibility (Medi-Cal, Healthy Families, etc.); all eligible clients will be entered into electronic list and will be tracked monthly to determine if they have successfully accessed benefits. Behavioral Health specialist will be informed of status for follow-up.

C. Evaluation of Objectives

See above (7A and B) for evaluation procedures. *Electronic Recordkeeping and Data Collection Requirements:* IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Quality issues are addressed during bi-monthly multidisciplinary team meetings, during weekly QA/PURQC committee meetings, and during individual supervision. Every week, client charts are reviewed by the PURQC committee. QA procedures provide the opportunity to monitor the development of treatment plans of care, implementation of services, preventive interventions, chart content, chart order, billing issues, and an opportunity to meet PURQC authorization guidelines.

F.1.b	Primary Care provider and health care information All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. <i>The new Avatar system will allow electronic documentation of such information.</i>	X
F.1.c	Active engagement with primary care provider 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.	X
Objective G.1: Alcohol Use/Dependency		
G.1.a	For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. <i>Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.</i>	X
G.1.b	All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.	X
Objective H.1: Planning for Performance Objective FY 2011-2012		
H.1.a	Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. <i>System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.</i>	X
H.1.b	Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. <i>Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.</i>	X

A.1.h	CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score. <i>Note: including school-based programs</i>	X
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X
Objective A.3: Increase Stable Living Environment		
A.3.a	35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. <i>Note: except 24-hour programs</i>	X
Objective B.2: Treatment Access and Retention		
B.2.a	During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. <i>Note: Exempt Methadone Providers.</i>	X
Objective F.1: Health Disparity in African Americans		
F.1.a	Metabolic and health screening Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.	N/A for IFR

of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

IFR Outpatient clinic will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made in outpatient services.

E. Program Staffing (For CBHS, Appendix B is sufficient).

Please see Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

	Objectives	MH CYF
Objective A.1: Reduced Psychiatric Symptoms		
A.1.a	The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. <i>Note: except supported housing programs.</i>	X
A.1.e	75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. <i>Note: if data available in AVATAR</i>	X
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>	X
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X

Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a coordinated multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the behavioral health needs of the community.

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. Psychiatric Consultation is also provided directly to behavioral health and primary medical providers for questions regarding psychiatric diagnosis and treatment planning. Since the psychiatrist is part of a multi-disciplinary team that reviews all clients, the consultations are with the team about the effects of medications, compliance and other issues, affecting important changes in clients' mental status. Team members provide feedback to the psychiatrist about the mental status and other issues related to the cases.

The psychiatrist also consults with other service providers of the psychiatric client, including, but not limited to, Behavioral Health Specialist, medical providers, substance abuse counselors and case managers. In addition, the psychiatrist consults with the client's primary care provider in the referral, placement and treatment disposition of clients at all phases of their treatment.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR has adopted CRAAFT and AADIS screening tool to determine client needs for substance abuse services as well as the CANS.

Adjunct Services:

The outpatient clinic has access to culturally defined therapeutic drumming groups that target youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse. Youths are first assessed to identify their level of functioning in order to determine their appropriateness for group services.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients progress and consider such factors as: risk

Brochures describing the array of services including behavioral health services, psychiatric services and case management are distributed to agencies in and around the Mission District.

B. Program's admission, enrollment and/or intake criteria and process where applicable.

Each client gets a screening for co-occurring disorder and an assessment using the ASFCBHS CANS assessment to establish medical necessity for specialty mental health services

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g. Medi-Cal or private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services which provides services to uninsured families with children under 5 years-old and Cultura Cura which serves youths and families who have had difficulties with law enforcement institutions), or to appropriate partner agencies and/or outside service providers.

For all new intakes, an appointment for face-to face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity for specialty behavioral health and substance abuse services will be assigned to a Behavioral Health Specialist and a full plan of care will be developed within 30 days of opening a CANS assessment and plan of care completed and redone every 6 months. If it is determined that clients need services beyond the initial 30 days, a request for authorization will be submitted to the PURQC committee for additional hours.

All clients are informed of their rights under CBHS in a linguistically accurate manner and provided with documentation of their right to privacy in regards to HIPAA as well as a review of their Client Rights, which includes obtaining client signature and providing a copy to them. A Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service Delivery Model

Behavioral Health service delivery is also based on client and family needs per CANS assessment, recovery and varied Behavioral Health Substance Abuse theories, bicultural personality development, Harm Reduction, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary, coordinated team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m and Saturdays, by appointment. Client's emergencies are managed by the assigned Behavioral Health Specialist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a comprehensive clinic serving children, youth and adults, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive behavioral health services.

In collaboration with community and partner agencies, and other IFR programs, children and their families are able to access a wide spectrum of services. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and behavioral health services for clients referred by Human Services

Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

Medication Support Services - means services which include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation, of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education, and plan development related to the delivery of the services and/or assessment of the beneficiary.

Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

Collateral - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.

Therapy - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Targeted Case Management - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Outreach Services/Consultation - Services are activities and projects directed toward 1) strengthening individuals' and communities' skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies' or organizations' mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals' coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skill of human services agency staff to handle the mental health problems of particular clients.

See Appendix B for Units of Service.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement

IFR has a 30 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., Y.G.C., and the Human Services Agency).

1. **Program Name:** Child Outpatient Behavioral Health Services - EPSDT
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, California 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662

2. **Nature of Document**

☒ New ☐ Renewal ☐ Modification

3. **Goal Statement**

Instituto Familiar de la Raza will provide outpatient behavioral health care services to Chicano/Latino children, youth, and families eligible for the San Francisco Mental Health Plan in a culturally and linguistically appropriate manner.

4. **Target Population**

Services will be provided for Chicano/Latino children/youth under the age of 21 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and have full scope medical.

Latino children and youth face high levels of stressors; poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination and the current anti-immigrant sentiments. Latino youth are more likely to drop out of school, and report depression and anxiety. In a national survey of high school students, Hispanic adolescents reported more suicidal ideation and attempts proportionally higher than non-Latino whites and African Americans.

Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Lack of bilingual/bicultural mental health providers constitutes a major obstacle to providing effective treatment once services are sought. The importance of integrating cultural norms, values, beliefs and practices that are accepted with the diverse Latino community underscore the importance of providing culturally proficient models of services.

5. **Modality of Service/Interventions**

A. Modality of Services

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services <i>0.6429 FTE x 35 hrs x 46 wks x 65.005% LOE x 60 mins</i>	40,371	50
Medication Support Services <i>0.01 FTE x 35 hrs x 46 wks x 65.528% LOE x 60 mins</i>	633	Incl.
Crisis Intervention <i>0.018 FTE x 35 hrs x 46 wks x 66.1951% LOE x 60 mins</i>	1151	Incl.
Brokerage <i>0.046 FTE x 35 hrs x 46 wks x 66.3201% LOE x 60 mins</i>	2,947	Incl.
Total	45,102	50

B. Definition of Billable Services

Billable services include Mental Health Services in the following forms:

All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. The Clinical Supervisor is responsible for reviewing the charts as indicated by his/her signature. In addition, the Program Manager conducts bi-monthly administrative supervision to review productivity, provide support regarding system issues impacting upon client services, review documentation for administrative compliance and ensure that staff follows program policies and procedures. The Program Manager also evaluates the staff development needs and creates plans of action and training objectives as indicated. Trainings provided by CBHS are attended by all clinicians. Those that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

HIPPA Compliance:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

B. Other Objectives

IFR outpatient IFR will engage in a number of activities enhancement staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

- Staff will participate in a series of trainings on co-occurring disorders
- Staff will participate in a series of trainings on "evidence based" or "evidence informed" practices most relevant to the Chicano/Latino community
- Staff will participate in all relevant CBHS trainings, particularly as it relates to compliance issues.
- IFR program staff will attend training on provision of services to the designated target population of the program, addressing issues regarding ethnicity, cultural background, gender, sexual orientation, creed or disability.

Additional Objectives:

Short Term

- 100% of registered children will be screened for mental health and Substance Abuse, those identified with substance abuse issues will be linked whenever possible, to services that enhance treatment at IFR.
- 75% of children will have reduced or resolved problem behavior in at least one sphere (home, school, siblings) by 6th month re-assessment.

Long-term

- Improve functioning in school and at home evidenced by reduction of problem behavior,
- Develop coping strategies to inhibit the tendency towards impulsive responding
- Reduce criminal system involvement and out of home placement

Systems

- A minimum of 2 planning meeting will be convened between IFR and partners to continue developing an increasingly integrated system of referrals, guidelines for case conferences, and developing coordinated plans of care. Designated agency representative for IFR (Clinic Coordinator) will maintain a sign in sheet, attendance log, and minutes of meeting, a record of issues discussed decisions made.
- 100% of registered children and youth for will be screened for health coverage eligibility (Medi-Cal, Healthy Families, etc.); all eligible clients will be entered into electronic list and will be tracked monthly to determine if they have successfully accessed benefits. Behavioral Health specialist will be informed of status for follow-up.

C. Evaluation of Objectives

See above (7A and B) for evaluation procedures. *Electronic Recordkeeping and Data Collection Requirements:* IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

8. Continuous Quality Improvement

Describe your program's CQI activities to enhance, improve and monitor the quality of services delivered. The CQI section must include a guarantee of compliance with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Quality issues are addressed during bi-monthly multidisciplinary team meetings, during weekly QA/PURQC committee meetings, and during individual supervision. Every week, client charts are reviewed by the PURQC committee. QA procedures provide the opportunity to monitor the development of treatment plans of care, implementation of services, preventive interventions, chart content, chart order, billing issues, and an opportunity to meet PURQC authorization guidelines.

F.1.b	Primary Care provider and health care information All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. <i>The new Avatar system will allow electronic documentation of such information.</i>	X
F.1.c	Active engagement with primary care provider 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.	X
Objective G.1: Alcohol Use/Dependency		
G.1.a	For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. <i>Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.</i>	X
G.1.b	All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.	X
Objective H.1: Planning for Performance Objective FY 2011-2012		
H.1.a	Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. <i>System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.</i>	X
H.1.b	Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. <i>Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.</i>	X

A.1.h	CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score. <i>Note: including school-based programs</i>	X
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X
Objective A.3: Increase Stable Living Environment		
A.3.a	35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. <i>Note: except 24-hour programs</i>	X
Objective B.2: Treatment Access and Retention		
B.2.a	During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. <i>Note: Exempt Methadone Providers.</i>	X
Objective F.1: Health Disparity in African Americans		
F.1.a	Metabolic and health screening Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.	N/A for IFR

determine which clients can be discharged from MHS/CBHS services. CANS profiles and case reevaluations by the PURQ committee are integrated into the exit process.

IFR Outpatient clinic will make referrals of clients to appropriate community-based programs such as after school programs to solidify gains made in outpatient services.

E. Program's staffing (*Note: For CBHS, Appendix B is sufficient*).
Please see Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

	Objectives	MH CYF
Objective A.1: Reduced Psychiatric Symptoms		
A.1.a	The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. <i>Note: except supported housing programs.</i>	X
A.1.e	75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. <i>Note: if data available in AVATAR</i>	X
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>	X
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	X

case management, advocacy and mental health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a multidisciplinary, coordinated team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the behavioral health and substance abuse needs of the community.

Psychiatrist Consultations are professional services rendered by the psychiatrist to clients who present psychiatric symptoms that compromise adaptive function, impacting self-care and involvement in the community and augmenting risk behaviors. A Psychiatric Consultation involves, psychosocial evaluation, history taking and mental status examination leading to possible prescription and monitoring of medication. Psychiatric Consultation is also provided directly to behavioral health and primary medical providers for questions regarding psychiatric diagnosis and treatment planning. Since the psychiatrist is part of a multi-disciplinary team that reviews all clients, the consultations are with the team about the effects of medications, compliance and other issues, affecting important changes in clients' mental status. Team members provide feedback to the psychiatrist about the mental status and other issues related to the cases.

The psychiatrist also consults with other service providers of the psychiatric client, including, but not limited to, behavioral health provider, medical providers, substance abuse counselors and case managers. In addition, the psychiatrist consults with the client's primary care provider in the referral, placement and treatment disposition of clients at all phases of their treatment.

IFR has historically provided coordinated care to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR will adopt CRAAFT and AADIS screening tool to determine client's needs for substance abuse services as well as the CANS.

Adjunct Services:

The outpatient clinic has access to culturally defined therapeutic drumming groups that target youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse. Youths are first assessed to identify their level of functioning in order to determine their appropriateness for group services.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit criteria and process

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and step-down and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialists will use CANS as a tool to measure clients progress and will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to

institutions that have created linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., Y.G.C., and the Human Services Agency).

Brochures describing the array of services including Mental Health Services, Psychiatric services and Case Management are distributed to agencies in and around the Mission District.

B. Admission, enrollment and/or intake criteria and process where applicable.

Each client gets an assessment using the ASFCBHS CANS assessment form to establish medical necessity for specialty behavioral health services

The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income; clients are screened for eligibility to receive services with an alternative source of payment (e.g., Medi-Cal or private insurance). It is important to note that many clients seen by IFR are not eligible for Medi-Cal. Clients that do not meet eligibility requirements are referred to intra-agency resources (e.g., Family Resource Services, which provides services to uninsured families with children under 5 years-old and Cultura Cura which serves youths and families who have had difficulties with law enforcement institutions), or to appropriate outside service providers.

For all new intakes an appointment for face-to face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity for specialty mental health services will be assigned to a provider and a full plan of care will be developed within 60 days. If it is determined that clients need services beyond the initial 30 days of opening a CANS assessment and plan of care completed and redone every 6 months, a request for authorization will be submitted to the PURQC committee for additional hours.

All clients are informed of their rights under CBHS in a linguistically accurate manner and provided with documentation of their right to privacy in regards to HIPAA as well as a review of their Client Rights, which includes obtaining client signature and providing a copy to them. A Consent for Treatment or Participation is also required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process, which is documented in the chart.

C. Service delivery model

Behavioral Health service delivery is also based on clients and family needs per CANS assessment, recovery and varied behavioral health and substance abuse theories, bicultural personality development, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary, coordinated team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, by appointment. Client's emergencies are managed by the assigned Behavioral Health Specialist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

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In collaboration with community and partner agencies and other IFR programs, children and their families are able to access a wide spectrum of services. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide

B. Definition of Billable Services

Billable services include Mental Health Services in the following forms:

Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

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Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.

Collateral - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.

Therapy - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Targeted Case Management - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Outreach Services/Consultation - Outreach Services are activities and projects directed toward 1) strengthening individuals' and communities' skills and abilities to cope with stressful life situations before the onset of such events, 2) enhancing and/or expanding agencies' or organizations' mental health knowledge and skills in relation to the community-at-large or special population groups, 3) strengthening individuals' coping skills and abilities during a stressful life situation through short-term intervention and 4) enhancing or expanding knowledge and skill of human services agency staff to handle the mental health problems of particular clients.

See Appendix B for Units of Service.

6. Methodology

A. Program conducts outreach, recruitment, promotion, and advertisement

IFR has a 30 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and

1. Program Name: Child Outpatient Behavioral Health Services (General Fund)

Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, California 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

Instituto Familiar de la Raza will provide outpatient behavioral health care services to Chicano/ Latino children, youth, and families eligible for the San Francisco Mental Health Plan in a culturally and linguistically appropriate manner.

4. Target Population

Services will be provided for Chicano/Latino children under the age of 18 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco specifically those who live in the Mission District.

Latinos face unique social, educational, cultural, and linguistic barriers in accessing behavioral health services. Latino children in particular, face high levels of poverty. Latino youth are more likely to drop out of school, to report depression and anxiety and often engage in behaviors that are detrimental to their well-being and that of the community. Language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination and the current anti-immigrant sentiments create severe and persistent stressors for Latinos and their families.

Finally, the lack of bilingual/bicultural behavioral health providers constitutes a major obstacle to providing effective treatment once services are sought. Local, state and national studies have supported the need for language and cultural matching as a critical factor in the assessment, engagement, differential diagnosis and recidivism of Latinos and their families. The importance of integrating cultural norms, values, beliefs and practices that are accepted with the diverse Latino community underscore the importance of providing culturally proficient models of services.

5. Modality of Service/Interventions

A. Modality of Services

Units of Service (UOS) Description	Units of Service (UOS) in Mins	Unduplicated Clients (UDC)
Mental Health Services 0.552 FTE x 35 hrs x 46 wks x 65.08% LOE x 60 mins	34,703	44
Medication Support Services 0.0216 FTE x 35 hrs x 46 wks x 65.03% LOE x 60 mins	1,357	Incl.
Crisis Intervention 0.0053 FTE x 35 hrs x 46 wks x 66.21% LOE x 60 mins	339	Incl.
Brokerage 0.027 FTE x 35 hrs x 46 wks x 67.1344% LOE x 60 mins	1,751	Incl.
Outreach 0.219 FTE x 35 hrs x 46 wks x 65.2316% LOE	230 hrs	Incl.
Total	38,380	44

Contractor: Instituto Familiar de la Raza
Program: Behavioral Health & Primary Care Integration
City Fiscal Year: 2010-11

Appendix A-1a
Contract Term 7/1/2010 through 6/30/2011

ADDENDUM to the CBHS Adult Mental/Behavioral Health Contract for FY2010-11

Instituto Familiar de la Raza Inc. (IFR) will implement a Behavioral Health and Primary Care Integration pilot project between IFR's adult outpatient mental/behavioral health clinic (La Clinica) and Mission Neighborhood Health Center's Primary Care Adult Clinic. Funds allocated for this effort is from add back dollars in the amount of \$91,500. The contract will be on a cost-reimbursement basis with a 3-month startup period (July-September) and subsequent months billed under Code 45. Units of service and modalities will be tracked manually. Intervention modalities will include 1) Consultation to medical providers 2) Client Contacts and 3) Referrals and initial Case Management.

Initially, IFR will base a half-time clinician at MNHC's site to implement this project. The model to be used will be hybrid of the CBHS Behaviorist Model and existing IFR/MNHC models (MNHC HIV Project (COE) and Teen Clinic Project).



HIPPA Compliance:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

B. Other Objectives

IFR Outpatient Clinic will engage in a number of activities to enhance staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

- Staff will participate in a series of trainings on co-occurring disorders
- Staff will participate in a series of trainings on "evidence based" or "evidence informed" practices most relevant to the Chicano/Latino community
- Staff will participate in all relevant CBHS trainings, particularly as it relates to compliance issues.
- IFR program staff will attend training on provision of services to the designated target population of the program, addressing issues regarding ethnicity, cultural background, gender, sexual orientation, creed or disability.

Additional:

- The Milestones of Recovery Scale (MORS) will be used to measure recovery progress. MORS will be administered at point of Intake, and every three months thereafter. 85% of all active registered clients will indicate an improvement of symptoms as measured through the MORS within the first three months of services.
- 100% of clients who do not have primary care provider will receive a referral to primary care and will receive case management to facilitate best outcome. Tracking this goal will occur at the Initial Authorization PURQC review (2 months after the case is opened); if client refused this will be noted in the plan of care and electronic log will maintain data for analysis at end of year. Tracking will occur during "Initial Authorization" and "ReAuthorization" case review in the QI-PURQC.
- A minimum of 6 planning meeting will be convened between IFR and substance abuse partners; the Latino Commission, and Haight Ashbury Free Clinic to continue developing an increasingly integrated system of referrals, guidelines for coordinating care, developing coordinated plans of care. Designated agency representative for IFR (Clinic Coordinator) will maintain a sign in sheet, attendance log, and minutes of meeting, a record of issues discussed decisions made.

C. Evaluation of Objectives

See above (7A and B) for evaluation procedures. *Electronic Recordkeeping and Data Collection Requirements:* IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

8. Continuous Quality Improvement

Quality issues are addressed during bi-monthly multidisciplinary team meetings, during weekly QA/PURQC committee meetings, and during individual supervision. Every week, client charts are reviewed by the PURQC committee. QA procedures provide the opportunity to monitor the development of treatment plans of care, implementation of services, preventive interventions, chart content, chart order, billing issues, and an opportunity to meet PURQC authorization guidelines.

All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. The Clinical Supervisor is responsible for reviewing the charts as indicated by his/her signature. In addition, the Program Manager conducts bi-monthly administrative supervision to review productivity, provide support regarding system issues impacting upon client services, review documentation for administrative compliance and ensure that staff follows program policies and procedures. The Program Manager also evaluates the staff development needs and creates plans of action and training objectives as indicated. Trainings provided by CBHS are attended by all clinicians. Those that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

F.1.b	Primary Care provider and health care information All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. <i>The new Avatar system will allow electronic documentation of such information.</i>	X
F.1.c	Active engagement with primary care provider 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.	X
Objective G.1: Alcohol Use/Dependency		
G.1.a	For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. <i>Cultural Competency Unit will compile the informing material on self-help Recovery groups and made it available to all contractors and civil service clinics by September 2010.</i>	X
G.1.b	All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.	X
Objective H.1: Planning for Performance Objective FY 2011-2012		
H.1.a	Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. <i>System of Care, Program Review, and Quality Improvement unit will provide feedback to contractor/clinic via new clients survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.</i>	X
H.1.b	Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. <i>Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.</i>	X

A.1.l	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.	X
A.1.m	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.	X
Objective A.3: Increase Stable Living Environment		
A.3.a	35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment. <i>Note: except 24-hour programs</i>	X
Objective B.1: Access to Services		
B.1.a	75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates disability, who are open in the program as of July 1, 2010, will have SSI linked Medi-Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco. <i>Note: except 24-hour programs</i>	X
Objective B.2: Treatment Access and Retention		
B.2.a	During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process. <i>Note: Exempt Methadone Providers.</i>	X
Objective C.2: Client Outcomes Data Collection		
C.2.a	For clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association – American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the Antipsychotic Metabolic Monitoring Form or equivalent.	X
Objective F.1: Health Disparity in African Americans		
F.1.a	Metabolic and health screening Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.	N/A for IFR

service capacity for dually diagnosed clients, we have focused on trainings for staff that includes harm reduction philosophy and cultural considerations.

The Clinic endorses a harm reduction and motivational approach to dual diagnosed clients and works proactively with other divisions within the Department of Public Health and community based partners and providers to ensure timely and coordinated efforts.

IFR Outpatient clinic will increase referrals of clients to vocational rehabilitation programs that have language and cultural capacity. IFR will incorporate the Wellness and Recovery perspective into its services by providing training in the Recovery perspective to all behavioral health staff and will send a representative to the quarterly Wellness Recovery Forum.

D. Program's Exit Criteria and Process

IFR's PURQC Committee provides oversight of client utilization to determine appropriate discharge/exit plans for clients not longer meeting medical necessity criteria. PURQC committee will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives, and the client's overall environment, to determine which clients can be stepped-down in service modality and frequency or discharged from services. Clients are often referred to other IFR or other community services to ensure their well being. Part of the step down process includes linking clients with community organizations and services that can provide continued support and information of recourses available to promote clients well being.

E. Program Staffing

Please see Exhibit B.

7. Objectives and Measurements

A. Outcome Objectives

	Objectives	MH Adult
Objective A.1: Reduced Psychiatric Symptoms		
A.1.a	The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized. <i>Note: except supported housing programs.</i>	X
A.1.e	75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge. <i>Note: if data available in AVATAR</i>	X

All clients are informed of their rights under CBHS, are given linguistically accurate documentation of their right to privacy in regards to HIPAA and their Client Rights, which includes obtaining client signature and providing them with a copy. A Consent for Treatment or Participation is required and clients are provided with a copy of the signed form. They are also informed of the Grievance Procedure process which is documented in the chart.

C. Service Delivery Model

IFR is located at 2919 Mission Street, in the heart of the Mission District, and is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 5 p.m. and evenings and Saturdays by appointment. Client emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

Coordinated Behavioral Health service delivery is based on a recovery model, varied psychosocial and alcohol abuse theories (such as CBT, Harm Reduction), psychodynamic and developmental theory) bicultural personality development and current best practices. This include utilization of family centered interventions, a coordinated, multidisciplinary team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Clients are assessed to identify behavioral health and substance abuse issues, their level of functioning, and the appropriateness of disposition to behavioral health and substance abuse services that may include case management, individual interventions, family therapy, psychiatric medication, or group services, and coordinated services with other agencies.

A step-down/exit group for women dealing with major depression and/or anxiety will be offered by IFR outpatient clinic.

The group will focus on psycho-education on adaptive coping mechanisms, identifying dysfunctional belief systems and replacing with an alternative belief, self-relaxation/visualization, and the development of a personal treatment plan of care. The group will run for 8 weeks.

Groups being offered by other IFR components can be accessed by Clinica clients. All group activities provide emotional support to members in order to maintain and reinforce the client's natural support system, reduce caretaker and client burnout and address the unique needs of Chicano/Latinos.

IFR's collaboration with Mujeres Unidas y Activas, a grassroots organization, is now in its twentieth (20) year. We continue to provide education, consultation, advocacy and direct services to women and their families that have need for mental health services. This population has multiple needs for their children and youth including services that respond to issues of substance abuse problems, gang involvement and mental illness.

Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope and inspiration using traditional interventions.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff that can provide an array of services, the inclusion of family and significant others, utilization of partnerships, community resources that will support recovery, as well as coordination with medical providers. In order to develop

communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Low Threshold -This service is defined as activities for the purpose of encouraging those individuals in need of treatment to register and engage in services As well as linkage for clients to step down into community services/activities.

See Appendix B for Units of Service.

6. Methodology

A. Outreach, Recruitment, Promotion, and Advertisement

IFR has a strong reputation in the community and receives a great number of referrals by clients who have received our service and refer friends and family and other community members. IFR also has long standing relationships with agencies and institutions in San Francisco (e.g., Mission Neighborhood Health Center, San Francisco general Hospital, S.F.U.S.D. and the Human Services Agency) that refer clients to our services. Whenever applicable, clients who are referred from inpatient services receive a face-to-face contact from our staff while still in the hospital in order to provide successful linkage to outpatient level of care.

For clients with chronic and serious mental illness who have multiple and severe functional impairment such as residents in CBHS-funded board-and-care, IFR will work with the CBHS Placement Team to facilitate and provide coordinate care; case management, medication services, and counseling, both at the outpatient clinic and at the clients home placement. The BHS will develop strategies for meaningful activities whenever possible; if the client has family in the area, family therapy may be with the goal of strengthening relationships may be part of the services.

IFR has a long standing policy to support and strengthen other agencies in San Francisco that responds to the Latino community by providing presentations, trainings, and information regarding culturally competent services.

Brochures describing the array of services including Behavioral Health Services, Psychiatric services and Case Management Services have been updated and are distributed to agencies in San Francisco and the Mission District.

B. Admission, Enrollment and Intake

IFR will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

All requests for services are initially triaged by an Intake Specialist or the O.D (Officer of the Day) system. The IFR screening process confirms that clients have San Francisco residency, do not have private insurance and are low income. They are screened for eligibility to receive services with an alternative source of payment (e.g., Medi-Cal or private insurance). It is important to note that many clients seen by IFR are not eligible for Medi-Cal.

The Initial Risk Assessment (IRA) is conducted to determine the urgency for care, screen for substance abuse, and medical necessity. Clients that do not meet eligibility requirements are referred to intra-agency resources or to appropriate outside service providers.

For all new intakes, an appointment for face-to-face contact will be offered within 1-2 working days of initial request. All clients who meet medical necessity will be assigned to Behavioral Health Specialist and a full plan of care will be developed within 60 days. If it is determined that clients need services beyond the initial 60 days, a request for authorization will be submitted to the PURQC committee for additional hours.

Crisis Intervention 0.016 FTE x 35 hrs x 46 wks x 66.6408% LOE x 60 mins	1,030	Incl.
Brokerage 0.31 FTE x 35 hrs x 46 wks x 66.0789% LOE x 60 mins	19,788	Incl.
Low Threshold 0.05 FTE x 35 hrs x 46 wks x 68.2816% LOE x 60 mins	3,298	Incl.
Total	52,021	45

SUBSTANCE ABUSE (Single Diagnosis) ONLY:

Units of Service (UOS) Description	Units of Service (UOS) in Mins	Unduplicated Clients (UDC)
Substance Abuse Services 0.16 FTE x 35 hrs x 46 wks x 66.0585% LOE x 60 mins	10,210	9
Total	10,210	9

B. Definition of Billable Services

Billable services include Mental Health Services in the following forms:

Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

Medication Support Services - means services which include prescribing, administering, dispensing, and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation, of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education, and plan development related to the delivery of the services and/or assessment of the beneficiary.

Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history; diagnosis; and the use of testing procedures.

Collateral - means a service activity to a significant support person in a beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.

Therapy - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Targeted Case Management - means services that assist a beneficiary to access needed medical, educational, prevocational, vocational, rehabilitative, or other community service. The activities may include, but are not limited to,

1. **Program Name:** Adult Outpatient Behavioral Health Clinic
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662

2. **Nature of Document**

☒ New ☐ Renewal ☐ Modification

3. **Goal Statement**

The goal of Instituto Familiar de la Raza's (IFR) Outpatient Behavioral Health Clinic is to provide behavioral health services to Chicano/Latino adults and families eligible for the San Francisco Health Plan. Services are provided in a culturally and linguistically appropriate manner in order to assist recovery from the effects of mental illness and substance abuse, and to improve the individual's capacity to participate in his/her community.

4. **Target Population**

The Clinic at IFR targets the Chicano/Latino community of San Francisco. The target population consists of men and women over the age of 18, and their families. Many are indigent, refugees, primarily monolingual (Spanish), and have limited ability to utilize services in English. Many of the people in the target population present with a history of psychological and, social trauma as well as substance abuse. Over 90% of people served live at or below the federal poverty level. All clients meet the criteria for medical necessity as determined by the policies of CBHS.

5. **Modality(ies)/Interventions**

A. Modality of Services

MENTAL HEALTH (Single Diagnosis) ONLY:

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services 1.5 FTE x 35 hrs x 46 wks x 65.104% LOE x 60 mins	94,337	126
Medication Support Services 0.1972 FTE x 35 hrs x 46 wks x 65% LOE x 60 mins	12,384	Incl.
Crisis Intervention 0.015 FTE x 35 hrs x 46 wks x 66.321% LOE x 60 mins	961	Incl.
Brokerage 0.35 FTE x 35 hrs x 46 wks x 65.548% LOE x 60 mins	22,162	Incl.
Low Threshold 0.145 FTE x 35 hrs x 46 wks x 65.9242% LOE x 60 mins	9,234	Incl.
Total	139,078	126

DUAL DIAGNOSIS ONLY:

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS) in Mins</i>	<i>Unduplicated Clients (UDC)</i>
Mental Health Services 0.37 FTE x 35 hrs x 46 wks x 65.6986% LOE x 60 mins	23,482	45
Medication Support Services 0.07 FTE x 35 hrs x 46 wks x 65.4096% LOE x 60 mins	4,423	Incl.

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

Other Miscellaneous Optional Provisions:

O. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1 Adult Outpatient Behavioral Health Clinic

Appendix A-1a Addendum to the CBHS Adult Mental/Behavioral Health Contract for FY 10-11

Appendix A-2 Child Outpatient Behavioral Health Services (General Fund)

Appendix A-2a Child Outpatient Behavioral Health Services (EDSDT)

Appendix A-3 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix A-4 Mental Health Consultation/SED Classroom

Appendix A-5 Early Intervention Program Consultation, Affirmation, Resources, Education

Appendix A-6 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix A-7 La Cultura Cura Program – Trauma Recovery and Healing Services

Appendix A-8 La Cultura Cura Intensive Home Based Supervision/EPSTD

Appendix A-9 Indigena Health and Wellness Collaborative

Appendix A-10 Community-Based Therapeutic Mentoring

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings; as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

K. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

Appendix A
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Eric Dubon, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

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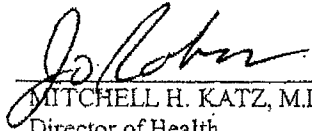
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Instituto Familiar De La Raza


MITCHELL H. KATZ, M.D.
Director of Health


10.27-10
Date

Approved as to Form:

Dennis J. Herrera
City Attorney

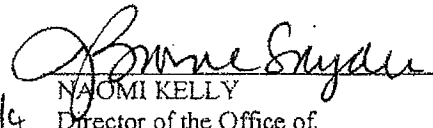
By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.

By: 
TERENCE HOWZELL
Deputy City Attorney

11/1/10
Date

Approved:


NAOMI KELLY
Director of the Office of
Contract Administration and
Purchaser

12/15/10
Date



ESTELA R GARCIA, DMH
Executive Director
2919 Mission Street
San Francisco, California 94110

10/26/2010
Date

City vendor number: 09835

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Emergency Response

property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Left blank by agreement of the parties. (Slavery era disclosure)

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

53. **Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. **Services Provided by Attorneys.** Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

55. **Supervision of Minors.** Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder; or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

56. **Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

57. **Protection of Private Information.** Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it, under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. **Graffiti Removal.** Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. **Prohibition on Political Activity with City Funds.** In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. **Preservative-treated Wood Containing Arsenic.** Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. **Modification of Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of HRC any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (HRC Contract Modification Form).

49. **Administrative Remedy for Agreement Interpretation – DELETED BY MUTUAL AGREEMENT OF THE PARTIES**

50. **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

51. **Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

52. **Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

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- 6) Set the term of the requirements.
- 7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.
- 8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.
- 9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided, however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

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.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. MacBride Principles—Northern Ireland. Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. Tropical Hardwood and Virgin Redwood Ban. Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the

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Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

a. **The LBE Ordinance.** Contractor shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

34. Nondiscrimination; Penalties

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor,

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of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC CMS# 6960

under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

25. Notices to the Parties. Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94103	FAX: (415) 252-3088 e-mail: Elizabeth.apana@sfdph.org
And:	Eric Dubon CBHS, Business Office 1380 Howard Street, 5 th Floor San Francisco, Ca 94013	FAX: (415) 255-3567 e-mail: Eric.dubon@sfdph.org
To CONTRACTOR:	Instituto Familiar De La Raza 2919 Mission Street San Francisco, California 94110	FAX: (415) 647-3662 e-mail: egarcia@ifrsf.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- | | |
|---|---|
| 8. Submitting False Claims; Monetary Penalties. | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

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18. **Liability of City.** CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. **Left blank by agreement of the parties. (Liquidated damages)**

20. **Default; Remedies.** Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

- 8. Submitting False Claims; Monetary Penalties.
- 10. Taxes
- 15. Insurance
- 24. Proprietary or confidential information of City
- 30. Assignment

- 37. Drug-free workplace policy,
- 53. Compliance with laws
- 55. Supervision of minors
- 57. Protection of private information
- 58. Graffiti removal

And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement, or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. **Termination for Convenience**

endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section.

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
- 5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any

possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fourteen Million Two Hundred Nineteen Thousand One Hundred Sixty One Dollars (\$14,219,161)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

Agreement between the City and County of San Francisco and

Instituto Familiar De La Raza

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between: Instituto Familiar De La Raza 2919 Mission Street, San Francisco, California 94110, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Population Health and Prevention, Community Health Services, ("Department") wishes to provide mental health services for children, youth, families and adults; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 09/25/2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the services required by City as set forth under this Contract; and,

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 4150-09/10, 4152-09/10 and 4160-09/10 on 09/25/2009;

Now, THEREFORE, the parties agree as follows:

1. Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.

3. Effective Date of Agreement. This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.



City and County of San Francisco

Tails

Resolution

City Hall
333 California Street, Suite 1000
San Francisco, CA 94104-3100

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015

December 01, 2010 Budget and Finance Committee - AMENDED AT AMENDMENT --
THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Duffy, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing
Resolution was ADOPTED on 12/7/2010 by
the Board of Supervisors of the City and
County of San Francisco.

Angela Calvillo
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

Hyde Street Community Service, \$17,162,210;

Instituto Familiar de la Raza, \$14,219,161;

Progress Foundation, \$92,018,333;

Richmond Area Multi-Services, \$34,773,853;

San Francisco Study Center, \$11,016,593;

Seneca Center, \$69,495,337;

Walden House, \$54,256,546;

Westside Community Mental Health Center, \$43,683,160;

Regents of the University of California, \$74,904,591; and

WHEREAS, The Department of Public Health estimates that the annual payment of some contracts may be increased over the original contract amount, as additional funds become available between July 2010 and the end of the contract term; now, be it

RESOLVED, That the Board of Supervisors hereby retroactively approves these contracts for the period of July 1, 2010, through December 31, 2015; and, be it

FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director of the Department of Public Health and the Purchaser, on behalf of the City and County of San Francisco, to execute agreements with these contractors, as appropriate; and, be it

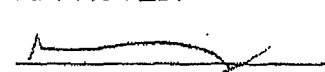
FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, as additional funds become available during the term of contracts.

RECOMMENDED:



Mitchell Katz, M.D.
Director of Health

APPROVED:



Mark Morewitz, Secretary to the
Health Commission

[Contract Approval - 18 Non-Profit Organizations and the University of California of San Francisco - Behavioral Health Services - \$674,388,406]

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco to provide behavioral health services for the period of July - 2010 through December 31, 2015.

WHEREAS, The Department of Public Health has been charged with providing needed behavioral health services to residents of San Francisco; and,

WHEREAS, The Department of Public Health has conducted Requests for Proposals or has obtained appropriate approvals for sole source contracts to provide these services; and

WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10 million to be approved by the Board of Supervisors; and

WHEREAS, Contracts with providers will exceed \$10 million for a total of \$674,388,406, as follows:

Alternative Family Services, \$11,057,200;

Asian American Recovery Services, \$11,025,858;

Baker Places, \$69,445,722;

Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

Central City Hospitality House, \$15,923,347;

Community Awareness and Treatment Services (CATS), \$12,464,714;

Community Vocational Enterprises (CVE), \$9,705,509;

Conard House, \$37,192,197;

Edgewood Center for Children and Families, \$29,109,089;

Family Service Agency, \$45,483,140;

NOTES:

INSURED'S NAME Instituto Familiar de la Raza,

OP ID: KK

PAGE 4

DATE 6/28/2012

Commercial Property Section - Additional Subject of Insurance

COVERAGES/FORMS	DEDUCTIBLE	COINS %	AMOUNT
1000	50		



INSURANCE BINDER

OP ID: KK

DATE (MM/DD/YYYY)

06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi PHONE (A/C, No, Ext): 415-661-6500 FAX (A/C, No): 415-661-2254		COMPANY NIF Group BINDER # 9480 DATE EFFECTIVE TIME DATE EXPIRATION TIME 07/01/12 PM 07/31/12 THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #24CC284457-30
CODE AGENCY CUSTOMER ID: INSTI-4 INSURED Instituto Familiar de la Raza, 2919 Mission Street San Francisco CA 94110		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Social Service Non-Profit health care facility. Mental health therapy - Out patient only.

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORM	DEDUCTIBLE	COINS	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BUILDING BPP COMPUTERS ORD/LAW B,C	1000 1000 1000 1000		2602500 255000 75000 200000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Employee Benefit	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	1000000 1000000 10000 1000000 3000000 3000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	1000000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS	\$ \$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$	
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

JPMorgan Chase Bank, NA Servicing KY1-2514 P.O. Box 33035 Louisville KY 40232	<input checked="" type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

NOTES:

INSURED'S NAME

tuto Familiar de la Raza,

II
OF K

PAGE 2

DATE 6/28/2012

Commercial Property Section - Additional Subject of Insurance

COVERAGES/FORMS

1000

DEDUCTIBLE

50

COINS %

AMOUNT



INSURANCE BINDER

OP ID: KK

DATE (MM/DD/YYYY)

06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi PHONE (A/C, No, Ext): 415-661-6500 FAX (A/C, No): 415-661-2254		COMPANY NIF Group	BINDER # 9480
CODE AGENCY CUSTOMER ID: INSTI-4		DATE EFFECTIVE TIME DATE EXPIRATION TIME 07/01/12 12:01 AM 07/31/12 NOON	
INSURED Instituto Familiar de la Raza, 2919 Mission Street San Francisco CA 94110		THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #24CC284457-30	
		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Social Service Non-Profit health care facility. Mental health therapy - Out patient only.	

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORM	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC	BUILDING BPP COMPUTERS ORD/LAW B,C	1000 1000 1000 1000		2602500 255000 75000 200000
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR Employee Benefit	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	\$ \$ \$ \$ \$ \$	1000000 1000000 10000 1000000 3000000 3000000
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST	\$ \$ \$ \$ \$ \$ \$	1000000
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER	\$ \$ \$	
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE	\$ \$ \$ \$	
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION	\$ \$ \$	
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	\$ \$ \$ \$	
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM	\$ \$ \$	

NAME & ADDRESS

Northern California Community 870 Market St #677 San Francisco CA 94102	MORTGAGEE	ADDITIONAL INSURED
	<input checked="" type="checkbox"/> LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	



SURANCE BINDER

DATE (MM/DD/YYYY)
06/28/2012

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi PHONE (A/C, No., EX): 415-661-6500 FAX (A/C, No.): 415-661-2254		COMPANY NIF Group BINDER # 9481
CODE: SUB CODE:		DATE EFFECTIVE TIME DATE EXPIRATION TIME 07/01/12 AM 07/31/12 NOON
AGENCY CUSTOMER ID: INSTI-4		X THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: HLP7745066C
INSURED Instituto Familiar de la Raza 2919 Mission Street San Francisco CA 94110		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (including Location) Nonprofit social service agency serving Latino community

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS BASIC <input type="checkbox"/> BROAD <input type="checkbox"/> SPEC. <input type="checkbox"/>				
GENERAL LIABILITY COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> X Misc Professional	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ 1000000 \$ \$ \$ \$ 3000000 \$
AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE COLLISION: OTHER THAN COL	ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES <input type="checkbox"/>	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
GARAGE LIABILITY ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$ \$ \$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

NAME & ADDRESS

	MORTGAGEE	ADDITIONAL INSURED
	LOSS PAYEE	
	LOAN #	
	AUTHORIZED REPRESENTATIVE 	

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p>

<p>THE CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THEIR OFFICERS, DIRECTORS, AND AGENTS</p>

<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.



CERTIFICATE OF LIABILITY INSURANCE

INST 11-4

OP ID: MR

DATE (MM/DD/YYYY)

06/27/12

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco, CA 94116-2253 Joe DeLucchi Renewal	415-661-6500 415-661-2254	CONTACT NAME: PHONE: (A/C No, Ext): E-MAIL: ADDRESS:	FAX: (A/C No):
INSURED Instituto Familiar de la Raza Dr. Estela Garcia 2919 Mission Street San Francisco, CA 94110		INSURER(S) AFFORDING COVERAGE INSURER A: Tower Select Ins. Company INSURER B: NIF Group INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		24CC284457-20	07/01/12	07/01/13	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		24CC284457-11	07/01/12	07/01/13	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	WCC02249700	09/01/11	09/01/12	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <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*		PHSD646947	07/01/12	07/01/13	* 900,000
B	PROFESSIONAL**		HLP7745066C	07/01/12	07/01/13	** 1MIL/3MIL

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

30 DAY CANCELLATION NOTICE APPLIES
THE CITY AND COUNTY OF SAN FRANCISCO, SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH, THEIR OFFICERS, DIRECTORS, AND AGENTS, ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG20260704

CERTIFICATE HOLDER

CANCELLATION

SANFRAN

SAN FRANCISCO DEPARTMENT OF
PUBLIC HEALTH, CONTRACT OFFICE
ATTN: E. APANA
1380 HOWARD STREET
SAN FRANCISCO, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M26 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 BH/ PC Integration												
45/ 20 - 29 Cmnty Client Svcs	2,002	395			-	-	0%	0%	2,002	395	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 55,345.00	\$ -	\$ -	0.00%	\$ 55,345.00
Fringe Benefits	\$ 15,752.00	\$ -	\$ -	0.00%	\$ 15,752.00
Total Personnel Expenses	\$ 71,097.00	\$ -	\$ -	0.00%	\$ 71,097.00
Operating Expenses:					
Occupancy	\$ 4,293.00	\$ -	\$ -	0.00%	\$ 4,293.00
Materials and Supplies	\$ 686.00	\$ -	\$ -	0.00%	\$ 686.00
General Operating	\$ 938.00	\$ -	\$ -	0.00%	\$ 938.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Audit Fee	\$ -	\$ -	\$ -	0.00%	\$ -
Payroll Service Fees	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 5,917.00	\$ -	\$ -	0.00%	\$ 5,917.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 77,014.00	\$ -	\$ -	0.00%	\$ 77,014.00
Indirect Expenses	\$ 9,852.00	\$ -	\$ -	0.00%	\$ 9,852.00
TOTAL EXPENSES	\$ 86,866.00	\$ -	\$ -	0.00%	\$ 86,866.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor : Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M20 JL 2

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHSG3 - 1310

Invoice Period : July 2012

Final Invoice (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (WH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 MHSA PEI-Early Childhood MH Consultation PC# - 3818												
45/ 20 - 29 Consultation Group/ Cmnty Client Svcs	150				\$ 75.00	\$ -	0.000		0.00%		150.000	
45/ 20 - 29 Consultation Individual/ Cmnty Client Svcs	150				\$ 75.00	\$ -	0.000		0.00%		150.000	
45/ 20 - 29 Consultation Class/ Child Observation/ Cmnty Client Svcs	138				\$ 75.00	\$ -	0.000		0.00%		138.000	
45/ 20 - 29 Training to Providers/ Cmnty Client Svcs	10				\$ 75.00	\$ -	0.000		0.00%		10.000	
45/ 20 - 29 Parental Engagement/ Cmnty Client Svcs					\$ 75.00	\$ -	0.000		#DIV/0!		0.000	
45/ 20 - 29 Outreach & Linkage/ Cmnty Client Svcs	84				\$ 75.00	\$ -	0.000		0.00%		84.000	
45/ 20 - 29 Evaluation Services/ Cmnty Client Svcs	28				\$ 75.00	\$ -	0.000		0.00%		28.000	
TOTAL	560		0.000				0.000		0.00%		560.000	

\$ 11,250.00
\$ 11,250.00
\$ 10,350.00
\$ 750.00
\$ 6,300.00
\$ 2,100.00
\$ 42,000.00

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACT
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor Instituto Familiar De La Raza, Inc

Address: 2918 Mission Street, San Francisco CA 94110

Tel No.. (415) 229-0500

Fax No.. (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER

M17 JL 2

Contract No. BPHM

TBD

User Cd

Contract PO No. POHM

TBD

Fund Source:

MHSA - Prop63 - PMHS63 -1310

Invoice Period:

July 2012

Final Invoice:

(Check if Yes)

ACE Control Number

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
E-3 Indigena Health & Wellness Collaborative												
45/20 - 19 MH Promotion for Maya Community	2,332	224			-	-	0%	0%	2,332	224	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 135,252.00	\$ -	\$ -	0.00%	\$ 135,252.00
Fringe Benefits	\$ 42,966.00	\$ -	\$ -	0.00%	\$ 42,966.00
Total Personnel Expenses	\$ 178,218.00	\$ -	\$ -	0.00%	\$ 178,218.00
Operating Expenses:					
Occupancy	\$ 12,741.00	\$ -	\$ -	0.00%	\$ 12,741.00
Materials and Supplies	\$ 2,154.00	\$ -	\$ -	0.00%	\$ 2,154.00
General Operating	\$ 3,722.00	\$ -	\$ -	0.00%	\$ 3,722.00
Staff Travel	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Consultant/Subcontractor	\$ 21,628.00	\$ -	\$ -	0.00%	\$ 21,628.00
Other: Program/ Educational Supplies	\$ 250.00	\$ -	\$ -	0.00%	\$ 250.00
Client Related Expenses & Cultural Events	\$ 6,950.00	\$ -	\$ -	0.00%	\$ 6,950.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 47,545.00	\$ -	\$ -	0.00%	\$ 47,545.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 225,763.00	\$ -	\$ -	0.00%	\$ 225,763.00
Indirect Expenses	\$ 29,012.00	\$ -	\$ -	0.00%	\$ 29,012.00
TOTAL EXPENSES	\$ 254,775.00	\$ -	\$ -	0.00%	\$ 254,775.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2819 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M15 JL 2

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 - 1310

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for AIDS Use Only:

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (4-10-04)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
3-7 MHSA PEI-School-Based Youth-Centered Wellness PC# - 39182												
15/ 20 - 29 Consultation (Group) Cmnty Client Svcs	551				\$ 91.72	\$ -	0.000		0.00%		551.000	
15/ 20 - 29 Consultation (Individual) Cmnty Client Svcs	575				\$ 91.72	\$ -	0.000		0.00%		575.000	
15/ 20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	255				\$ 91.72	\$ -	0.000		0.00%		255.000	
15/ 20 - 29 Training to Providers/ / Parental Cmnty Client Svcs					\$ 60.00	\$ -	0.000		#DIV/0!		0.000	
15/ 20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	78				\$ 91.72	\$ -	0.000		0.00%		78.000	
15/ 20 - 29 Direct Svcs (Group) Cmnty Client Svcs	20				\$ 168.64	\$ -	0.000		0.00%		20.000	
15/ 20 - 29 Parental Engagement/ Cmnty Client Svcs	66				\$ 84.27	\$ -	0.000		0.00%		66.000	
15/ 20 - 29 Direct Svcs (Individuals) Cmnty Client Svcs	74				\$ 84.27	\$ -	0.000		0.00%		74.000	
15/ 20 - 29 Outreach & Linkage/ Cmnty Client Svcs	730				\$ 33.71	\$ -	0.000		0.00%		730.000	
15/ 20 - 29 Evaluation Services/Cmnty Client Svcs	243				\$ 33.71	\$ -	0.000		0.00%		243.000	
TOTAL	2,723		0.000				0.000		0.00%		2,723.000	

SUBTOTAL AMOUNT DUE \$ -

Less: Initial Payment Recovery

(for DPH Use) Other Adjustments

NET REIMBURSEMENT \$ -

NOTES:

certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M12 JL 2

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: SFCFC PFA Work Order

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts for ADB Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (M1 only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182												
45/20 - 29 Consultation (Group) Cmnty Client Svcs	795				\$ 75.00	\$ -	0.000		0.00%		795.000	
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	690				\$ 75.00	\$ -	0.000		0.00%		690.000	
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	337				\$ 75.00	\$ -	0.000		0.00%		337.000	
45/20 - 29 Training/Parent Support (Group) Cmnty Client Svcs	150				\$ 75.00	\$ -	0.000		0.00%		150.000	
45/20 - 29 Direct Individual/Fam. Group (Direct Service)	13				\$ 75.00	\$ -	0.000		0.00%		13.000	
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	355				\$ 75.00	\$ -	0.000		0.00%		355.000	
45/20 - 29 Evaluation Services/Cmnty Client Svcs	118				\$ 75.00	\$ -	0.000		0.00%		118.000	
TOTAL	2,368		0.000				0.000		0.00%		2,368.000	

\$ 52,875.00
\$ 81,750.00
\$ 25,275.00
\$ 11,250.00
\$ 975.00
\$ 26,625.00
\$ 8,860.00
\$ 177,000.00

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M11 JL 2

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: SFCFC/ SRI Work Order

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	---------------------------------	--------------------------------------	----------------------------------	---------------------------	--

Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (see only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182												
45/20 - 29 Consultation (Group) Cmmtly Client Svcs	191				\$ 75.00	\$ -	0.000		0.00%		191.000	
45/20 - 29 Consultation (Individual) Cmmtly Client Svcs	186				\$ 75.00	\$ -	0.000		0.00%		186.000	
45/20 - 29 Consultation (Class/Observation) Cmmtly Client Svcs	91				\$ 75.00	\$ -	0.000		0.00%		91.000	
45/20 - 29 Training/ Parent Support (Group) Cmmtly Client Svcs	41				\$ 75.00	\$ -	0.000		0.00%		41.000	
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	3				\$ 75.00	\$ -	0.000		0.00%		3.000	
45/20 - 29 Outreach & Linkage/ Cmmtly Client Svcs	96				\$ 75.00	\$ -	0.000		0.00%		96.000	
45/20 - 29 Evaluation Services/Cmmtly Client Svcs	32				\$ 75.00	\$ -	0.000		0.00%		32.000	
TOTAL	640		0.000				0.000		0.00%		640.000	

\$ 14,325.00
13,850.00
6,825.00
3,075.00
225.00
7,200.00
2,400.00

SUBTOTAL AMOUNT DUE \$ -

Less: Initial Payment Recovery

(For DPH Use) Other Adjustments

NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 2

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63 - PMHS63 -1303

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 MHSA - Trauma Recovery & Healing Services RU# 3818												
45/ 10 - 19 MH Promotion	1	135			-	-	0%	0%	1	135	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 129,575.00	\$ -	\$ -	0.00%	\$ 129,575.00
Fringe Benefits	\$ 34,502.00	\$ -	\$ -	0.00%	\$ 34,502.00
Total Personnel Expenses	\$ 164,077.00	\$ -	\$ -	0.00%	\$ 164,077.00
Operating Expenses:					
Occupancy	\$ 10,461.00	\$ -	\$ -	0.00%	\$ 10,461.00
Materials and Supplies	\$ 1,752.00	\$ -	\$ -	0.00%	\$ 1,752.00
General Operating	\$ 3,776.00	\$ -	\$ -	0.00%	\$ 3,776.00
Staff Travel	\$ 1,560.00	\$ -	\$ -	0.00%	\$ 1,560.00
Consultant/Subcontractor	\$ 1,500.00	\$ -	\$ -	0.00%	\$ 1,500.00
Other: Program/ Educatl Supplies & Cellphones Fees	\$ 1,140.00	\$ -	\$ -	0.00%	\$ 1,140.00
Client Related Expenses/ Cultural Events	\$ 5,750.00	\$ -	\$ -	0.00%	\$ 5,750.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 25,939.00	\$ -	\$ -	0.00%	\$ 25,939.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 190,016.00	\$ -	\$ -	0.00%	\$ 190,016.00
Indirect Expenses	\$ 24,365.00	\$ -	\$ -	0.00%	\$ 24,365.00
TOTAL EXPENSES	\$ 214,381.00	\$ -	\$ -	0.00%	\$ 214,381.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M09 JL 2

Cl. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: MHSA-Prop63-PMHS63-1310

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 ECMH Training PC# - 3818												
60/ 78 Other Non-MediCal Client	1	10			-	-	0%	0%	1	10	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 7,507.00	\$ -	\$ -	0.00%	\$ 7,507.00
Fringe Benefits	\$ 1,751.00	\$ -	\$ -	0.00%	\$ 1,751.00
Total Personnel Expenses	\$ 9,258.00	\$ -	\$ -	0.00%	\$ 9,258.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
Other: Program/ Educational Supplies	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Client Related Expenses/ Group Activities	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,000.00	\$ -	\$ -	0.00%	\$ 3,000.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 12,258.00	\$ -	\$ -	0.00%	\$ 12,258.00
Indirect Expenses	\$ 1,471.00	\$ -	\$ -	0.00%	\$ 1,471.00
TOTAL EXPENSES	\$ 13,729.00	\$ -	\$ -	0.00%	\$ 13,729.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: MOB JL 2

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: GF, SDMC Regular FFP, EPSDT State Match

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (Aid Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
I-5 El-Childcare MH Consultation Initiative PC# - 38182													
5/10 - 57 EPSDT - MH Services	15,366				\$ 2.66	\$ -	0.000		0.00%		15,366.000		\$ 40,873.56
5/70 - 79 EPSDT - Crisis Intervention	60				\$ 3.95	\$ -	0.000		0.00%		60.000		237.00
5/70 - 09 EPSDT - Case Mgt/ Brokerage	399				\$ 2.08	\$ -	0.000		0.00%		399.000		821.94
TOTAL	15,825		0.000				0.000		0.00%		15,825.000		\$ 41,932.50

SUBTOTAL AMOUNT DUE \$
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

INVOICE NUMBER:	M07 JL 2	
Ct. Blanket No.: BPHM	TBD	
Ct. PO No.: POHM	TBD	User Cd
Fund Source:	SDMC Regular FFP, EPSDT State Match	
Invoice Period :	July 2012	
Final Invoice:		(Check if Yes)
ACE Control Number:		

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
Program Name/Repig. Unit Modality/Mode # - Svc Func (MH Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS
B-11 IHS/ EPSDT Services PC# - 381810												
15/ 01 - 09 Case Mgt Brokerage						\$ 2.02	\$ -	0.000		#DIV/0!	0.000	
15/ 10 - 57 MH Svcs						\$ 2.61	\$ -	0.000		#DIV/0!	0.000	
B-6 ISCS/ EPSDT Services PC# - 381810												
15/ 01 - 09 Case Mgt Brokerage	42,876					\$ 2.06	\$ -	0.000		0.00%	42,876.000	
15/ 10 - 57 MH Svcs	19,425					\$ 2.66	\$ -	0.000		0.00%	19,425.000	
TOTAL	62,301			0.000				0.000		0.00%	62,301.000	
SUBTOTAL AMOUNT DUE							\$ -	NOTES:				
Less: Initial Payment Recovery												
(For OPH Use) Other Adjustments												
NET REIMBURSEMENT							\$ -					

Signature: _____ Date: _____
Title: _____

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415)

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M06 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: DCYF Work Order/ Local Match

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-11 IHBS/ EPSDT Services RU# 381810												
15/ 01 - 09 Case Mgt Brokerage					\$ 2.02	\$ -	0.000		#DIV/0!		0.000	
15/ 10 - 57 MH Svcs					\$ 2.61	\$ -	0.000		#DIV/0!		0.000	
B-11 IHBS/ EPSDT Services RU# 381810 - Local Match												
15/ 01 - 09 Case Mgt Brokerage					\$ 2.02	\$ -	0.000		#DIV/0!		0.000	
15/ 10 - 57 MH Svcs					\$ 2.61	\$ -	0.000		#DIV/0!		0.000	
B-5 ISCS/ EPSDT Services PC# - 381810												
15/ 01 - 09 Case Mgt Brokerage	40,380				\$ 2.05	\$ -	0.000		0.00%		40,380.000	
15/ 10 - 57 MH Svcs	18,686				\$ 2.66	\$ -	0.000		0.00%		18,686.000	
B-5 ISCS/ EPSDT Services PC# - 381810 - Local Match												
15/ 01 - 09 Case Mgt Brokerage	2,208				\$ 2.05	\$ -	0.000		0.00%		2,208.000	
15/ 10 - 57 MH Svcs	1,011				\$ 2.66	\$ -	0.000		0.00%		1,011.000	
TOTAL	62,285		0.000				0.000		0.00%		62,285.000	

\$ 83,162.80
49,704.76 \$ 132,867.56
4,546.48
2,689.26 \$ 7,237.74
\$ 140,125.30

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery \$ -
(For DPH Use) Other Adjustments \$ -
NET REIMBURSEMENT \$ -

NOTES:
DCYF WorkOrder - HHMHCPREVVO - \$130,263.00
DCYF WorkOrder (Local Match - HHMHCPREVVO - \$7,237.00
GF (CDOB) - HHMHCP751594 - \$2,626.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M05 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF, SDMC Reg FFP, Realignment

Invoice Period : July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Clients for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (WH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Adult Outpatient - Behavioral Health Clinic PC# - 38183												
15/ 10 - 57 MH Svcs	128,084				\$ 2.86	\$ -	0.000		0.00%		128,084.000	
15/ 60 - 69 Medication Support	25,831				\$ 4.81	\$ -	0.000		0.00%		25,831.000	
15/ 70 - 79 Crisis Intervention-OP	1,501				\$ 3.85	\$ -	0.000		0.00%		1,501.000	
15/ 01 - 09 Case Mgt Brokerage	20,386				\$ 2.06	\$ -	0.000		0.00%		20,386.000	
45/ 20 - 28 Low Threshold Svcs/Comm Client Svcs	220				\$ 123.51	\$ -	0.000		0.00%		220.000	
TOTAL	176,122		0.000				0.000		0.00%		176,122.000	

\$ 340,703.44
127,321.21
5,928.95
41,995.16
27,172.20

\$ 543,120.96

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 2

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: DCYF Work Order

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Clients for AIDS Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (see Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-5 El-Childcare MH Consultation Initiative PC# - 38182													
45/20 - 29 Consultation (Group) Cmmy Client Svcs	143				\$ 75.00	\$ -	0.000		0.00%		143.000		\$ 10,725.00
45/20 - 29 Consultation (Individual) Cmmy Client Svcs	140				\$ 75.00	\$ -	0.000		0.00%		140.000		10,500.00
45/20 - 29 Consultation (Class/Observation) Cmmy Client Svcs	69				\$ 75.00	\$ -	0.000		0.00%		69.000		5,175.00
45/20 - 29 Training/ Parent Support (Group) Cmmy Client Svcs	30				\$ 75.00	\$ -	0.000		0.00%		30.000		2,250.00
45/20 - 29 Direct Individual/Fam Group (Direct Service)	3				\$ 75.00	\$ -	0.000		0.00%		3.000		225.00
45/20 - 29 Outreach & Linkage/ Cmmy Client Svcs	72				\$ 75.00	\$ -	0.000		0.00%		72.000		5,400.00
45/20 - 29 Evaluation Services/Cmmy Client Svcs	33				\$ 75.00	\$ -	0.000		0.00%		33.000		2,475.00
TOTAL	490.00		0.000				0.000		0.00%		490.000		\$ 36,750.00

SUBTOTAL AMOUNT DUE \$ -

Less: Initial Payment Recovery

(For DPH Use) Other Adjustments

NET REIMBURSEMENT \$ -

NOTES:

DCYF Worker - HMHMCHDCYFWO - \$36,134.00

GF (COB) - HMHMCP751594 - \$690.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

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San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JUL 2

Cl. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd

Fund Source: HSA Work Order

Invoice Period: July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Clients for AIDS Use Only.

DELIVERABLES Program Name/Repts. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS	
B-E El-Childcare MH Consultation Initiative PC# - 38182													
45/20 - 29 Consultation (Group) Cmnty Client Svcs	1,163				\$ 75.00	\$ -	0.000		0.00%		1,163.000		\$ 87,225.00
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	1,138				\$ 75.00	\$ -	0.000		0.00%		1,138.000		\$ 85,360.00
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	558				\$ 75.00	\$ -	0.000		0.00%		558.000		\$ 41,700.00
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	247				\$ 75.00	\$ -	0.000		0.00%		247.000		\$ 18,525.00
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	21				\$ 75.00	\$ -	0.000		0.00%		21.000		\$ 1,575.00
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	586				\$ 75.00	\$ -	0.000		0.00%		586.000		\$ 43,950.00
45/20 - 29 Evaluation Services/Cmnty Client Svcs	186				\$ 75.00	\$ -	0.000		0.00%		186.000		\$ 13,950.00
TOTAL	3,897		0.000				0.000		0.00%		3,897.000		\$ 292,275.00

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

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San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

Funding Term: 07/01/2012 - 06/30/2013

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M01 JL 2

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: GF, SDMC Regular FFP, Realignment

Invoice Period : July 2012

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4a Child Outpatient Behavioral Health Svcs PC# - 38185												
15/ 10 - 57 MH Svcs	29,006				\$ 2.66	\$ -	0.000		0.00%		29,006.000	
15/ 60 - 69 Medication Support	1,357				\$ 4.91	\$ -	0.000		0.00%		1,357.000	
15/ 70 - 79 Crisis Intervention-OP	413				\$ 3.95	\$ -	0.000		0.00%		413.000	
15/ 01 - 09 Case Mgt Brokerage	1,780				\$ 2.06	\$ -	0.000		0.00%		1,780.000	
45/ 20 - 09 Outreach/Comm Client Svcs					\$ 70.65	\$ -	0.000		#DIV/0!		0.000	
45/ 20 - 09 Comm Client Svcs	284				\$ 70.89	\$ -	0.000		0.00%		284.000	
B-4b Children EPSDT PC# - 38185												
15/ 10 - 57 MH Svcs	64,870				\$ 2.66	\$ -	0.000		0.00%		64,870.000	
15/ 60 - 69 Medication Support	633				\$ 4.91	\$ -	0.000		0.00%		633.000	
15/ 70 - 79 Crisis Intervention-OP	240				\$ 3.95	\$ -	0.000		0.00%		240.000	
15/ 01 - 09 Case Mgt Brokerage	1,798				\$ 2.06	\$ -	0.000		0.00%		1,798.000	
B-6 DMS-CYF MH Consult/SED Classroom PC# 38185D												
15/ 10 - 57 MH Svcs					\$ 1.67	\$ -	0.000		#DIV/0!		0.000	
15/ 01 - 09 Case Mgt Brokerage					\$ 1.08	\$ -	0.000		#DIV/0!		0.000	
45/ 10 - 19 Indirect Svcs/ MH Promotion					\$ 64.80	\$ -	0.000		#DIV/0!		0.000	
TOTAL	100,351		0.000				0.000		0.00%		100,351.000	

SUBTOTAL AMOUNT DUE \$ -

Less: Initial Payment Recovery

(For DPH Use) Other Adjustments

NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

Appendix F
Invoice

Instituto Familiar De La Raza
CMS#6960

FY 12/13 Renewal
Amendment One
July 1, 2012

DPH 6: Contract-Wide Indirect Detail

Contractor Name Instituto Familiar de la Raza, Inc.

Document Date: 07/01/12

1. SALARIES & BENEFITS

[illegible]

2. OPERATING COSTS

Expenditure Category	Amount
Audit Fees	\$ 6,166
Payroll Service Fees	\$ 9,745
TOTAL OPERATING COSTS	\$ 15,911

TOTAL INDIRECT COSTS	\$ 285,353
(Salaries & Benefits + Operating Costs)	

DPH 4: Operating Expenses Detail

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - ECMH Training
 Document Date: 7/1/2012

Appendix #: B-10

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: _____	Term: 7/1/12-6/30/13	Term: _____	Term: _____	Term: _____
Rental of Property	\$ -					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -					
Office Supplies, Postage	\$ -					
Building Maintenance Supplies and Repair	\$ -					
Printing and Reproduction	\$ -					
Insurance	\$ -					
Staff Training	\$ -					
Staff Travel-(Local & Out of Town)	\$ -					
Rental of Equipment	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultants	\$ 2,500.00		2,500			
Other:						
Program/Educational Supplies	\$ 100.00		100			
Client Related Expenses/Group Activities	\$ 400.00		400			
TOTAL OPERATING EXPENSE	\$3,000		\$3,000			

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B-10

Provider Name: Instituto Familiar de la Raza, Inc. - ECMH Training

Document Date: 7/1/12

[illegible]

Employee Fringe Benefits:	23%	\$1,751		23%	\$1,751			#DIV/0!		#DIV/0!
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TOTAL SALARIES & BENEFITS

\$9,258

\$9,258

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.				Contract Appendix #:		B-10
Provider Name:		Instituto Familiar de la Raza, Inc.				Document Date:		7/1/2012
Provider Number:		3818				Fiscal Year:		FY 12-13
Program Name:		ECMH Training						
Program Code (formerly Reporting Unit):		3818-						
Mode/SFC (MH) or Modality (SA):		80/78						
Service Description:		Other Non-Medical Client Support Exp				TOTAL		
FUNDING TERM:		7/1/12-6/30/13						
FUNDING USES								
Salaries & Employee Benefits:		9,258				9,258		
Operating Expenses:		3,000				3,000		
Capital Expenses (greater than \$5,000):								
Subtotal Direct Expenses:		12,258				12,258		
Indirect Expenses:		1,471				1,471		
TOTAL FUNDING USES:		13,729				13,729		
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:						
MH FED - SDMC Regular FFP (50%)								
MH STATE - EPSDT State Match								
MH WORK ORDER - Human Services Agency								
MH WORK ORDER - Dept. Children, Youth & Families								
MH WORK ORDER - First Five (SF Children & Family Commission)								
MH WORK ORDER - First Five (SF Children & Family Commission)								
MH STATE - MHSA		13,729				13,729		
MH Realignment								
MH COUNTY - General Fund								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		13,729				13,729		
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-				-		
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		CFDA #:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-				-		
TOTAL DPH FUNDING SOURCES		13,729				13,729		
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES		-				-		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		13,729				13,729		
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - 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						
Units of Service:		1						
Unit Type:		Staff Hour or Client Day, depending on contract						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		CR						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		CR						
Published Rate (Medi-Cal Providers Only):						Total UDC:		
Unduplicated Clients (UDC):		10				10		

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #: B-9

Provider Name: Instituto Familiar de la Raza, Inc. - Trauma Recovery & Healing Services

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term:	Term: 7/1/12-6/30/13	Term:	Term:	Term:
Rental of Property	\$ 4,999.00		4,999			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,370.00		2,370			
Office Supplies, Postage	\$ 1,494.00		1,494			
Building Maintenance Supplies and Repair	\$ 3,092.00		3,092			
Printing and Reproduction	\$ 258.00		258			
Insurance	\$ 1,494.00		1,494			
Staff Training	\$ 1,378.00		1,378			
Staff Travel-Local & Out of Town)	\$ 1,560.00		1,560			
Rental of Equipment	\$ 904.00		904			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant for Events	\$ 1,500.00		1,500			
Other:						
Program/Educational Supplies and Cell phone Fees	\$ 1,140.00		1,140			
Client Related Expenses/Cultural Events	\$ 5,750.00		5,750			
TOTAL OPERATING EXPENSE	\$25,939		\$25,939			

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - Trauma Recovery & Healing Services

Document Date: 7/1/12

Appendix #: B-9

	TOTAL		General Fund		MHSA		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 7/1/12-6/30/13		Term:		Term: 7/1/12-6/30/13		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.08	\$ 8,298.00			0.09	8,298						
Behavioral Health Specialist/Case Manager	1.00	\$ 51,467.00			1.00	51,467						
Mental Health Specialist	1.00	\$ 42,875.00			1.00	42,875						
Peer Counselor	0.43	\$ 10,920.00			0.43	10,920						
Program Assistant	0.18	\$ 6,080.00			0.18	6,080						
Program Manager	0.06	\$ 3,296.00			0.06	3,296						
Psychologist/Clinical Supervisor	0.09	\$ 6,639.00			0.09	6,639						
Totals:	2.84	\$129,575			2.84	\$129,575						

Employee Fringe Benefits:	27%	\$34,502		27%	\$34,502		#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$164,077

\$164,077

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.			Contract Appendix #:		B-9	
Provider Name:		Instituto Familiar de la Raza, Inc.			Document Date:		7/1/2012	
Provider Number:		3818			Fiscal Year:		FY 12-13	
Program Name:		MHSA - Trauma Recovery & Healing Services						
Program Code (formerly Reporting Unit):		3818-						
Mode/SFC (MH) or Modality (SA):		45/10-19						
Service Description:		MH Promotion					TOTAL	
FUNDING TERM:		7/1/12-6/30/13						
FUNDING USES								
Salaries & Employee Benefits:		164,077					164,077	
Operating Expenses:		25,939					25,939	
Capital Expenses (greater than \$5,000):								
Subtotal Direct Expenses:		190,016					190,016	
Indirect Expenses:		24,365					24,365	
TOTAL FUNDING USES:		214,381					214,381	
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:						
MH FED - SDMC Regular FFP (50%)								
MH STATE - EPSDT State Match								
MH WORK ORDER - Human Services Agency								
MH WORK ORDER - Dept. Children, Youth & Families								
MH WORK ORDER - First Five (SF Children & Family Commission)								
MH WORK ORDER - First Five (SF Children & Family Commission)								
MH STATE - MHSA		214,381					214,381	
MH Realignment								
MH COUNTY - General Fund								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		214,381					214,381	
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		CFDA #:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES		214,381					214,381	
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		214,381					214,381	
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-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						
Units of Service:		1						
Unit Type:		Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		CR						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		CR						
Published Rate (Medi-Cal Providers Only):							Total UDC:	
Unduplicated Clients (UDC):		135					135	

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #: B-8

Provider Name: Instituto Familiar de la Raza, Inc. - PEI-Early Childhood Mental Health Consultation

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: _____	Term: 7/1/12-6/30/13	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 887.00		887			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 420.00		420			
Office Supplies, Postage	\$ 265.00		265			
Building Maintenance Supplies and Repair	\$ 549.00		549			
Printing and Reproduction	\$ 46.00		46			
Insurance	\$ 265.00		265			
Staff Training	\$ -					
Staff Travel-(Local & Out of Town)	\$ 600.00		600			
Rental of Equipment	\$ 160.00		160			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Other:						
Program/Educational Supplies	\$ 100.00		100			
TOTAL OPERATING EXPENSE	\$3,292		\$3,292			

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B-8

Provider Name: Instituto Familiar de la Raza, Inc. - PEI-Early Childhood Mental Health Consultation

Document Date: 7/1/12

	TOTAL		General Fund		MHSA		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 7/1/12-6/30/13		Term:		Term: 7/1/12-6/30/13		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.08	\$ 5,361.00			0.08	5,361						
Program Coordinator	0.01	\$ 899.00			0.01	699						
Mental Health Specialists	0.40	\$ 19,979.00			0.40	19,979						
Program Assistant	0.01	\$ 436.00			0.01	436						
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Employee Fringe Benefits:	28%	\$7,485			28%	\$7,485			#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$33,960

\$33,960

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Contract Appendix #		B-8 P2 of 2	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date:		7/1/2012	
Provider Number: 3818				Fiscal Year:		FY 12-13	
Program Name:		MHSA PEI-Early Childhood Mental Health Consultation	MHSA PEI-Early Childhood Mental Health Consultation				
Program Code (formerly Reporting Unit):		3818-	3818-				
Mode/SFC (MH) or Modality (SA)		45/20-29	45/20-29				
Service Description:		Outreach & Linkage/Cmmty Client Svcs	Evaluation Services/Cmmty Client Svcs				
FUNDING TERM:		7/1/12-6/30/13	7/1/12-6/30/13				TOTAL
FUNDING USES							
Salaries & Employee Benefits:		5,094	1,698				33,960
Operating Expenses:		494	185				3,292
Capital Expenses (greater than \$5,000):							
Subtotal Direct Expenses:		5,588	1,883				37,252
Indirect Expenses:		712	237				4,748
TOTAL FUNDING USES:		6,300	2,100				42,000
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:					
MH FED - SDMC Regular FFP (50%)							
MH STATE - EPSDT State Match							
MH WORK ORDER - Human Services Agency							
MH WORK ORDER - Dept. Children, Youth & Families							
MH WORK ORDER - First Five (SF Children & Family Commission)							
MH WORK ORDER - First Five (SF Children & Family Commission)							
MH STATE - MHSA			6,300	2,100			42,000
MH Realignment							
MH COUNTY - General Fund							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,300	2,100				42,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES		6,300	2,100				42,000
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		6,300	2,100				42,000
CBHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS				
Units of Service:		84	28				
Unit Type:		Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		75.00	75.00				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		75.00	75.00				
Published Rate (Medi-Cal Providers Only):		92.00	92.00				Total UDC:
Unduplicated Clients (UDC):		32	32				32

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DPH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Provider Name: Instituto Familiar de la Raza, Inc. Provider Number: 3818					Contract Appendix #: B-6 P1 of 2 Document Date: 7/1/2012 Fiscal Year: FY 12-13	
Program Name:	MHSA PEI-Early Childhood Mental Health Consultation	MHSA PEI-Early Childhood Mental Health Consultation	MHSA PEI-Early Childhood Mental Health Consultation	MHSA PEI-Early Childhood Mental Health Consultation		
Program Code (formerly Reporting Unit):	3818-	3818-	3818-	3818-		
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	45/20-29	45/20-29		
Service Description:	Consultation (Group)/Cmntly Client Svcs	Consultation (Individuals)/Cmntly Client Svcs	Consultation (Class/Observation)/Cmntly Client Svcs	Training/Parent Support (Group)/Cmntly Client Svcs		
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13		SUB-TOTAL
FUNDING USES						
Salaries & Employee Benefits:	9,096	9,096	8,369	606		27,168
Operating Expenses:	882	882	811	59		2,634
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	9,978	9,978	9,180	665		29,802
Indirect Expenses:	1,272	1,272	1,170	85		3,798
TOTAL FUNDING USES:	11,250	11,250	10,350	750		33,600
CBHS MENTAL HEALTH FUNDING SOURCES						
CFDA #:						
MH FED - SDMC Regular FFP (50%)						
MH STATE - EPSDT State Match						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA	11,250	11,250	10,350	750		33,600
MH Realignment						
MH COUNTY - General Fund						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	11,250	11,250	10,350	750		33,600
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #:						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES	11,250	11,250	10,350	750		33,600
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	11,250	11,250	10,350	750		33,600
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		
Units of Service:	150	150	138	10		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00		
Published Rate (Medi-Cal Providers Only):	92.00	92.00	92.00	92.00		
Unduplicated Clients (UDC):	32	32	32	32		Total UDC:

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #: B-7

Provider Name: Instituto Familiar de la Raza, Inc. - PEI-School-Based Youth-Centered Wellness

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: _____	Term: 7/1/12-6/30/13	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 3,546.00		3,546			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,729.00		1,729			
Office Supplies, Postage	\$ 1,090.00		1,090			
Building Maintenance Supplies and Repair	\$ 2,255.00		2,255			
Printing and Reproduction	\$ 188.00		188			
Insurance	\$ 1,090.00		1,090			
Staff Training	\$ 400.00		400			
Staff Travel-(Local & Out of Town)	\$ 1,200.00		1,200			
Rental of Equipment	\$ 658.00		658			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Internship Trainer Fees	\$ 700.00		700			
Subcontractors - Support for Families of Children w Disabilities	\$ 29,100.00		29,100			
Other:						
Program/Educational Supplies	\$ 200.00		200			
TOTAL OPERATING EXPENSE	\$42,256		\$42,256			

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. - PEI-School-Based Youth-Centered Wellness

Document Date: 7/1/12

Appendix #: B-7[illegible]

Employee Fringe Benefits:	27%	\$27,331		27%	\$27,331		#DIV/0!		#DIV/0!
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TOTAL SALARIES & BENEFITS

\$129,609

\$129,609

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Contract Appendix #	B-7 P2 of 2
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date	7/1/2012
Provider Number: 3818					Fiscal Year	FY 12-13
Program Name:	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness		
Program Code (formerly Reporting Unit):	38182	38182	38182	38182		
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	45/20-29	45/20-29		
Service Description:	Direct Services (Individuals)/Community Client Svcs	Outreach & Linkage/Community Client Svcs	Evaluation Services/Community Client Svcs	Parental Engagement/Community Client Svcs		TOTAL
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13		
FUNDING USES						
Salaries & Employee Benefits:	4,176	16,464	5,488	5,430		129,609
Operating Expenses:	1,361	5,368	1,789	1,770		42,256
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	5,537	21,831	7,277	7,201		171,865
Indirect Expenses:	701	2,765	922	912		21,764
TOTAL FUNDING USES:	6,239	24,596	8,199	8,113		193,629
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA #:					
MH FED - SDMC Regular FFP (50%)						
MH STATE - EPSDT State Match						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA		6,239	24,596	8,199	8,113	193,629
MH Realignment						
MH COUNTY - General Fund						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,239	24,596	8,199	8,113	193,629
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		6,239	24,596	8,199	8,113	193,629
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		6,239	24,596	8,199	8,113	193,629
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		
Units of Service:	74	730	243	96		
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	84.27	33.71	33.71	84.27		
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	84.27	33.71	33.71	84.27		
Published Rate (Medi-Cal Providers Only):	92.00	92.00	92.00	92.00		
Unduplicated Clients (UDC):	570	570	570	570		Total UDC: 570

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Contract Appendix #: B-7 P1 of 2	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 7/1/2012	
Provider Number: 3818					Fiscal Year: FY 12-13	
Program Name:	MHSA PEI-School-Based Youth Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182	
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
Service Description	Consultation (Group)/Cmnty Client Svcs.	Consultation (Individuals)/Cmnty Client Svcs.	Consultation (Class/Observation)/Cmnty Client Svcs.	Training/Parent Support (Group)/Cmnty Client Svcs.	Direct Services (Group)/Cmnty Client Svcs.	SUB-TOTAL
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	
FUNDING USES						
Salaries & Employee Benefits:	39,967	35,363	15,676	4,789	2,256	98,051
Operating Expenses:	13,030	11,529	5,111	1,561	736	31,967
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	52,998	46,892	20,787	6,350	2,992	130,018
Indirect Expenses:	6,711	5,938	2,632	804	379	16,465
TOTAL FUNDING USES:	59,709	52,830	23,419	7,154	3,371	146,483
CBHS MENTAL HEALTH FUNDING SOURCES						
CFDA #:						
MH FED - SDMC Regular FFP (50%)						
MH STATE - EPSDT State Match						
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA	59,709	52,830	23,419	7,154	3,371	146,483
MH Realignment						
MH COUNTY - General Fund						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	59,709	52,830	23,419	7,154	3,371	146,483
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	59,709	52,830	23,419	7,154	3,371	146,483
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	59,709	52,830	23,419	7,154	3,371	146,483
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable):						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes):						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
Units of Service:	651	576	255	78	20	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	91.72	91.72	91.72	91.72	168.54	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	91.72	91.72	91.72	91.72	168.54	
Published Rate (Medi-Cal Providers Only):	92.00	92.00	92.00	92.00	170.00	
Unduplicated Clients (UDC):	570	570	570	570	570	Total UDC:

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #: B-6

Provider Name: Instituto Familiar de la Raza, Inc. - IHBS/EPSTD Services

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund/EPSTD	DCYF	Funding Source 2 (overwrite here with Funding Source Name) Term: _____	Funding Source 3 (overwrite here with Funding Source Name) Term: _____	Funding Source 4 (overwrite here with Funding Source Name) Term: _____
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13			
Rental of Property	\$ 6,648.00	3,497	3,151			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 3,415.00	1,797	1,618			
Office Supplies, Postage	\$ 1,667.00	877	790			
Building Maintenance Supplies and Repair	\$ 5,134.00	2,701	2,433			
Printing and Reproduction	\$ 317.00	167	150			
Insurance	\$ 2,439.00	1,283	1,156			
Staff Training	\$ 755.00	397	358			
Staff Travel-Local & Out of Town)	\$ 2,100.00	1,105	995			
Rental of Equipment	\$ 1,473.00	775	698			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Other:						
Program/Educational Supplies	\$ 2,460.00	1,294	1,166			
Client Related Expenses/Cultural Events	\$ 3,000.00	1,578	1,422			
TOTAL OPERATING EXPENSE	\$29,408	\$15,471	\$13,937			

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - IHBS/EPSDT Services
 Document Date: 7/1/12

Appendix # B.6

[illegible][illegible]

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH): Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Contract Appendix #: B-6	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 11/21/2012	
Provider Number: 3818				Fiscal Year: FY 12-13	
Program Name:		ISCS/EPSTDT Services	ISCS/EPSTDT Services		
Program Code (formerly Reporting Unit):		381810	381810		
Mode/SFC (MH) or Modality (SA):		15/01-09	15/10-57		
Service Description:		Case Mgt Brokerage	MH Svcs		TOTAL
FUNDING TERM:		7/1/12-6/30/13	7/1/12-6/30/13		
FUNDING USES					
Salaries & Employee Benefits:		136,927	80,936		217,863
Operating Expenses:		18,483	10,925		29,408
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:		155,410	91,861		247,271
Indirect Expenses:		20,646	12,204		32,850
TOTAL FUNDING USES:		176,056	104,065		280,121
CBHS MENTAL HEALTH FUNDING SOURCES					
CFDA #:					
MH FED - SOMC Regular FFP (50%)		45,483	26,885		72,368
MH STATE - EPSTDT State Match		40,935	24,197		65,132
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families		81,870	48,393		130,263
MH WORK ORDER - Dept. Children, Youth & Families		4,548	2,889		7,237
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA					
MH Realignment					
MH COUNTY - General Fund		1,906	590		2,496
MH COUNTY - General Fund- WO CODE		1,313	1,313		2,626
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		176,056	104,065		280,121
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
CFDA #:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		176,056	104,065		280,121
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		176,056	104,065		280,121
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		
Units of Service:		85,464	39,125		
Unit Type:		Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		2.06	2.66		
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):		2.06	2.66		
Published Rate (Medi-Cal Providers Only):		2.20	2.70		
Unduplicated Clients (UDC):		8	8		
					Total UDC:
					16

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #: B-5

Provider Name: Instituto Familiar de la Raza, Inc. - Childcare MH Consultation Initiative

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	HSA Work Order	DCYF Work Order	SFCFC/SRI WO	SFCFC/PFA WO
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13
Rental of Property	\$ 12,726.00	909	6,234	771	1,024	3,789
Utilities(Elec. Water, Gas, Phone, Scavenger)	\$ 6,035.00	431	2,956	365	485	1,797
Office Supplies, Postage	\$ 3,805.00	272	1,864	230	306	1,133
Building Maintenance Supplies and Repair	\$ 9,472.00	677	4,840	574	762	2,820
Printing and Reproduction	\$ 656.00	47	321	40	53	195
Insurance	\$ 3,803.00	272	1,863	230	306	1,132
Staff Training	\$ 1,200.00	86	588	73	97	357
Staff Travel-Local & Out of Town	\$ 4,200.00	300	2,057	254	338	1,250
Rental of Equipment	\$ 2,299.00	164	1,126	139	185	684
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Internship Trainer Fees	\$ 1,000.00	71	490	61	80	296
Other:						
Program/Educational Supplies	\$ 300.00	21	147	18	24	89
Client Related Expenses	\$ 1,100.00	79	539	67	88	328
Family Childcare Training	\$ 2,000.00	143	980	121	161	595
TOTAL OPERATING EXPENSE	\$48,596	\$3,471	\$23,804	\$2,943	\$3,909	\$14,469

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B-5.

Provider Name: Instituto Familiar de la Raza, Inc. - Childcare MH Consultation Initiative

Document Date: 7/1/12

	TOTAL		General Fund		HSA Work Order		DCYF work Order		SFCFC/SRI WO		SFCFC/PFA WO	
Position Title	Term: 7/1/12-6/30/13 FTE	Salaries	Term: 7/1/12-6/30/13 FTE	Salaries	Term: 7/1/12-6/30/13 FTE	Salaries	Term: 7/1/12-6/30/13 FTE	Salaries	Term: 7/1/12-6/30/13 FTE	Salaries	Term: 7/1/12-6/30/13 FTE	Salaries
Program Director	0.26	\$ 24,429.00	0.02	1,745	0.13	11,966	0.02	1,479	0.02	1,965	0.08	7,273
Program Manager	0.62	\$ 43,289.00	0.04	3,092	0.31	21,205	0.04	2,621	0.05	3,482	0.19	12,889
Program Coordinator	0.13	\$ 6,289.00	0.01	449	0.06	3,081	0.01	381	0.01	506	0.04	1,872
Psychologist/Clinical Supervisor	0.06	\$ 4,343.00	0.00	310	0.03	2,127	0.00	263	0.00	349	0.02	1,293
Mental Health Specialists	5.41	\$ 274,724.00	0.39	19,624	2.65	134,570	0.33	16,636	0.43	22,099	1.61	81,794
Program Assistants	0.54	\$ 24,182.00	0.04	1,727	0.27	11,845	0.03	1,464	0.04	1,945	0.16	7,200
Totals:	7.02	\$377,256	0.50	\$26,949	3.44	\$184,794	0.42	\$22,845	0.56	\$30,347	2.09	\$112,321

Employee Fringe Benefits:	27%	\$103,370	27%	7,384	27%	50,635	27%	6,260	27%	8,315	27%	30,777
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TOTAL SALARIES & BENEFITS

\$480,626

\$34,333

\$235,429

\$29,104

\$38,662

\$143,098

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Contract Appendix #:	B-5 P2 of 2
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date:	11/21/2012
Provider Number: 3818					Fiscal Year:	FY 12-13
Program Name:	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182	
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	15/10-57	15/70-79	15/01-09	
Service Description:	Outreach & Linkage/Cmmty Client Svcs	Services/Cmmty Client Svcs	EPSDT - MH Services	EPSDT - Crisis Intervention	EPSDT - Case Mgt/Brokerage	TOTAL
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	
FUNDING USES						
Salaries & Employee Benefits:	67,027	22,342	32,923	191	663	480,626
Operating Expenses:	6,777	2,259	3,329	19	67	48,596
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	73,804	24,601	36,251	210	730	529,222
Indirect Expenses:	9,412	3,137	4,623	27	93	67,489
TOTAL FUNDING USES:	83,216	27,739	40,874	237	823	596,711
CBHS MENTAL HEALTH FUNDING SOURCES						
CFDA #:						
MH FED - SDMC Regular FFP (50%)			19,182	111	386	19,680
MH STATE - EPSDT State Match			17,264	100	348	17,712
MH WORK ORDER - Human Services Agency	43,947	13,960				292,292
MH WORK ORDER - Dept. Children, Youth & Families	5,420	1,807				36,134
MH WORK ORDER - First Five (SF Children & Family Commission)	7,200	2,400				48,000
MH WORK ORDER - First Five (SF Children & Family Commission)	26,649	8,883				177,660
MH STATE - MHSA						
MH Reassignment						
MH COUNTY - General Fund			4,428	26	89	4,543
MH COUNTY - General Fund- WO CODE		690				690
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	83,216	27,739	40,874	237	823	596,711
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	83,216	27,739	40,874	237	823	596,711
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	83,216	27,739	40,874	237	823	596,711
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
Units of Service:	1,110	370	15,367	60	400	
Unit Type:	Staff Hour	Staff Hour	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	2.66	3.95	2.06	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	2.66	3.95	2.06	
Published Rate (Medi-Cal Providers Only):	92.00	92.00	2.70	4.10	2.20	Total UDC:
Unduplicated Clients (UDC):	752	752	7	7	7	759

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Contract Appendix #: B-5 P1 of 2	
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date: 11/21/2012	
Provider Number: 3818					Fiscal Year: FY 12-13	
Program Name:	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	El - Childcare MH Consultation Initiative	
Program Code (formerly Reporting Unit):	38182	38182	38182	38182	38182	
Mode/SFC (MH) or Modality (SA):	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
Service Description:	Consultation (Group)/Cmmty Client Svcs	Consultation (Individuals)/Cm mty Client Svcs	Consultation (Class/Observati on)/Cmmty Client Svcs	Training/Parent Support (Group)/Cmmty Client Svcs	Direct Services (Individuals)/Cm mty Client Svcs	SUB-TOTAL
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	
FUNDING USES						
Salaries & Employee Benefits:	133,076	130,128	63,630	28,228	2,416	357,479
Operating Expenses:	13,455	13,157	6,434	2,854	244	36,145
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	146,531	143,285	70,064	31,082	2,661	393,624
Indirect Expenses:	18,686	18,272	8,935	3,964	339	50,197
TOTAL FUNDING USES:	165,218	161,558	78,999	35,046	3,000	443,821
CBHS MENTAL HEALTH FUNDING SOURCES						
CFDA #:						
MH FED - SDMG Regular FFP (50%)						
MH STATE - EPSDT State Match						
MH WORK ORDER - Human Services Agency	87,253	85,320	41,720	18,508	1,585	234,386
MH WORK ORDER - Dept. Children, Youth & Families	10,761	10,523	5,145	2,283	195	28,907
MH WORK ORDER - First Five (SF Children & Family Commission)	14,295	13,978	6,835	3,032	260	38,400
MH WORK ORDER - First Five (SF Children & Family Commission)	52,909	51,737	25,298	11,223	961	142,128
MH STATE - MHSA						
MH Realignment						
MH COUNTY - General Fund						
MH COUNTY - General Fund- WO CODE						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	165,218	161,558	78,999	35,046	3,000	443,821
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
CFDA #:						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES						
CFDA #:						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	165,218	161,558	78,999	35,046	3,000	443,821
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	165,218	161,558	78,999	35,046	3,000	443,821
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	
Units of Service:	2,203	2,154	1,053	467	40	
Unit Type:	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	75.00	75.00	75.00	75.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	
Published Rate (Medi-Cal Providers Only):	92.00	92.00	92.00	92.00	92.00	Total UDC:
Unduplicated Clients (UDC):	752	752	752	752	752	

Program: MHSA-PEI School-Based Youth Early
Intervention Program- Consultation, Affirmation,
Resources, Education & Empowerment Program (CARE)
James Lick Middle School and Hillcrest Elementary School
Fiscal Year: 2012-2013
CMS#: 6960

Contract Term: 07/01/12 through 06/30/13

1. **Program Name:** MHSA-PEI School-Based Youth Early Intervention Program- Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest Elementary School
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 38182

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The IFR CARE Program (housed under the IFR Early Intervention Program-EIP) will provide comprehensive mental health consultation services including prevention and early intervention services for fiscal year 2012-2013. The CARE Program will serve as an integrative bridge between teachers, out-of-school time providers, students, and parents in order to facilitate the building of positive, esteem building relationships for students in the classroom, at home, and during after school programming.

The goals of the program are to 1) Improve and enhance the quality of relationships between care providers (teachers, support staff, OST providers, families and children) thus improving the overall school climate 2) Decrease mental health crisis episodes, and 3) Increase teachers' and care providers' capacity to respond to- and support the mental health, behavioral, and developmental issues of their students, as well as creating culturally and developmentally appropriate environments for them. Long-term goals include removing barriers to learning, improving academic achievement through increased school functioning and increased family functioning and engagement.

4. **Target Population**

The target population for the IFR CARE program is low-performing students who are experiencing school difficulties due to trauma, immigration stress, poverty, and family dysfunction. Students largely come from the 94110, 94134 and 94124 neighborhoods. Particular emphasis will be placed on Latino and African-American students and their families who have not received the support they need to be successful at school and who feel disempowered by the system. We will be providing services at both Hillcrest Elementary School and at James Lick Middle School.

5. **Modalities/Interventions**

Mental Health Consultation:

- 1) At Hillcrest, the mental health consultant will provide consultation to Kindergarten and 1st grade teachers facilitating monthly consultation meetings as well addressing weekly needs
- 2) At Hillcrest, 6 hours weekly of mental health consultation support will be provided to the afterschool staff with information bridged back to the school day team.
- 3) At Hillcrest 7 hours of Inclusion/Mental Health Consultation will be provided weekly by Support for Families with Children with Disabilities.
- 4) At James Lick Middle School, by the end of the school year, the mental health consultant will provide at least one consultation to 65% of all teachers on site.
- 5) At James Lick Middle School, the mental health consultant will consult to counseling staff and LSP's weekly during CARE team meetings.
- 6) At James Lick Middle School, 7 hours of Inclusion Consultation Services will be provided weekly by Support for Families with Children with Disabilities.

Outreach and Engagement:

- 1) At Hillcrest, IFR mental health consultant will table and outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.
- 2) At Hillcrest, IFR Mental Health consultant will coordinate outreach efforts with the Parent Liaison to support ELAC parents- presenting linkage and referral information at a minimum of 3 ELAC meetings.
- 3) At James Lick Middle School, IFR mental health consultant will table and outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.
- 4) At James Lick Middle School, the mental health consultant will coordinate outreach efforts with the Parent Liaison to ELAC parents presenting linkage and referral information at ELAC monthly meetings when requested by the group (with a minimum of participating in at least 3 meetings during the school year).

Individual Therapeutic Services

- 1) At Hillcrest, Mental Health Consultant will provide brief early intervention services to at least 15 individuals and/or families experiencing or at risk for trauma. On average families will receive 6-8 sessions (typically 1 hour each). Services may include pull-out session or in-class support to facilitate student's success in the classroom.
- 2) At James Lick Middle School, the mental health consultant will provide brief early intervention services to at least 15 individuals and/or families experiencing or at risk for trauma. On average families will receive 6-8 sessions (typically 1 hour each). Services may include pull-out session or in-class support to facilitate student's success in the classroom.

Group Therapeutic Services

- 1) At Hillcrest, one therapeutic group with a minimum of 3 students will be implemented targeting children who have experienced significant separations from their parent (i.e. from immigration, incarceration, divorce). Group will meet on average for 10-12 sessions.
- 2) At James Lick Middle School, one therapeutic group with a minimum of 3 students will be implemented targeting students who are adapting to being recent immigrants and may be experiencing social stressors due to this transition. Group will meet on average from 10-12 sessions.

Provision of services is for the entire school community Hillcrest Elementary School and James Lick Middle School.

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	Prevention Services Hillcrest	Julio Vargas	21	330	15	15
2	Inclusion Consultation Services Hillcrest	Alison Stewart (SFF)	7	INC		8
3	Early Intervention Services	Vanessa Coroa	7	40	6	6
4	Prevention Services James Lick MS	Tenisha Gonzalez	28	570	32	32
5	Inclusion Consultation Services James Lick	Alison Stewart (SFF)	7	INC		6

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Consultation: - Individual 0.44 FTE x 35hrs x 44 wks x 83% LOE	567 Individual	570 Incl.
- Group 0.51 FTE x 35hrs x 44 wks x 83% LOE	651 Group	
Classroom or Child Observation	255	Incl.

Program: Early Intervention Program (EIP) - Consultation, Affirmation, Resources, Education, Empowerment
 Program (CARE) James Lick Middle School and Hillcrest Elementary School
 Fiscal Year: 2012-2013
 CMS#: 6960

Contract Term: 07/01/12 through 06/30/13

0.20 FTE x 35hrs x 44 wks x 83% LOE		
Training to providers (teachers)/parent engagement 0.06 FTE x 35hrs x 44 wks x 83% LOE	78	Incl.
Direct Individual Counseling 0.06 FTE x 35hrs x 44 wks x 83% LOE	74 Individual	Incl.
Group Interventions 0.02 FTE x 35hrs x 44 wks x 83% LOE	20 Group	
Parental Engagement 0.08 FTE x 35hrs x 44 wks x 83% LOE	96	Incl.
Outreach, Linkage, and Evaluation 0.57 FTE x 35hrs x 44 wks x 83% LOE	730	Incl.
Evaluation Services 0.19 FTE x 35hrs x 44 wks x 83% LOE	243	Incl.
Total	2,723	570

The IFR-CARE Program will provide mental health consultation services, including group and individual consultation; consultation to Student Assistance Program (SAP) and Student Success team SST meetings, classroom and child observation, training/parent support; direct services to children and families including social skills groups, parent support groups, and individual/family interventions as defined by the following:

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. May also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Consulting with a group of three or more teachers/staff regarding the mental health needs of students. Includes facilitation of COST meetings, participation in SST, IEP meetings, and other relevant school meetings.
- **Consultation – Class/Child Observation:** Observing a child or classroom to assess for needs and begin development of intervention strategies for both school and home.
- **Parental Engagement:** Activities directed towards a parent, or caregiver including, but not limited to collaterals with parents/caregivers, referrals to other agencies and talking to parents/caregivers about their children and other concerns they may have. Can also include leading a parent support group or conducting a parent training class.
- **Training to Teachers/Staff:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers on specific mental health topics.
- **Direct Services – Individual:** Activities may include, but are not limited to individual child treatment, classroom interventions, collaterals with parents/caregivers, developmental assessment, risk assessments, crisis intervention, and linkage/referrals to other agencies.
- **Direct Services – Group:** Conducting socialization groups involving at least three children. Theme specific groups may also be targeted, e.g. coping with divorce.
- Service units will also include outreach and linkage as well as evaluation services.

Unduplicated clients will include children, parents and staff impacted by these services.

6. Methodology

A. Outreach, Recruitment, Promotion, and Advertisement:

Outreach efforts include the following: Orientation to services for teachers will occur at a designated staff meeting and will be reinforced with a written description of the program, which will include the referral

process. Parents will be oriented to the program at the Fall Open House. Written information will be sent home in the native language of the family. The CARE consultants will work closely with the parent liaison, counselors, and the student advisor to continue outreach efforts. As well, teachers and staff are provided with a written description of services and regular consultation meetings deepen their understanding of the mental health consultant's role over time.

Students will be referred through the SAP (Student Assistance Program) by teachers, parents. Teachers will be oriented to the procedures and protocols at the beginning of the year and on an ongoing basis. The parent liaison, counselors and student advisor will play a key role in informing parents of the services and supporting both outreach efforts and referral process.

B. Consumer Participation/Engagement

The IFR-CARE Program's mental health consultation approach is designed to address the needs of the school community. The Prevention Coordinator will be the primary contact person for the School. Responsibilities will include coordination of referrals, communication with key administrators, facilitation at SAP meetings, consultation to teachers, and ensuring the administration of key evaluation and assessment interventions. In addition, to ensure improved communication and coordinated care of mental health services, the Prevention Coordinator will take the lead in facilitating a monthly mental health coordinated service meetings for all mental health service providers at the school. Supporting these functions will be the Early Intervention Staff, who will be responsible for providing direct services to children and families. These services will include leading therapeutic groups for students, providing individual counseling to students with emerging mental health issues, and providing crisis intervention services as needed and clinical case management to families. With these structures and roles in place, ongoing feedback and communication from the support staff and leadership of each school provides the opportunity for all stakeholders to impact program design and the implementation of services. Program implementation will shift according to the needs identified both by families as well as by support staff. The collective impact of the team work is aimed at building positive relationships with families and students in order for them to more readily communicate their needs and subsequently get the resources that can improve their education and overall wellbeing.

C. Staff Competency including Cultural Competency:

The CARE program design is based upon a cultural and mental health framework that affirms and builds upon the strengths of the child, their caregivers (child, teacher and parent/guardian), and collaboration with other service providers and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of children.

Observation of school and after school activities by the Consultant and the SNIP staff will occur to assess staff-child relationships, child's developmental needs, behavioral reactions, environmental factors, and social emotional issues. As strengths are identified, areas of developmental delay or emotional challenges may be addressed through scaffolding, modeling, peer support, and/or positive behavioral plans. Concrete tools will be offered to the teacher during consultation. Observations will occur at the request of the staff.

A primary goal of the Early Intervention Program and our consultative efforts is to support providers (teachers/administrators) to first recognize and then develop the skills needed to understand, communicate with, and effectively serve people across cultures. By being nonjudgmental and creating spaces for teachers to explore their biases and assumptions about their students and bridging those back to our deep understanding of the community and the Latino experience, we can help providers deepen their understanding and value the cultural backgrounds of their students. The EIP deepens their knowledge of working with multicultural students and their family through ongoing weekly group supervision, which emphasizes the provision of consultation through a cultural lens and utilizes a reflective case presentation model where clinicians can reflect on the complexities of working with diverse populations and improve their practice.

D. Collaboration with other Programs/Agencies:

The CARE program collaborated first and foremost with each school community. There are an array of partnerships and collaborations that help to ensure students' educational opportunities. The following description outlines the primary vehicle for achieving our goals: The Mental Health Consultant provides an array of services to the child, parent and teachers with the service goal of building upon the strengths of the

child, parent and teacher. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families. Meetings may occur during the school day or during after school hours.

Parent Training and Support Groups/Family Workshops will be offered on-site and topics determined in collaboration with everyone. Parents will also be invited to IFR cultural activities throughout the year. Workshops will occur monthly. In order to effectively engage the African-American community at the school, IFR is committed to working collaboratively with other organizations providing support to the school sites as well as utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families where they are).

Early Intervention services will target students who have adjustment difficulties and/or experienced a significant stressor that impacts their school functioning. The goal is to address and intervene with emerging mental health issues. Students, who in the process of assessment, are identified as having significant mental health diagnoses warranting long-term treatment, will be referred and linked to appropriate services. IFR has a strong outpatient clinic and we have long-standing relationships with a number of other mental health agencies, which can facilitate the referral process and enhance wrap-around services. Besides IFR, we often refer to Mission Family Clinic, Southeast Child Services, and Mission Mental Health. As well, we collaborate with cases involving CPS and work with primary care pediatricians when indicated. The program also links to housing and food banks regularly.

E. Exit Criteria:

This Program operates during the school year so all consultation services to teachers and staff comes to a natural close at the end of the school year. Individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) developmental assets screening.

Children receiving individual counseling services will also be evaluated through the CANS and treatment goals will be evaluated with parent, child, and teacher.

Parents receiving individual support will be linked to appropriate services and with parent permission, follow-up with outside service providers will support coordination of care and increased communication.

F. Program Staffing:

Please see Appendix B-7.

7. Objectives and Measurements

a. Outcome Objectives

MHSA SMART GOAL #1:

Improved capacity among parents and other caregivers (teachers, program staff) to provide appropriate responses to children's behavior.

Performance Objective #1:

Participation in Consultation Services: During academic year 2012-2013, a minimum of 65% of staff at James Lick and all Kindergarten, First grade and Afterschool staff Hillcrest will receive at least one consultation from the Mental Health Consultant to support them to respond to stressors in their classroom. This will be measured utilizing a survey administered annually and through the EIP monthly tracking log which tracks unduplicated count for teachers.

Performance Objective #2:

During academic year 2012-2013, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) - Consultation,
Affirmation, Resources, Education & Empowerment
Program (CARE) James Lick Middle School and Hillcrest
Elementary School
Fiscal Year: 2012-2013
CMS#: 6960

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consultant. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2013.

Performance Objective #3:

During academic year 2012-2013, a minimum of 75% of teachers receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2013.

MHSA SMART GOAL #2

Increased identification of emerging mental health issues, especially the earliest possible identification of potentially severe and disabling mental illness.

Performance Objective#1

During academic year 2012-2013, the mental health consultant will participate in all SAP and CARE meetings and assist in identifying those students with emerging mental health needs and make appropriate linkages. This will be measured by weekly tracking logs as well as documentation regarding successful linkages to mental health resources.

Performance Objective#2

During academic year 2012-2013, a minimum of 15 students at each school site will receive either pull-out or push-in support and will show a reduction in the frequency of behavioral or emotional outbursts in the classroom as measured by self-report, counselor and teacher observation and collateral information when available and documented in the program records and individual student charts.

During academic year 2012-2013, IFR staff will attend all planning and collaborative meetings requested by MHSA Program demonstrating increased knowledge and alignment with MHSA goals as measured by their participation in meetings and documented in sign-in sheets.

8. Continuous Quality Assurance and Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives. Charts are maintained for each individual school sites. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff are bilingual and bicultural and our work is based on a cultural framework that is central to its success. We have recipients of consultation (teachers and staff) complete a satisfaction survey at the end of school year, which includes questions about quality of service and increase capacity to respond to social emotional/behavioral needs of the students. As well, we seek regular feedback from Principals and support staff at both school sites. We incorporate their feedback and readily address issues as they surface.

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) Child Care
Mental Health Consultation Initiative
Fiscal Year: 2012-2013
CMS#: 6960

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1. Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 38182

2. Nature of Document

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family childcare providers for fiscal year 2012-2013. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity for family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool childcare site, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all nine Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, and Jean Jacobs. Southeast Families United Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Sanchez ECE and Bryant ECE; and 2 pre-K SFUSD sites: Cesar Chavez, and Paul Revere; and Mission YMCA. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 12 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. Modalities/Interventions

Target Population Table:

#	Funding	Center	# of hrs per week	# of Children	# of Class-rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC - Jean Jacobs	7	40	2	4	Milagritos
3	HSA	MNC - Stevenson	7	40	2	4	Nancy
4	HSA	MNC - Valencia Gardens	10	64	4	7	Geraldine
5	HSA	MNC Bernal Dwellings	5	24	1	4	Geraldine
6	HSA	MNC 24 th St.	10	64	4	8	Nancy
7	HSA	MNC - Women's Bldg	5	24	1	4	Geraldine
8	HSA	MNC Mission Bay	7	44	2	7	Marisol
9	HSA	SFUSD Paul Revere PreK	5	20	1	3	Milagritos
10	HSA	Family Childcare Providers	5	16	4	4	Cassandra
11	PFA	SFUSD EEC Zaida Rodriguez Center	12	80	4	4	Milagritos
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	Nancy
13	PFA	SFUSD Sanchez EEC	7	40	2	6	Nancy
14	PFA	Mission YMCA	7	60	3	8	Marisol
15	PFA	SFUSD Bryant EEC	7	48	2	6	Elia
16	PFA	Theresa S. Mahler EEC	7	48	2	6	Julio
17	DCYF	Family Child Care Providers	10	32	8	8	Maria/Nancy
18	SRI	IFR Family Resource Center	7	20	1	3	Marisol
19	SRI	Excelsior Family Connection FRC	7	20	1	4	Elia
20	MHSA	Southwest/Evans Preschool Classroom	7	24	1	4	Jasmine
21	MHSA	Evans Infant/Toddler Classroom	7	14	2	4	Tenisha
22	MHSA	Training-Institute	9 sessions per year	Up to 15 consultants			Cassandra Coe & Michelle Vidal

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation –Group:** Talking/working with a group of two or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a

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specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.

- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking on an ongoing basis to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.
- **Training-Institute:** IFR will develop and implement one 9-session training for mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHI. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar. Total funding \$13,729 for 8 to 10 Consultants.(Appendix B-10)

Service units will also include **outreach and linkage** as well as **evaluation services**. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2012-2013, the number of unduplicated clients and total number of units (UOS) to be served under **current funding** will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 491 UOS.
First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.
PFA funding (\$177,660) will serve 316 clients with a total of 2,369 UOS.
HSA funding (\$292,292) will serve 364 clients with a total of 3,897 UOS.
General Fund (\$41,935) will serve 15,367 MH Services, 60 Crisis Intervention, and 400 Case Management with a total of 7 UOS.

They will have a total of 759 Unduplicated Clients.

MHSA funding (\$ 42,000) will serve 32 clients with a total of 560 UOS. Please see Appendix B-8.

Program Consultation

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center >50 children
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours

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	year	to 10 hours per year	per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

Activity	Small Center 12-24 children	Med. Center 25-50 children	Large Center >50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

6. Methodology

A. For direct client services (e.g. case management, treatment, prevention activities)

Describe how services are delivered and what activities will be provided, addressing how, what, where, why, and by whom. Address each item, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.
- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start ERSEE staff, education specialists and other support staff to continue outreach efforts.

Admission, Enrollment and/or intake criteria:

Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff, other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 childcare sites and average of 2 hours every two weeks for up to 12 family childcare providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 12 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based

program. In some family childcare provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family childcare provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 15th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

Program's staffing: See Appendix B-8

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

MHSA objectives remain the same as objectives outlined for ECMHI contained in CBHS document.

B. Individualized Program Objectives

During fiscal Year 2012-2013, 75% of teachers will report they have improved their understanding of the social emotional needs of the children in their care as measured by the completed teacher satisfaction survey that will be administered by June 2013.

During fiscal Year 2012-2013, 75% of parents will report that they are better able to respond to the behavioral and social-emotional needs of their children as measured by the completed parent satisfaction survey administered by June 2013.

During fiscal Year 2012-2013, all Early Intervention Mental Health Specialists will attend weekly group supervision that addresses implementation of IFR model of consultation to enhance the quality of consultation services as measured by attendance logs at EIP Team Meetings.

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8. Continuous Quality Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives. Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff is bilingual and bicultural and our work is based on a cultural framework that is central to its success. We will also comply with annual client satisfaction surveys administered by CBHS as well we seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.

1. Program Name: Trauma Recovery and Healing Services
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 3818

2. Nature of Document

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

Instituto Familiar de la Raza will provide trauma recovery and healing services through its CulturaCura Program to youth ages 14 to 25 and their families, with an emphasis upon Mission District youth and Latinos citywide. Services will include both prevention and intervention modalities to individuals, agencies, and the community. The goal of IFR's Trauma Recovery and Healing Services is to 1) reduce the incidence and prevalence of trauma related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further victimization of community violence and 2) Increase violence prevention providers' understanding of mental health issues in context of violence. 3) Mitigate risk factors associated with vicarious trauma among VP providers and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for FY 12-13.

4. Target Population

TR&HS will provide youth ages 14 to 25 and their families who reside in the Mission District and Latinos city wide with trauma recovery services during FY 12-13. The target population will be youth and their families affected by street and community violence. This program will have primary focus on 94110, 94112, 94102, and 94103.

The Mission District has been home to Latino Families for the past 4 decades with an estimated 75% of all households identified as Spanish Speaking. Over 30% of all youth in SF, ages 5-17 reside in the Mission District with over 25% of them living in poverty (SMART Map). Latinos under the age of 18 represent 23% of San Francisco youth population and of these, 21% are 14-17. While the Mission District continues to be the cultural hub for Latino families, there are a growing number of youth and families residing in other neighborhoods such as Excelsior, Tenderloin, SOMA, and Bayview for whom these services are critical.

In addition, to individual and family centered interventions to address trauma related conditions, mental health consultation will be provided to violence prevention staff of Arriba Juntos, (lead agency for the Northwest Community Response Network), and other VP service providers that impact on the target population including case managers and peer advocates who provide violence prevention services at Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face serious risk for multiple health and social problems including physical injury, post-traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers, constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis, and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crises interventions, family support, case management, and behavioral change within the cultural values, beliefs, and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

5. Modalities/Interventions

Services are billed under Mode 45 (10-19) under the Prevention and Wellness Promotion Modality

Outreach and Engagement

- i. TR&HS peer counselor will provide 300 hours of outreach; basic information about the services at various sites including safe havens, CRN outreach assignments and school settings.
- ii. The peer counselor will recruit 15 youth and 12 parents to groups developed by program staff to address reunification.
- iii. Peer counselor will be trained to co-facilitate the youth groups

Screening and Assessment

- i. Behavioral Health Specialist in this program will conduct a min of 25 risk assessments of youth referred for individual intervention. Direct services, which result in an open chart for clients, will include a psychosocial assessment. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals

Mental Health Consultation

- i. IFR will continue providing mental health consultation to staff providing violence prevention services, with emphasis on those serving the Mission District. Mental health consultation includes One-time or ongoing efforts to increase capacity of outreach and case management staff to respond appropriately to trauma related conditions among youth and parents.
- ii. Care Development Meetings follow a methodology that includes check-in, referrals to service, assignment, service plan development, resource mapping, and schedules in-services. Meetings are co-facilitated by IFR La CulturaCura Program Manager and the Behavioral Health Specialist (funded in this exhibit) that support skills development and integration of a multidisciplinary approach to care.

Services are billed under Mode 45 (10-19) under the Prevention and Wellness Promotion Modality

Intervention

Individual and Group Interventions -

- i. Services with or on behalf of an individual, family, and/or group designed to support the stabilization of individuals/families or community groups, including staff that have been affected by street and/or community violence. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include, but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and groups, crisis response, and collateral intervention. In addition, providers under this exhibit will work closely with Northwest Community Response Network (emphasis upon the Mission District CRN) to support de-escalation and prevent retaliations among the target population.

Crisis Debriefing and Grief and Bereavement Counseling

- ii. The full-time Behavioral Health Specialist and Peer Counselor assigned to this contract may provide crisis debriefing and grief & bereavement counseling to clients, family members, and staff who have been affected by street and/or community violence in order to support healthy functioning and reduce risk factors including retaliation following an incident of violence. Interventions are part of a coordinated effort to protect the public in general and the

individuals/families targeted with violence. These interventions may be delivered to an individual, family, or group.

- iii. Short-term interventions assist individuals and families in stabilization of traumatic conditions due to community violence to which they may have been exposed. The services are offered as individual services for a period of 3-6 months depending on the severity and the needs of the individual/ family.
- iv. During FY 12-13, staff will develop culturally and socially relevant psycho education workshops addressing trauma recovery. Two multisession workshops (2 hours each) will be provided to parents; two for youth. The workshops will target 12 UDC parents and 15 youth during the contract period.

Community Interventions

- v. We intend to continue community wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.
- vi. *Debriefing:* TR&HS will support MCRN efforts to prevent retaliations and escalations of community violence. These are unplanned interventions coordinated with The Network Coordinator for Latino Services within the Northwest Community Response Network.; and under the direction of the NWCN Program Director, responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.
- vii. *Ceremonies and Dialogue on Peace:* IFR has a well-established history of integrating cultural and spiritual practices as part of our approach to intervention. We strongly believe that preserving traditional knowledge and practices is healthy and healing. In keeping with this philosophy, we propose to convene two facilitated dialogues on peace as well as two community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence. Community ceremonies serve as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the Indigena Health and Wellness Collaborative, funded by DPH, to work closely with leaders in the indigenous community to integrate messages of peace, forgiveness, and reconciliation in the community. Ceremonies will include Día de los Muertos, Xilonen, and Cuauhtemoc. Youth and families impacted by street violence will be encouraged to participate in these Healing ceremonies.

During the fiscal year 2012-13, IFR will provide services to 135 unduplicated clients under this exhibit.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Wellness Promotion Activities Outreach and Engagement: 0.43 FTE Peer Counselor will provide 500 hours of I & R and client engagement into program activities. Individual and Group Interventions Individual Therapeutic Services 1.30 FTE x 35 hrs/wk x 46 wks x 65% level of effort Group Interventions 0.20 FTE x 35 hrs/wk x 46 wks x 65% level of effort Two psycho-educational groups x2 sessions of 2 hours to serve 12 parents. Two sessions of 2 hours for two groups of youth (up to 15 unduplicated youth.)		50 (included)
Community Dialogues And Debriefing Drumming groups, Peace Dialogues, and CRN 0.25 FTE x 35 hrs/wk x 46 wk x 65% level of effort	N/A	75

<i>Mental Health Interventions Care Development/Consultation 0.25 FTE x 35 hrs/wk x 46 wk x 65% level of effort 18 meetings to up to 10 providers.</i>	<i>N/A</i>	<i>10</i>
Total UOS Delivered	<i>N/A</i>	
Total UDC Served		<i>135</i>

6. Methodology

A. Outreach, Recruitment, Promotion, and Advertisement:

La CulturaCura-Trauma Recovery and Healing Services will receive its referrals from the Northwest Community Response Network, a collaboration of community-based agencies providing street outreach, and crisis response services to youth and their families affected by street and gang violence, as well as other partner agencies that are involved in violence prevention work. The Clinical CM/Behavioral Health Specialist in this contract is responsible for supervision of the Peer Counselor assigned to this program and oversees outreach and client recruitment activities. The Peer Counselor will promote and advertise LCC Trauma Recovery and Healing Services by conducting outreach to youth and families who meet criteria for services. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

Brochures describing the array of services of the Trauma Recovery and Healing Services will be distributed to the target population in and around the Mission District, as well as Citywide where youth and families congregate.

B. Consumer Participation/Engagement:

Participants are engaged throughout the program implementation through the following activities:

- Consumer participation in Program Design: Last year's Peace Dialogues participants were instrumental in the design of the program and led the implementation and facilitation of their efforts with the support from our TRH&S Peer Counselor. For FY 12-13, this framework will be used and replicated in other proposed interventions.
- Consumer participation in evaluation of Mental Health Interventions: program participants will perform pre- and post-test surveys which inform the impact and design of our efforts. Clients will be provided with a Child or Adult PTSD symptom Scale CPSS to assess their level of trauma exposure at intake and termination time. Clients will be asked to self-report on the benefits of mental health services and provide the mental health specialist with feedback for when therapy is not working for them during their time in treatment.
- Consumer participation in evaluation of psycho-educational groups: pre- and post-test survey feedback will be used to inform the development and plans for implementation of the upcoming group intervention efforts.

C. Cultural Competency:

The program integrates IFR internal policies to ensure staff meets the clients' needs. Please see Cultural Competency Narrative Report.

D. Collaboration with other programs:

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions, will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with Latino Family Alcohol Counseling Center, Horizons' substance abuse program, Walden House, Friendship House Residential Program, Latino Commission, IRIS Center, and Casa de las Madres. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

E. Exit Criteria and Process:

La CulturaCura-Trauma Recovery and Healing Services will adopt essential elements of the utilization review and discharge/exit criteria from our outpatient comprehensive clinic to prioritize services to those most in need. The Behavioral Health Specialist, under guidance of the Clinical Supervisor, a licensed behavioral health

provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services: every three months, a chart/case review will be conducted to assess client need for services and/or creation of a step-down plan into the community or system of care. Chart maintenance and standards of documentation will be reviewed within weekly supervision.

F. Program Staffing:

Please see Appendix B-9.

7. Objectives and Measurements

Goal #1: Increased Knowledge about available health, social and other community resources (traditional health services, cultural, faith based).

- i. During FY 12-13, LCC Trauma Recovery and Healing Services will serve 135 unduplicated clients through its range of interventions as measured by program activity reports maintained on file.
- ii. During FY 12-13, 85% of youth and families referred for TR & HS will receive follow-up as demonstrated by client referral and disposition log maintained at the program.
- iii. During FY 12-13, Program staff will identify and mentor 5 youth to participate in the planning of Peace Dialogues and/or traditional ceremonies to promote peace and reconciliation to peers.

Goal #2: Increased access to and utilization of behavioral health services (clinical, cultural-based healing, peer-led and other recovery-oriented services).

- i. During Fiscal Year 12-13, 35 youth will receive individual interventions and of these, 60% will demonstrate improvements in symptoms of depression, anxiety, self-concept, and/or behavior as measured by pre and post T-scores on the UCLA PTSD RI Trauma Checklist and CPSS Trauma Symptoms, client self-report, and/or observations as reflected in the client's charts.
- ii. During FY 12-13, a total of 12 parents and 15 youth will complete 2 two hour sessions addressing trauma and healing approaches. Participants will be asked to complete a survey to determine if the intervention enhances knowledge and understanding about the effects of trauma and approaches to recovery.
- iii. During FY 12-13, 18 Care Development Meeting / Consultation to violence prevention staff and dedicated CRN staff to increase understanding of trauma related conditions and appropriate interventions as evidenced by participant sign-in-sheet, attendance log, and records of the consultation.

8. Continuous Quality Assurance and Improvement

IFR has historically complied with all CQI standards for DPH, CBHS and AIDS office as is committed to exceeding minimum standards to serve our clients.

IFR, in consultation with CBHS Evaluation staff has developed reporting methods to track service, hours of services, unduplicated clients, and activities for services under this request for funding. During FY 10-11, reporting formats were revised to increase data collection.

IFR is committed to working collaboratively with the Evaluation Unit to design and implement evaluation measures in the program. To ensure CQI, random QA reviews and biweekly supervision has been a standard of practice for TR & HS. The Program adapted CBHS charting standards when it began in 2006 to document direct services, and developed an indirect reporting form to track mental health consultation services and community interventions. For this program, youth and families are not registered into Insyst; however, a chart is opened and follows minimum guidelines based on CBHS protocols. Charts are maintained at IFR. Client registration occurs for youth who are in brief therapy or crisis counseling. The Clinical Supervisor (not paid under this contract) is responsible for reviewing and approving the assessment, treatment plan, and disposition planning.

On a staffing level, CQI is supported through supervision, administrative reviews and training.

The Program Director, a licensed psychologist oversees the quality of services in this program and provides administrative supervision to Program Manager) not covered by this exhibit. The Behavioral Health Specialist/a licensed eligible staff, provides supervision to peer counselors supporting La CulturaCura services.

TR & HS is a component of La CulturaCura, and as such, the full-time Clinical Case Manager and Peer Advocate are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the NWCRN. In addition, the LCC Manager and BHS convene the Care Management Development Meetings with Network providers who case manager in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. The Clinical Case Manager provides review of case management service plans and supervision for up to 4 Case Managers in the Network. The Program Director dedicates 5% to CQI activities while the BHS dedicates 15% to quality assurance activities.

In order to develop the staff's ability to provide quality services the following activities will take place:

- a) Program staff will attend a minimum of six hours of training on trauma informed approaches including CBT, Psycho-educational interventions and crises response. FY 12-13.
- b) Program staff will attend training on provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c) Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d) Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- e) Program staff will participate in six hours of training in Groups facilitation
- f) Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g) Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 12-13.

HIPPA Compliance Procedures:

- a) DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b) All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- c) The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- d) A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- e) Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- f) Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

As mentioned in section 6, the program integrates IFR internal policies to ensure staff meets the clients' needs regarding cultural competency.

Client Satisfaction: IFR will conduct a focus group by the end of the 3rd quarter of FY 12-13 with 5 to 10 youth who have received individual or group services through TR&HS to measure consumer satisfaction. Feedback from the focus group will result in a written summary of findings as well as a program review with implications for program change.

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program (EIP) Child Care
Mental Health Consultation Initiative
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-10
Contract Term: 07/01/12 through 06/30/13

1. Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 38182

2. Nature of Document

☐ New ☒ Renewal ☐ Modification

3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family childcare providers for fiscal year 2012-2013. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity for family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool childcare site, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all nine Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, and Jean Jacobs. Southeast Families United Center; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Sanchez ECE and Bryant ECE; and 2 pre-K SFUSD sites: Cesar Chavez, and Paul Revere; and Mission YMCA. These programs serve primarily low-income, at-risk Latino children and CalWorks families in part-day and full-day programs.

The 12 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. Modalities/Interventions

Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program- Child Care
Fiscal Year: 2012-2013
CMS#: 6950

Appendix A-10
Contract Term: 07/01/2012 through 06/30/2013

Target Population Table:

#	Funding	Center	# of hrs per week	# of Children	# of Class rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC - Jean Jacobs	7	40	2	4	Milagritos
3	HSA	MNC - Stevenson	7	40	2	4	Nancy
4	HSA	MNC - Valencia Gardens	10	64	4	7	Geraldine
5	HSA	MNC Bernal Dwellings	5	24	1	4	Geraldine
6	HSA	MNC 24 th St.	10	64	4	8	Nancy
7	HSA	MNC - Women's Bldg	5	24	1	4	Geraldine
8	HSA	MNC Mission Bay	7	44	2	7	Marisol
9	HSA	SFUSD Paul Revere PreK	5	20	1	3	Milagritos
10	HSA	Family Childcare Providers	5	16	4	4	Cassandra
11	PFA	SFUSD EEC Zaida Rodriguez Center	12	80	4	4	Milagritos
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	Nancy
13	PFA	SFUSD Sanchez EEC	7	40	2	6	Nancy
14	PFA	Mission YMCA	7	60	3	8	Marisol
15	PFA	SFUSD Bryant EEC	7	48	2	6	Elia
16	PFA	Theresa S. Mahler EEC	7	48	2	6	Julio
17	DCYF	Family Child Care Providers	10	32	8	8	Maria/Nancy
18	SRI	IFR Family Resource Center	7	20	1	3	Marisol
19	SRI	Excelsior Family Connection FRC	7	20	1	4	Elia
20	MHSA	Southwest/Evans Preschool Classroom	7	24	1	4	Jasmine
21	MHSA	Evans Infant/Toddler Classroom	7	14	2	4	Tenisha
22	MHSA	Training-Institute	9 sessions per year	Up to 15 consultants			Cassandra Coe & Michelle Vidal

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of two or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.

- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking on an ongoing basis to a parent/caregiver about their child and any concerns they may have about their child's development.
- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.
- **Training-Institute:** IFR will develop and implement one 9-session training for mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHI. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar. Total funding \$13,729 for 8 to 10 Consultants.(Appendix B-10)

Service units will also include **outreach and linkage** as well as **evaluation services**. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2012-2013, the number of unduplicated clients and total number of units (UOS) to be served under **current funding** will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 491 UOS.
First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.
PFA funding (\$177,660) will serve 316 clients with a total of 2,369 UOS.
HSA funding (\$292,292) will serve 364 clients with a total of 3,897 UOS.
General Fund (\$41,935) will serve 15,367 MH Services, 60 Crisis Intervention, and 400 Case Management with a total of 7 UOS.

They will have a total of 759 Unduplicated Clients.

MHSA funding (\$ 42,000) will serve 32 clients with a total of 560 UOS. Please see Appendix B-8.

Program Consultation

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month

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Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

Activity	Small Center 12-24 children	Med. Center 25-50 children	Large Center >50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

6. Methodology

A. For direct client services

Describe how services are delivered and what activities will be provided, addressing, how, what, where, why, and by whom. Address each item, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.
- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start ERSEE staff, education specialists and other support staff to continue outreach efforts.

Admission, Enrollment and/or intake criteria:

Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based childcare, family resource centers, and family childcare settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff, other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 childcare sites and average of 2 hours every two weeks for up to 12 family childcare providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 12 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. In some family childcare provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family childcare provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and

modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 15th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

Program's staffing: See Appendix B-10

7. Objectives and Measurements

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13.

MHSA objectives remain the same as objectives outlined for ECMHI contained in CBHS document.

B. Individualized Program Objectives

During fiscal Year 2012-2013, 75% of teachers will report they have improved their understanding of the social emotional needs of the children in their care as measured by the completed teacher satisfaction survey that will be administered by June 2013.

During fiscal Year 2012-2013, 75% of parents will report that they are better able to respond to the behavioral and social-emotional needs of their children as measured by the completed parent satisfaction survey administered by June 2013.

During fiscal Year 2012-2013, all Early Intervention Mental Health Specialists will attend weekly group supervision that addresses implementation of IFR model of consultation to enhance the quality of consultation services as measured by attendance logs at EIP Team Meetings.

8. Continuous Quality Improvement

The Early Intervention Program's CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens consultant's work and methodology. Meetings include administrative check-ins to review and reflect on the achievement of contract performance

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objectives. Charts are maintained for each individual childcare site, family resource centers and a chart for family childcare providers. Charts are reviewed quarterly for quality and accountability by the Program Director. All staff is bilingual and bicultural and our work is based on a cultural framework that is central to its success. We will also comply with annual client satisfaction surveys administered by CBHS as well we seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.

Appendix B Calculation of Charges

I. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 5, COMPENSATION, of this Agreement.

Compensation for all SERVICES provided by CONTRACTOR shall be paid in the following manner. For the purposes of this Section, "General Fund" shall mean all those funds which are not Work Order or Grant funds. "General Fund Appendices" shall mean all those appendices which include General Fund monies.

(1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates)

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those SERVICES rendered during the referenced period of performance. If SERVICES are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY. CITY'S final reimbursement to the CONTRACTOR at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in Appendix B attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

C. Payment shall be made by the CITY to CONTRACTOR at the address specified in the section entitled "Notices to Parties."

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial

payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1: Adult Outpatient Behavioral Health Clinic

Appendix B-2: Behavioral Health Primary Care Integration

Appendix B-3: Indigena Health and Wellness Collaborative

Appendix B-4a: Child Outpatient Behavioral Health Services (General Fund)

Appendix B-4b: Child Outpatient Behavioral Health Clinic (EPSDT)

Appendix B-5: Early Intervention Program EIP Child Care Mental Health Consultation Initiative

Appendix B-6: La Cultura Cura ISCS/EPSDT Services

Appendix B-7: MHSA-PEI School-Based Youth Intervention Program-Consultation, Affirmation, Resources, Education & Empowerment Program (CARE)

Appendix B-8: Early Intervention Program EIP Child Care Mental Health Consultation Initiative

Appendix B-9: Trauma Recovery and Healing Services

Appendix B-10: Early Intervention program (EIP) Child Care Mental Health Consultation Initiative

B. **COMPENSATION**

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fourteen Million Two Hundred Nineteen Thousand One Hundred Sixty One Dollars (\$14,219,161)** for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,071,206 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller.

CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through June 30, 2011	\$ 2,403,886
July 1, 2011 through June 30, 2012	\$ 2,494,207

July 1, 2012 through June 30, 2013	\$ 2,514,799
July 1, 2013 through June 30, 2014	\$ 2,294,025
July 1, 2014 through June 30, 2015	\$ 2,294,025
July 1, 2015 through December 31, 2015	\$ 1,147,013
Contingency	\$ 1,071,206
Total July 1, 2010 through December 31, 2015	\$14,219,161

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

C. CONTRACTOR further understands that \$1,211,814 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000052 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000052 for the Fiscal Year 2010-2011.

D. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

E. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

F. In no event shall the CITY be liable for interest or late charges for any late payments.

G. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

Contráctor: Instituto Familiar de la Raza
Program: La Cultura Cura ISCS/EPsDT Services
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-6
Contract Term: 07/01/12 through 06/30/13

1. **Program Name:** La Cultura Cura ISCS/EPsDT Services
Program Address: 2919 Mission Street
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
Program Code: 381810

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

Instituto Familiar de la Raza's (IFR) La Cultura Cura Program (LCC) will provide intensive case management and mental health services to Latino youth who meet criteria for Intensive Supervision and Clinical Services (ISCS) and/or are prioritized by the Department of Juvenile Probation, DCYF, and CBHS to respond to the cultural and linguistic needs of youth in-risk and/or involved in the juvenile justice system.

4. **Target Population**

The target population for this contract is post-adjudicated Chicano/Latino youth between the ages of 12-18 years old, including transitional aged youth (18-24), who have come into contact with the juvenile justice system in San Francisco. An emphasis will be placed on addressing the needs of monolingual Spanish or limited English speaking clients who are residents of the Mission District and adjacent areas with high density populations of Latino youth. Eligible clients include those who are Medi-Cal eligible, uninsured or underinsured.

In the Mission District and surrounding areas, Latino youth face high levels of stressors: community violence, poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination, and the harmful effects of anti-immigrant sentiments. Studies have found that Latino Youth experience proportionately more anxiety-related and delinquency problem behaviors, depression, and drug use than do non-Hispanic white youth.

While Latinos under the age of 18 comprise 19% of children/youth in San Francisco, they account for 25%-36% of incarcerated youth. They also account for 30% of children/youth living below the 200% poverty level. It is important to note that Latino children/youth are least likely to be insured regardless of citizenship.

The magnitude of the problems faced by Latino youth and their families highlights the need for culturally and linguistically competent services to assist youth and families to overcome involvement in the juvenile justice system and build upon their individual, family, and community resiliencies.

5. **Modality(ies)/Interventions**

Billable services include Mental Health Services in the following forms:

Mental Health Services – means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

- Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.
- Collateral - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.
- Therapy - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.
- Case Management - means services that assist a beneficiary to access needed medical, educational, pre-vocational, vocational, rehabilitative, or other community services. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.
- Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

6. **Methodology**

A. For direct client services (e.g. case management, treatment, prevention activities)

ISCS/EPSTD Program – Minimum Requirements

All clients served in this program will receive Intensive Case Management (ICM) services, the minimum standards for which are described on pp. 41-52 of the Dept. of Children Youth and Families' *Minimum Compliance Standards, 2nd Edition, May 2008*. In addition, half of all of treatment slots will be reserved for Intensive Supervision and Clinical Services (ISCS), which will be enhanced by ICM.

Intensive Supervision and Clinical Services (ISCS)

All referrals to ISCS programs are made through the San Francisco Juvenile Probation Department (JPD). Contractor shall provide ISCS services for youth for an initial 90-day period. With input from the case manager, the Probation Officer will determine whether or not to extend the program for an additional 90 days. Should Contractor make a clinical determination that additional services are needed, ICM services may be continued after ISCS services have concluded. Contractor understands that continuation of services is contingent upon available non-ISCS slots. If no such slots exist, Contractor will refer client to another case management program and/or available mental health services with a different provider.

Contractor agrees to meet monthly with Probation staff. Violations of conditions of probation should be reported as soon as possible, but no later than three (3) calendar days after contractor becomes aware of the incident.

Contractor activities on behalf of a client will be documented and an individual case file will be maintained. Contractor agrees that upon initiation of services, clients will be mandated to sign Release of Information forms allowing communication of client information to the assigned probation officer

and any other critical JPD staff. Individual progress reports shall be submitted once a month to JPD, using the standard report format. Reports will include:

- Number and nature of client contacts (Minimum face-to-face, 3 visits/week)
- All parental contacts
- All curfew checks (Minimum six days per week)
- All school checks (Minimum weekly)
- Compliance with Orders of Probation
- Description of the Home Environment
- Criminological risks being addressed
- Educational development
- Employment status
- Referrals to community resources

Contractor agrees to work cooperatively with the Juvenile Probation Department and the probation officer assigned to the case. In addition, a final report summarizing the youth's progress and any recommendations for continued clinical treatment shall be submitted to the probation officer prior to the conference review at the end of the 90-day period. Copies of all correspondence, reports or recommendations to the courts with the courts will be submitted to the assigned Probation Officer at least four business days prior to the scheduled court hearing date.

Intensive Case Management

Referrals: Contractor will prioritize ICM referrals from JPD, the DCYF list of preferred case management providers, and from DPH staff co-located at Juvenile Justice Center (JJC): SPY, AHM, HIGHER, and MST. All forms authorizing consent for treatment and required waivers will be signed prior to initiation of services.

Comprehensive Needs Assessment: If not already completed within the past 30 days, Contractor shall conduct a comprehensive assessment of client needs (including the Child and Adolescent Needs and Strengths, or CANS assessment), develop an individual service plan, and coordinate and supervise service delivery. At a minimum, the assessment will include the following:

- CANS Assessment
- Interview with client, family and probation officer
- Review of the dynamics of the case (nature of offense)
- Review of conditions of probation
- Individual and family history - family dynamics
- Need for individual and/or family counseling
- Educational skills, remedial needs
- Medical, psychiatric and health education referrals
- Vocational skills, job training
- Behavior dangerous to self or others
- Current use of alcohol or drugs

Service Planning: Once client needs have been determined, the case manager shall develop a written plan, including a clinical case plan or Plan of Care consistent with Department of Public Health (DPH) standards, to address those needs and coordinate and supervise service delivery. Contractor shall involve client and family in service planning and provide a detailed orientation about program requirements and rules. The case manager will select appropriate treatment programs and service providers and maintain a progress oriented case record for each client. Assigned staff will work

collaboratively with other youth service agencies and with members of the client's community. Parental involvement shall be encouraged.

HIPPA Compliance: Contractor will integrate DPH Privacy Policy in its governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the applicable policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.

A. Outreach, recruitment, promotion, and advertisement:

Referrals will be received only from the presiding judge or the carrying Probation Officer after a youth is adjudicated.

B. Program's admission, enrollment and/or intake criteria and process where applicable:

Referrals received will be screened for eligibility by the Mental Health Specialist (MHS) who will contact the referring party to complete the process. (The screening process confirms that clients have San Francisco residency, do not have private insurance and are low income or Medi-cal eligible. Clients are screened for eligibility to receive services with an alternative source of payment (private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources or to appropriate outside service providers.)

Referrals will then be presented to the Case Management Development Team, facilitated by a Licensed Clinical Social Worker (leveraged by Mission Family Center) and co-facilitated by the Program Coordinator and MHS, for disposition. Once a referral is accepted, it will be assigned to a Case Manager who will contact the client to schedule an intake/assessment. Each client gets an assessment using the CBHS-CYF-SOC form to establish medical necessity for specialty mental health services. For all new intakes, an appointment for face-to face contact will be offered within 3-5 working days of initial request.

During intake and assessment, the Case Manager provides clarification to families about probation guidelines, court mandates, conditions of release, and community service requirements. The Case Manager will utilize the CANS, under the supervision of the MHS-CANS Super-user to determine client needs and strengths. CANS is utilized to determine: 1) preventative action to be taken; 2) strategic action required to address the need; or 3) intensive action requiring immediate action for intervention.

All clients who meet medical necessity for specialty mental health services will be assigned to a provider and a full plan of care will be developed within 60 days. If it is determined that clients need services beyond the initial 60 days, a request for authorization will be submitted to the PURQC committee for additional hours. For cases open longer than 2 years, will be referred to SF-CBHS-CYF-SOC central authorization team for authorization.

All clients or their parents are informed of their rights under CBHS, are given linguistically accurate documentation of their client rights and of their right to privacy in regards to HIPPA.

A. Service delivery model:

Based on needs identified via CANS, a comprehensive individual and family service plan is developed by the Case Manager to address immediate concerns and needs. Consultation with the assigned justice system providers informs the plan. Services initiated at this point are primary (case management and therapy, as indicated) followed by secondary leveraged services (after school programming etc.). Services rendered through this RFP will be provided at IFR or an alternative safe location. Staff is also available to deliver services to youth while in detention.

The frequency of ICM visits usually includes a minimum of three direct contacts at IFR, the school, or in the community, in accordance with the DCYF Minimum Compliance Standards. Case Managers utilize restorative justice interventions, i.e. life skills development, referrals to training programs and community service activities, school advocacy, supportive counseling, tutorial assistance, conflict resolution, de-escalation, and anger management skill development. Examples of these modalities include identifying risk factors and implementing safety plans, and improving interpersonal relationships and communication skills through role playing and modeling.

Based on the CANS, if mental health interventions are indicated, the Case Manager will refer participants to the MHS to provide services. The MHS uses functional family and cognitive behavioral therapy, which are best practices identified for the target population. Through therapy, clients and their families are able to recognize and address additional barriers that may impede their ability to make progress towards identified goals. Clients and families can also enroll in a variety of on-site support services at IFR, through its continuum of services/programs.

Mental Health service delivery is based on varied psychosocial theories, bicultural personality development, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients (i.e. other community agency sites). IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturday 9 a.m. to 2 p.m. Client's emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a comprehensive agency serving children, youth and adults, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive mental health services.

IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and mental health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the mental health needs of the community.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a

multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR will adopt CARF screening tool to determine clients' needs for substance abuse services.

Adjunct Services:

La Cultura Cura staff will link clients to our culturally defined therapeutic drumming groups that target youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse. Youths are first assessed to identify their level of functioning in order to determine their appropriateness for group services.

La Cultura Cura also link clients to the "Cultur-Arte" after-school program, which provides cultural affirmation activities and performing arts workshops. These activities are provided in a non-threatening environment, promote self-expression, positive cultural identity, skills development, and community reintegration.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

B. Exit criteria and process:

The average length of service provision in the program will be three to six months, with a maximum of a year. Further extensions will be determined through ongoing assessments or at the request of the youth/family. Termination occurs when goals are reached, probation has been successfully completed, or when youth are out of compliance with court orders.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHS/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

La Cultura Cura will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made from services provided.

C. Program's staffing:

Please refer to Appendix B-6.

D. Indirect Services:

Contract does not include indirect services.

7. Objectives and Measurements

A. Required Objectives

"All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 12-13".

B. Individualized Program Objectives

La Cultura Cura staff will engage in a number of activities to enhance staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

- Staff will participate in a series of trainings on co-occurring disorders
- Staff will participate in a CBT focused training
- Staff will participate in a series of trainings on "evidence based" or "evidence informed" practices most relevant to the Chicano/Latino community
- Staff will participate in all relevant CBHS trainings, particularly as it relates to compliance issues.
- IFR program staff will attend training on provision of services to the designated target population of the program, addressing issues regarding ethnicity, cultural background, gender, sexual orientation, creed or disability.

The following objectives will also be tracked:

Objective 1:

During Fiscal Year 2012-2013, 65% of participants will have completed their assigned community service hours as measured by self reporting, court documents, and documentation in the case manager's case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 2:

During Fiscal Year 2012-2013, 90% of participants will have enrolled in school or an appropriate educational setting as measured by self reporting, SFUSD progress reports, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 3:

During Fiscal Year 2012-2013, 35% of participants will not have an additional sustained petition or conviction as measured by self reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 4:

During Fiscal Year 2012-2013, 65% of participants will complete goals outlined in their initial service plan as measured by self reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

8. Continuous Quality Improvement

Achievement of contract performance objectives:

IFR has developed the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services.

The monitoring of Performance objectives are integrated throughout the process of services provision and PURQC, through the monthly revision of active clients' reports, periodic reviews of client improvement (PURQC), continuous revision of client activity during the 30-day initial period from case opening, and periodic charts review for ensuring documentation completion and quality. Based on

the results of these monitoring processes, adjustments are made to individual cases as well as to the current systems.

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as training. All staff is given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. Trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization, Re-Authorization, the Assessment, POC/CSI Update is required to be submitted with the Authorization Request, the number of hours that are authorized for each client are determined by the Service Intensity Guidelines.

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

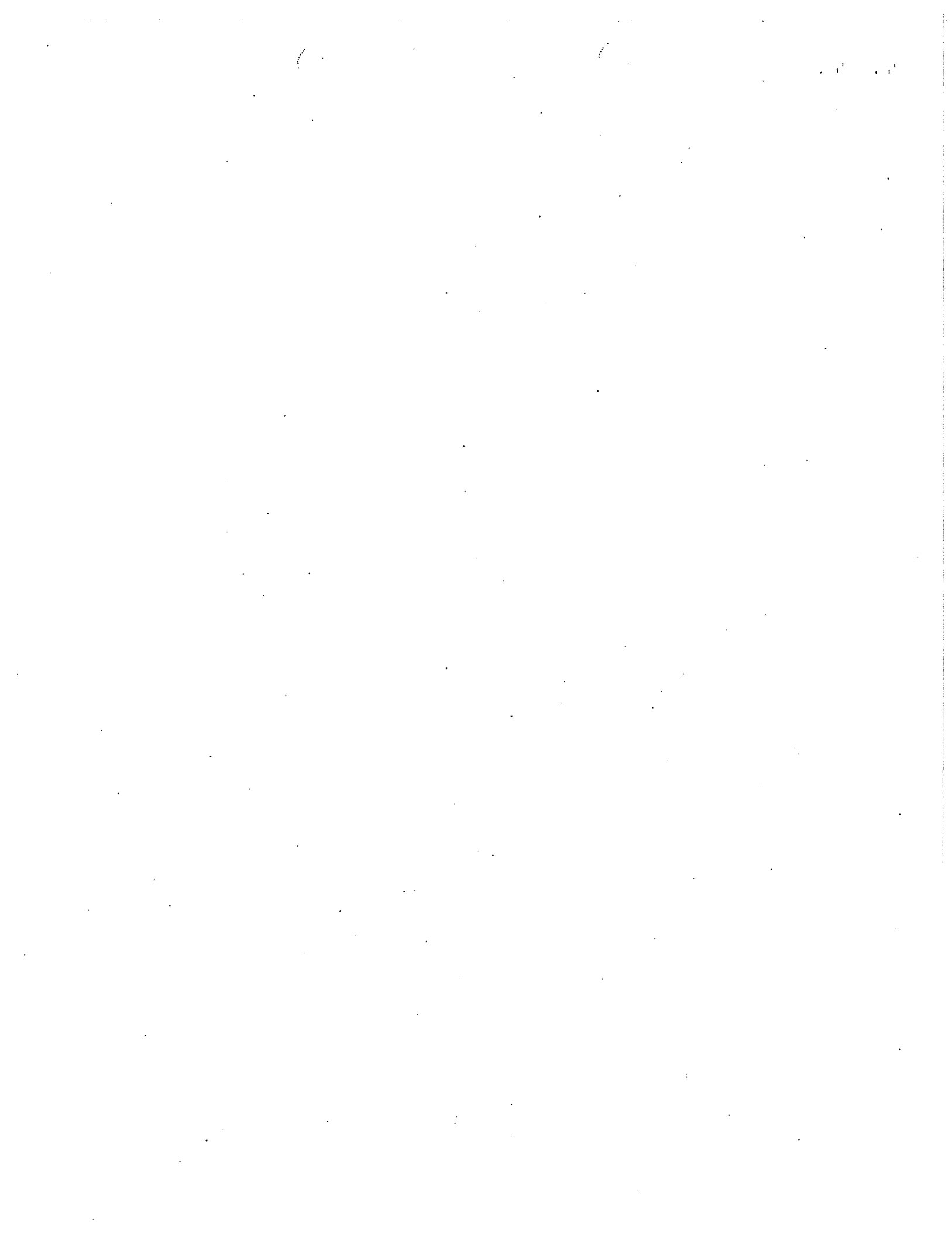
Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

An annual client satisfaction is performed every year as per CBHS requirements. Results are analyzed and changes are implemented when necessary.



Contractor: Instituto Familiar de la Raza
Program: Early Intervention Program- Child Care
Fiscal Year: 2012-2013
CMS#: 6960

Appendix A-5
Contract Term: 07/01/2012 through 06/30/2013

that is central to its success. We will also comply with annual client satisfaction surveys administered by CBHS as well we seek regular feedback from Program Directors and Site Directors at all the sites we serve. We incorporate their feedback and readily address issues as they surface.

1. Program Information

Mental Health Consultation/SED Classroom
Instituto Familiar de la Raza, Inc.
2919 Mission Street
San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-0740
E-mail: ccoc@ifrsf.org

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

This program will provide school-based mental health consultation services at Cesar Chavez Elementary School and at Buena Vista Elementary School for the SED/LH students for fiscal year 2010-11. Services will consist of assisting the students in the classroom to meet their educational goals as well as providing individual counseling services and consultation to the classroom teacher, school principal and other school staff as a whole. Our goal is to address the social-emotional, behavioral, and mental health issues for learning disabled Latino students thereby decreasing barriers to learning.

4. Target Population

SED/LH bilingual (Spanish/English) children enrolled in the identified classrooms at Cesar Chavez Elementary School and Buena Vista Elementary School. Children may be designated as AB3632 but are not restricted to this. Services are also provided to the families of the children enrolled in the designated classrooms. Consultation services are provided to the identified classroom teacher, school principal, and other school staff as assigned by the principal.

5. Modalities/Interventions

UOS AND UDC are based on 2009-10 Award

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Mental Health Services .62 FTE x 35hrs x 36 wks x 72% LOE	561	8
Total	561	8

IFR will be reimbursed on a fee-for-service basis (for the 10 month academic year) per classroom for providing 8 hours on-site to the identified classroom. Direct and in-direct services will be billed through the AVATAR system with an identified number of cases (60%) being Medi-Cal cases. Services can include individual treatment, collaterals to parents and teachers, group interventions, case management, and crisis intervention. Clinician time spent providing services to the SED classroom and to students whom do not have an open BIS chart will be billed as indirect services as outlined by the SED Partnership Manager of CBHS. Total number of clients served will be 8 with a total of units being 561 (MH services 315; Case Management 100; Indirect Services 146). 1 hour represents 1 UOS.

6. Methodology

A. Outreach and readiness for this program is assessed and reached by the following criteria:

- The principal is committed to having a mental health component in the school

- Teachers are willing and accept consultation from the mental health consultant
- Teachers attend required interagency training or planning activities
- There is a space available within the school to be appropriated for pullout counseling services.

Outreach efforts include the following: Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services. Memorandums of Agreement/Site Agreements required by SFUSD will be developed jointly between the consultant and the Principal of each individual site.

B. Long term partnerships have been established between Cesar Chavez Elementary School, Buena Vista Elementary School and IFR. Enrollment and recruitment may include the following:

- A request by the principal for the service
- A letter of support from the involved teachers
- A statement of qualifications by IFR
- Agreement to the scope of work by both Cesar Chavez Elementary School and Buena Vista Elementary School and IFR.
- Identification by IFR of the licensed or licensed-eligible clinician assigned to the classroom for the fiscal year 2010-11. Emphasis is placed on continuity of the clinician and a commitment signed by the clinician for the school year.

C. Scope of services from mental health consultant:

- Mental health services to SED/LH children in the classroom
- Pull-out individual weekly therapy sessions during the school day or afterschool program for identified children
- Group activities with teacher or pull-out at school site (weekly sessions)
- Weekly consultation to teachers
- Consultation to principal, as needed to coordinate services and improve understanding of social-emotional and behavioral needs of children
- Attendance at SST and IEP meetings when appropriate
- Activities in the classroom, as requested by teacher
- Outreach and collateral services to parents and families
- Wrap around service coordination by consultant

The IFR model is designed to build upon positive and affirming relationships between the Mental Health Consultant and the teacher, family, student, and school staff. Treatment goals will be generated in coordination with all care providers and be reviewed regularly by the CARE team.

Direct treatment services occur at the school site per the established MOA and are provided to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians and are provided by mental health consultants who are licensed or license-eligible. All direct treatment service providers and consultants, receive ongoing clinical supervision. Assessments for direct treatment service eligibility can include domestic violence in the family, alcohol or other substance use in the family, behavioral disorders, and trauma or other related mental health disorders. All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records. Services will be rendered over the course of the academic year and provided during summer months at the request and availability of the family to bring the client to IFR's outpatient mental health clinic,

D. Services will be provided to students in the identified classroom and/or Inclusion program. Services will also follow the classroom in the event that a classroom is moved from one school to another unless there is already a mental health provider in the new school. If this plan involves a provider switching services from a school without a SED/LH

classroom, that provider is responsible for a clinically appropriate transition plan for children currently in treatment to ensure that the IEP requirements for mental health are met.

- E. The mental health consultant is responsible all aspects of service delivery including the referral for any assessments for AB3632 in the classrooms and providing services contained in the IEP unless a more intensive level of care (i.e. day treatment) is required. However, consultation services include all students in the classroom regardless of AB3632 status. See Appendix B for further staffing information.

7. Objectives and Measurements

A. Outcome Objectives

	Objectives	CYF
Objective A.1- Reduced Psychiatric Symptoms		
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>	School Based Program
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	School Based Program
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	School Based Program
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>	School Based Program

B. Other Objectives

No additional objectives.

C. Evaluation of Objectives

See 7A for evaluation procedures.

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

8. Continuous Quality Improvement

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews. Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice.

HIPAA Compliance Procedures:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The EIP Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The EIP Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The EIP Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The EIP Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The EIP Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

1. **Program Information:**

Early Intervention Program (EIP) - Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) - Paul Revere K-8 School
Instituto Familiar de la Raza, Inc.
2919 Mission Street, San Francisco, CA, 94110
Telephone: (415) 229 0500
Facsimile: (415) 647 0740
Email: ccoe@ifrsf.org

2. **Nature of Document**

☒ New ☐ Renewal ☐ Modification

3. **Goal Statement**

The IFR CARE Program (housed under the IFR Early Intervention Program-EIP) will provide comprehensive mental health consultation services including *prevention and early intervention services* for fiscal year 2010-2011. The CARE Program will serve as an integrative bridge between teachers, out-of-school time providers, students, and parents in order to facilitate the building of positive, esteem building relationships for students in the classroom, at home, and during after school programming.

The goals of the program are to 1) Improve and enhance the quality of relationships between care providers (teachers, support staff, OST providers, families and children) thus improving the overall school climate 2) Decrease mental health crisis episodes, and 3) Increase teachers' and care providers' capacity to respond to and support the mental health, behavioral, and developmental issues of their students, as well as creating culturally and developmentally appropriate environments for them. Long-term goals include removing barriers to learning, improving academic achievement through increased school functioning and increased family functioning and engagement.

4. **Target Population**

The target population for the IFR CARE program is low-performing students who have experienced trauma, immigration, poverty, and are from the 94110 and 94124 neighborhoods. Particular emphasis will be placed on Latino and African-American students and their families who have been marginalized and disempowered by the system.

Of the 470 students currently enrolled at Paul Revere School, 54% are Latino and 25% African American. 60% are bused in from the Bay View District; 60% are English Second Language Learners, and more than 80% qualify for free or reduced-price lunch, indicating a high poverty rate, the majority of who are Latino and African American. Approximately only 10% of the students remain at Paul Revere School from kindergarten through to the 5th grade, illustrating a high degree of transience.

5. **Modalities/Interventions**

Provision of services is for the entire school community at Paul Revere K-8 School.

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	Prevention Services Paul Revere	Tenisha Gonzalez	28	470	26	26
2	Early Intervention Services	Kristina Lovato-Hermann	14	40	6	6
3	Prevention/Outreach	Cassandra Coe	8			

Contractor: Instituto Familiar de la Raza
 Program: PEI-School-Based Youth-Centered Wellness:
 Paul Revere K-8 School (CARE Program)
 City Fiscal Year: 2010-2011

Appendix A-5
 Contract Term: 07/01/10- 6/30/11

A written Memorandum of Agreement (MOA) between IFR and Paul Revere will be provided by November 15, 2010. The MOA will include the following: site information, the terms of the MOA, number of on-site hours, agreed upon services, agreed upon client/site roles and responsibilities, and the agreed upon day and time for regular group consultation.

FOR IFR

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS)</i>	<i>Unduplicated Clients (UDC)</i>
Consultation: - Individual	360	470
- Group .52 FTE x 35hrs x 44 wks x 89% LOE	360	Incl.
Classroom or Child Observation 0.15 FTE x 35hrs x 44 wks x 92% LOE	250	
Training to providers (teachers)/parent engagement 0.11 FTE x 35hrs x 44 wks x 88% LOE	145	Incl.
Direct Individual Counseling	53	Incl.
Group Interventions 0.05 FTE x 35hrs x 44 wks x 88% LOE	20	
Outreach, Linkage, and Evaluation 0.56 FTE x 35hrs x 46 wks x 100% LOE	816	Incl.
Total	2,004	470

FOR SUB-CONTRACTOR: SUPPORT FOR FAMILIES

<i>Units of Service (UOS) Description</i>	<i>Units of Service (UOS)</i>	<i>Unduplicated Clients (UDC)</i>
Consultation: - Individual	79	25
- Group	80	Incl.
Classroom or Child Observation	78	Incl.
Training to providers (teachers)	2	Incl.
Direct Individual/Group Interventions		Incl.
Outreach, Linkage, and Evaluation		Incl.
Total	239	25

The IFR-CARE Program will provide mental health consultation services, including group and individual consultation; consultation to COST and SST meetings, classroom and child observation, training/parent support; direct services to children and families including social skills groups, parent support groups, and individual/family interventions as defined by the following:

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. May also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation –Group:** Consulting with a group of three or more teachers/staff regarding the mental health needs of students. Includes facilitation of COST meetings, participation in SST, IEP meetings, and other relevant school meetings.
- **Consultation – Class/Child Observation:** Observing a child or classroom to assess for needs and begin development of intervention strategies for both school and home.

- **Parental Engagement:** Activities directed towards a parent, or caregiver including, but not limited to collaterals with parents/caregivers, referrals to other agencies and talking to parents/caregivers about their children and other concerns they may have. Can also include leading a parent support group or conducting a parent training class.
- **Training to Teachers/Staff:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers on specific mental health topics.
- **Direct Services – Individual:** Activities may include, but are not limited to individual child treatment, classroom interventions, collaterals with parents/caregivers, developmental assessment, risk assessments, crisis intervention, and linkage/referrals to other agencies.
- **Direct Services – Group:** Conducting socialization groups involving at least three children. Theme specific groups may also be targeted, e.g. coping with divorce.
- Service units will also include **outreach and linkage** as well as **evaluation services**.

Unduplicated clients will include children, parents and staff impacted by these services.

6. Methodology

- A. Outreach efforts include the following: Orientation to services for teachers will occur at a designated staff meeting and will be reinforced with a written description of the program, which will include the referral process. Parents will be oriented to the program at the Fall Open House. Written information will be sent home in the native language of the family. The CARE consultants will work closely with the parent liaison and the student advisor to continue outreach efforts.
- B. Students will be referred through the COST (Coordinated Service Team), by teachers, by parents. Teachers will be oriented to the procedures and protocols at the beginning of the year and on an ongoing basis. The parent liaison and student advisor will play a key role in informing parents of the services and supporting both outreach efforts and referral process. All mental health service providers at Paul Revere will participate in a monthly coordinated mental health service team meeting to triage and coordinate referrals.
- C. The IFR-CARE Program's mental health consultation approach is designed to address the needs of the Paul Revere community. The Prevention Coordinator will be the primary contact person for the School. Responsibilities will include coordination of referrals, communication with key administrators, facilitation at COST meetings, consultation to teachers, and ensuring the administration of key evaluation and assessment interventions. In addition, to ensure improved communication and coordinated care of mental health services, the Prevention Coordinator will take the lead in facilitating a monthly mental health coordinated service meetings for all mental health service providers at the school. Supporting these functions will be the Early Intervention Staff, who will be responsible for providing direct services to children and families. These services will include leading therapeutic groups for students, providing individual counseling to students with emerging mental health issues, and providing crisis intervention services as needed and clinical case management to families.

The program design is based upon a cultural and mental health framework that affirms and builds upon the strengths of the child, their caregivers (child, teacher and parent/guardian), collaboration with other service providers and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of children. All services will occur during the school hours for the course of the SFUSD school calendar for 2010-2011.

The IFR-CARE bilingual/bicultural Mental Health Consultant will support the COST meetings, (which includes teachers, Principal, Assistant Principal, nurse, LSP, parent liaison, and other outside service providers) by participating in their weekly meetings.

Consultation with teachers and staff is the core activity from which interventions and understanding occurs regarding student behavior. Consultations may occur during COST meetings and at the request of a teacher. They will also occur after consultants respond to and support crisis situations with students and families. As these relationships and trust develop, consultation time becomes a powerful tool for reflecting on individual and classroom needs and developing appropriate intervention plans. Consultations will occur weekly.

Observation of school and after school activities by the Consultant and the SNIP staff will occur to assess staff-child relationships, child's developmental needs, behavioral reactions, environmental factors, and social emotional issues. As strengths are identified, areas of developmental delay or emotional challenges may be addressed through scaffolding, modeling, peer support, and/or positive behavioral plans. Concrete tools will be offered to the teacher during consultation. Observations will occur at the request of the staff.

The Mental Health Consultant provides an array of services to the child, parent and teachers with the service goal of building upon the strengths of the child, parent and teacher. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families. Meetings may occur during the school day or during afterschool hours.

Parent Training and Support Groups/Family Workshops will be offered on-site and topics determined in collaboration with everyone. Parents will also be invited to IFR cultural activities throughout the year. Workshops will occur monthly. In order to effectively engage the African-American community at the school, IFR is committed to working collaboratively with Bay View Health Center, currently providing outreach to the Paul Revere Community as well as utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families where they are).

The CARE Program will plan and develop, with the Principal and key staff, an end of the year teacher retreat to build leadership, community and enhance self-care.

Early Intervention services will target students who have adjustment difficulties and/or experienced a significant stressor that impacts their school functioning. The goal is to address and intervene with emerging mental health issues. Students, who in the process of assessment, are identified as having significant mental health diagnoses warranting long-term treatment, will be referred and linked to appropriate services. IFR has a strong outpatient clinic and we have long-standing relationships with a number of other mental health agencies which can facilitate the referral process and enhance wrap-around services. Early Intervention services will include: 1) Time limited 1:1 interventions for students who need support developing strengths and coping skills and 2) short-term individual, group, and family counseling for students who may not otherwise access services/are adjusting to a stressor.

- D. This Program operates during the school year so all consultation services to teachers and staff comes to a natural close at the end of the school year. Individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) developmental assets screening.
- Children receiving individual counseling services will also be evaluated through the CANS and treatment goals will be evaluated with parent, child, and teacher.

Parents receiving individual support will be linked to appropriate services and with parent permission, follow-up with outside service providers will support coordination of care and increased communication.

E. Program Staffing: Please see Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

		Prevention
Objectives		MHSA
Objective E.1: Prevention		
E.1.f	Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.	X See below for additional IFR outcomes

B. Other Objectives

The following outcomes are applicable to all modalities previously described. (Please see attached for the Program Logic Model.)

Objectives associated with short-term outcomes on Logic Model:

Outcome Objectives	Evaluation
<u>Participation in Consultation Services:</u> During academic year 2010-2011, a minimum of 65% of staff at Paul Revere will receive at least one consultation from the Mental Health Consultant to support them to respond to stressors in their classroom.	This will be measured utilizing a survey administered annually and through the EIP monthly tracking log.
<u>Overall satisfaction:</u> During academic year 2010-2011, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.	This will be measured by a teacher report captured in a client satisfaction survey administered in May, 2011.
<u>Responsiveness to Needs:</u> During academic year 2010-2011, of those parents who received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs	This will be measured utilizing a client satisfaction survey administered in May 2011.
<u>Increased Parental Engagement:</u> By June 30, 2011, as a result of parent engagement efforts, an increase in parent participation at school activities will occur.	This will be measured utilizing an EIP monthly tracking log and sign-in sheets for all parent participation activities.

Objectives associated with medium-term outcomes on Logic Model:

Outcome Objectives	Evaluation
<u>Understanding emotional, behavioral and development needs:</u> During academic year 2010-2011, a minimum of 75% of staff at Paul Revere receiving services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.	This will be measured utilizing a client satisfaction survey administered annually. Additionally, clinician chart notes will qualitatively reflect progress towards this outcome.
<u>Communication with parents:</u> During academic year 2010-2011, a minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior	This will be measured utilizing a client satisfaction survey administered annually.
<u>Responses to children's behavior:</u> During academic year 2010-2011, a minimum of 75% of teachers receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior	This will be measured by a teacher report captured in a client satisfaction survey administered in May, 2011.
<u>Linkage to Resources:</u> During academic year 2010-2011, of those parents who themselves or their children received direct services from the mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.	This will be measured utilizing a parent survey administered annually and through the EIP monthly tracking log.
<u>Increased Parental Engagement:</u> By June 30, 2011, as a result of parent engagement efforts, an increase in parent participation at school activities will occur.	This will be measured utilizing an EIP monthly tracking log and sign-in sheets for all parent participation activities.

Objectives associated with long-term outcomes on Logic Model:

Outcome Objectives	Evaluation
<u>Responses to children's behavior:</u> During academic year 2010-2011, a minimum of 75% of teachers receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior	This will be measured by a teacher report captured in a client satisfaction survey administered in May, 2011.
<u>Overall satisfaction:</u> During academic year 2010-2011, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.	This will be measured by a teacher report captured in a client satisfaction survey administered in May, 2011.

<u>Responsiveness to Needs:</u> During academic year 2010-2011, of those parents who received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs	This will be measured utilizing a client satisfaction survey administered in May 2011.
<u>Understanding of Child's Behavior:</u> During academic year 2010-2011, of those parents who received direct services from the mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.	This will be measured by client satisfaction survey.
<u>Increased Parental Engagement:</u> By June 30, 2011, as a result of parent engagement efforts, an increase in parent participation at school activities will occur.	This will be measured utilizing an EIP monthly tracking log and sign-in sheets for all parent participation activities.

- The IFR-CARE program will meet with Principal and key staff monthly to review accomplishments, areas of strength, coordination of services, and areas of improvement and action steps. Participation and process will be documented in IFR-CARE sign-in sheet. Data Source: IFR/Paul Revere Sign-in sheet
- IFR will collaborate with CBHS and MHSA staff to develop and implement an evaluation plan. CBHS evaluation staff will work with each program to establish an evaluation design, which will vary depending on the focus of the project. – ECHMC projects are required to meet existing evaluation requirements for the initiative.
- IFR will assign staff to participate in collaborative program development, planning, and training efforts as requested by CBHS or MHSA.
- IFR will collect and report quarterly on the number of individuals served through funded activities.

C. Evaluation of Objectives

See above (7A and B) for evaluation procedures.

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

Data Management: The Contractor collects and submits UOS and UDC data on all clients. All agencies receiving funding through MHSA are required to collect and submit UDC and services data through the DPH Client and Services Database. This is applicable for all "MHSA eligible clients" receiving services paid with any MHSA source of funding. Each MHSA funded agency participates in the planning and implementation of their respective agency into the Database. The agency complies with DPH policies and procedures for collecting and maintaining timely, complete, and accurate UDC and service information in the Database. New client registration data is entered within 48 hours or two working days after the data is collected. Service data for the preceding month, including units of services will be entered by the 15th working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form.

8. Continuous Quality Improvement

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews.

Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice. Monthly meetings with Mission Neighborhood Center Administration occur to increase communication and collaboration at all MNC Head Start sites facilitating the coordination of services.

Additionally, the IFR-EIP program agrees to participate in citywide planning for mental health services to young children and their families and to abide by quality assurance measures developed by CBHS to meet local and state standards of care. The program will utilize technical assistance from CBHS to implement quality assurance standards established for these services.

Lastly, Instituto Familiar de la Raza as an agency and its programs are committed to providing the highest quality of care to the target population through program design and staffing that is culturally competent. The IFR-EIP program will complete a CBHS questionnaire on cultural competency to demonstrate its fulfillment of state requirements on cultural competency. The completed questionnaire will be submitted within timelines to the Competence and Consumer Relations Unit of CBHS.

HIPPA Compliance Procedures:

- a. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The EIP Manager will ensure that documentation shows that all staff has been trained.
- c. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The EIP Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- d. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The EIP Manager will ensure the presence and visibility of posting in said areas.
- e. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The EIP Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- f. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The EIP Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

1. Program Information

Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative
Instituto Familiar de la Raza, Inc. (IFR)
2919 Mission Street, San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662
E-mail: ccoe@ifrsf.org

2. Nature of Document

☒ New ☒ Renewal ☐ Modification

(New for CBHS funds, renewal for MHSA funds)

3. Goal Statement

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 18 center-based child care sites (including one MHSA funded childcare center), two family resource centers, and 12 Latina family child care providers for fiscal year 2010-2011. The program will also open EPSDT charts on 7 children, ages 0-5 years old.

The goals of the Program are to: 1) Maximize the opportunities for healthy social and emotional development for young children ages 0-5 years, enrolled in full-day and part-day child care programs in the Mission, Outer Mission, and Bay View Districts; 2) Improve the capacity and skills of teaching and family resource center staff and family child care providers to provide culturally and developmentally appropriate environments for young children (ages 0-5 years); 3) Improve the capacity and skills of care providers (teachers and staff) to respond to the social emotional needs of young children, ages 0-5; and 4) Improve the capacity and skills of parents to foster healthy social and emotional development in their children aged 0-5 years.

4. Target Population

The target population is at-risk children and families enrolled in 18 center-based preschool child care sites, 12 Latina family child care providers, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all ten Mission Neighborhood Center Head Start sites: Valencia Center, Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs, Southeast Center (Evans); 3 SFUSD child development centers: Theresa Mahler Center, Sanchez CDC and Bryant CDC; and 3 preK SFUSD sites: Cesar Chavez, Buena Vista, Paul Revere; and Holy Family Day Home and Mission YMCA. These programs serve primarily low-income at-risk Latino children and CalWorks families in part-day and full-day programs.

The 15 Latina family child care providers tend to be isolated and have limited access to social and health services yet serve some of our the most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 7 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

Family Resource Centers (FRC) to receive consultation services to staff and clients include Instituto Familiar de la Raza and Excelsior Family Connections.

5. Modality(ies)/Interventions

The IFR-EIP Program will provide mental health consultation services, including group and individual consultation; classroom and child observation, training/parent support; direct services to children and families including therapeutic play groups and individual/family interventions as defined below.

#	Funding	Center	# of hrs per week	# of Children	# of Class-rooms	# of Teachers	Consultant assigned
1	HSA	MNC - Capp	10	64	4	8	Marisol
2	HSA	MNC – Jean Jacobs	7	40	2	4	Maite
3	HSA	MNC - Stevenson	7	40	2	4	TBD
4	HSA	MNC – Valencia Gardens	7	40	2	7	Enrique
5	HSA	MNC Bernal Dwellings	5	24	1	4	Enrique
6	HSA	MNC 24 th St.	10	64	4	8	Maite
7	HSA	MNC - Women's Bldg	5	24	1	4	Nancy
8	HSA	MNC - Valencia	7	48	2	7	Nancy
9	HSA	MNC Mission Bay	7	44	2	7	Marisol
10	HSA	SFUSD Paul Revere PreK	5	20	1	3	Kristina
11	PFA	Holy Family Day Home	6	40	2	4	Nancy
12	PFA	SFUSD Cesar Chavez PreK	5	40	2	3	TBD
13	PFA	Sanchez CDC	6	40	2	6	TBD
14	PFA	Mission YMCA	6	60	3	8	Marisol
15	PFA	Bryant CDC	6	48	2	6	Elia
16	PFA	Theresa S. Mahler CDC	6	48	2	6	Elia
17	PFA	SFUSD Buena Vista PreK	5	40	2	3	Enrique
18	DCYF	Family Child Care Providers	9	20	6	8	Kristina/Nancy
19	SRI	IFR Family Resource Center	6	20	1	3	Nancy
20	SRI	Excelsior Family Connection FRC	6	20	1	4	Elia
21	MHSA	Southeast Center - Evans Preschool Classroom	7	24	1	4	Michelle
22	MHSA	Southeast Center - Evans Infant/Toddler Classroom	7	8	1	4	Maite

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of three or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Training/Parent Support Group:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, parents, and/or family care providers on a specific topic. Can also include leading a parent support group or conducting a parent training class.
- **Direct Services – Individual:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment,

referrals to other agencies. Can also include talking to a parent/caregiver about their child and any concerns they may have about their child's development.

- **Direct Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children.

Service units will also include **outreach and linkage** as well as **evaluation services**. Unduplicated clients will include children, parents, and staff impacted by these services.

For fiscal year 2010-2011, the number of unduplicated clients and total number of units (UOS) to be served under **current funding** will be as follows:

DCYF funding (\$36,134) will serve 32 clients with a total of 482 UOS.
 First Five FRC (SRI) funding (\$48,000) will serve 40 clients with a total of 640 UOS.
 PFA funding (\$155,660) will serve 316 clients with a total of 2,066 UOS.
 HSA funding (\$272,866) will serve 364 clients with a total of 3,628 UOS.
 MHSA funding (\$42,000) will serve 32 clients with a total of 698 UOS.
 EPSDT funding (\$41,149) will serve 8 clients with a total of 264 UOS.

Program Consultation

Center and/or classroom focused benefits all children by addressing issues impacting the quality of care.

Frequency of Activities

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
Program Observation	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
Meeting with Director	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
Meeting with Staff	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
Trainings	As needed and as stipulated in the MOU between the site and the service providing agency	Same as small center	Same as small center

Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

Frequency of Activities

Activity	Small Center 12-24 children	Med. Center 25-50 children	Large Center >50 children
Child Observation	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
Meeting with Director	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
Meeting with Staff	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
Meeting with Parents	3 to 5 times per child	Same as for small center.	Same as for small center.

For EPSDT and direct treatment services the following standards of practice will be followed:

- Direct treatment services occur within the child care center as allowed by the established MOA or at our outpatient clinic and are provided as needed to specific children and family members. All services to children are contingent upon written consent from parents or legal guardians.
- Provided by mental health consultants who are licensed or license-eligible.
- All direct treatment service providers, consultants, receive ongoing clinical supervision.
- Assessments for direct treatment service eligibility can include screenings for special needs, domestic violence in the family, possible referral for special education screenings, and alcohol or other substance use in the family.

All direct treatment providers follow federal HIPPA regulations pertaining to the provisions of services and the maintenance of records.

A written Memorandum of Agreement (MOA) will be provided by October 1, 2010 for each of the sites. The MOA will outline the following: Site information, the term of the MOA, number of on-site hours, agreed upon services, agreed upon client/site roles and responsibilities, and the agreed upon day and time for regular group consultation.

6. Methodology

A. Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.
- Memorandums of Agreement will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff.
- The consultants will work closely with the Head Start ERSEE staff and other support staff to continue outreach efforts.

B. Admission, Enrollment and/or intake criteria:

- Children will be referred through group consultation where teachers and consultants discuss concerns regarding a particular student as well as by parent referral. When a formal observation is requested by the preschool staff or family childcare provider, written consent will be provided by the parent/guardian.

C. Program Service Delivery Model:

The EIP's mental health consultation approach is to address the differing needs of Center based child care, family resource centers, and family child care settings. The program design is based upon a cultural framework that affirms and builds upon the strengths of the child, their caregivers (child care provider and parent/guardian), the family of service providers, and the community they identify with. An underlying assumption is that access to consultation, affirmation, resources and education empowers caregivers and families to create healthy environments and relationships for the healthy social and emotional development of preschool children.

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific child care staff, other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other care givers. We will provide 5-10 hours per week of bilingual child care mental health consultation services to 18 child care sites and average of 2 hours every two weeks for up to 15 family child care providers in the Mission, Bay View and Outer Mission Districts of San Francisco.

The Mental Health Consultant provides an array of services to the child, parent and staff with the service goal of building upon the strengths of the child, parent and caregiver. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

Depending upon the needs identified in the first meeting, the parent and the Mental Health Consultant may continue to meet up to five other times for planning, linkage, support and problem solving. Any needs that cannot be addressed within the partnership meetings are referred out to services in the network of health care and social services available to children and families.

For the 15 family child care providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. In some family child care provider homes, children will be attending part-day programs in a center and continuing their full-day coverage with a family child care provider.

Partnership meetings with parents will be established on a regular basis and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 13th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

For the two Family Resource Centers, mental health consultation will be tailored to meet the individual needs of each site. Program consultation will include, but is not limited to, curriculum development, staff communication and environmental interventions to enhance the quality of programming for children and families.

D. Exit Criteria and Process:

Some of the programs follow the SFUSD calendar thus consultation services to teachers and staff comes to a natural close at the end of the school year.

For year round programs- individual interventions for identified students will use the following as a basis for exit criteria: 1) teacher and parent feedback 2) mental health consultant recommendation 3) Linkage to community resources to address the family's needs.

Children receiving individual counseling services will also be evaluated through the CANS.

E. Describe your program's staffing: See Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

Objective #1 (Understanding emotional and developmental needs)

A minimum of 75% of staff at each site receiving consultation services will report that meeting with a consultant increased their understanding of a child's emotional and developmental needs, helping them to more effectively respond to the child's behavior.

Objective #2 (Communication with parents)

A minimum of 75% of staff at each site receiving consultation services will report that consultation helped them learn to communicate more effectively with parents of children where there were concerns about the child's behavior.

Objective #3 (Response to children's behavior)

A minimum of 75% of staff at each site receiving consultation services will report that the consultant helped them to respond more effectively to children's behavior.

Objective #4 (Overall satisfaction)

Of those staff who received consultation and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant.

Objective #5 (Responsiveness to Needs)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that the consultant was attentive and responsive to their needs.

Objective #6 (Linkage to Resources)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that consultant assisted them in linking to needed resources.

Objective #7 (Understanding of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that they have a better understanding of their child's behavior.

Objective #8 (Improvement of Child's Behavior)

Of those parents who themselves or their children received direct services from the early childhood mental health consultant, a minimum of 75% will report that their child's behavior has improved.

DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of Fiscal Year 2010-2011 and will be used in the Program Monitoring Report for 2010-2011.

B. Other Objectives

D.4b. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with outcome data collection requirements.

Data source: Program Evaluation Unit Compliance Records and Charting Requirements for the Provision of Direct Services

Program Review Measurement: Objective will be evaluated based on 6-months period from July 1, 2010 to December 31, 2011.

C.6a. Applicable to: All Early Childhood Mental Health Consultation Initiative Contractors

Early Childhood Mental Health Consultation Initiative contractors shall comply with satisfaction data requirements.

Data source: Surveys distributed and submitted to CBHS.

Program Review Measurement: Objective will be evaluated based on 6-month period from July 1, 2010 to December 31, 2011.

C. Evaluation of Objectives

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

- 1) DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

Required Documentation: Program has approved and implemented policies and procedures that abide by the rules outlined in the DPH Privacy Policy. Copies of these policies are available to patients/clients.

- 2) All staff who handles patient health information are trained and annually updated in the program's privacy policies and procedures.

Required Documentation: Program has written documentation that staff members have received appropriate training in patient privacy and confidentiality.

- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal transition is provided.

Required Documentation: Program has evidence in patients'/clients' charts or electronic files that they were "noticed" in their relevant language either in writing or verbally. (APPLICABLE to DIRECT SERVICES ONLY)

- 4) A summary of the Privacy Notice is posted and visible in registration and common areas of treatment facility.

Requirement Documentation: Program has the DPH Summary of Privacy Notice posted in the appropriate threshold languages in patient/client common areas.

- 5) Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

Requirement Documentation: Program has a HIPAA complaint log form that is used by all relevant staff.
(APPLICABLE to DIRECT SERVICES ONLY)

- 6) Authorization for disclosure of patient's/client's health information is obtained prior to release to providers outside the DPH SafetyNet, including early childhood mental health consultants.

Requirement Documentation: Program has evidence that HIPAA-compliant "Authorization to Release Protected Health Information" forms are used. (APPLICABLE to DIRECT SERVICES ONLY)

MHSA ONLY:

Data Management: The Contractor collects and submits UOS and UDC data on all clients. All agencies receiving funding through MHSA are required to collect and submit UDC and services data through the DPH Client and Services Database. This is applicable for all "MHSA eligible clients" receiving services paid with any MHSA source of funding. Each MHSA funded agency participates in the planning and implementation of their respective agency into the Database. The agency complies with DPH policies and procedures for collecting and maintaining timely, complete, and accurate UDC and service information in the Database. New client registration data is entered within 48 hours or two working days after the data is collected. Service data for the preceding month, including units of services will be entered by the 15th working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form.

8. Continuous Quality Improvement

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

The IFR-EIP program agrees to participate in citywide planning for mental health services to young children and their families and to abide by quality assurance measures developed by CBHS to meet local and state standards of care. The program will utilize technical assistance from CBHS to implement quality assurance standards established for these services.

In addition, Instituto Familiar de la Raza as an agency and its programs are committed to providing the highest quality of care to the target population through program design and staffing that is culturally competent. The IFR-EIP program will complete a CBHS questionnaire on cultural competency to demonstrate its fulfillment of state requirements on cultural competency. The completed questionnaire will be submitted within timelines to the Competence and Consumer Relations Unit of CBHS.

There are multiple CQI activities that the Program undertakes to ensure quality services to clients and providers. These include weekly individual and group supervision, monthly in-house trainings on relevant mental health topics, and monthly chart reviews. Staff is supervised by a licensed clinician and team meetings foster team integrity and Program methodology that is reflected in practice.

1. **Program Name:** La Cultura Cura Program - Trauma Recovery and Healing Services
Program Address: Instituto Familiar de la Raza, Inc.
2919 Mission Street, San Francisco, California 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-0740

2. **Nature of Document**

☒ New ☐ Renewal ☐ Modification

3. **Goal Statement**

Instituto Familiar de la Raza will provide trauma recovery and healing services through its Cultura Cura Program to youth ages 14 to 25 and their families, with an emphasis upon Mission District youth and Latinos city wide. Services will include direct and indirect services to individuals, agencies, and the community. In providing intervention and treatment services, we aim to reduce the incidence and prevalence of trauma relation conditions in children, youth, and families, (including a reduction of risk for retaliation among youth engaged in negative street activity and further victimization of community violence) and providers' understanding of mental health issues in context of violence.

4. **Target Population**

Services will be provided to youth ages 14 to 25 and their families who reside in the Mission District with an emphasis on youth and their families affected by street and community violence. In addition, mental health consultation will be provided to violence prevention staff of Arriba Juntos, (lead agency for the Northwest Community Response Network,) and other locations to be determined by need. Support services will also be provided to case managers at Instituto Familiar de la Raza who provide violence prevention services, as well as to a CBHS Peer Advocate assigned to Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face serious risk for multiple health and social problems including physical injury, post traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers, constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crises interventions, family support, case management, and behavioral change within the cultural values, beliefs and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

5. **Modality(ies)/Interventions**

Services are billed under Mode 60 as Case Management Support. Billable services include: direct and indirect billable services as part of Case Management Support.

Individual and Group Interventions -

Case Management Support

Services include direct and indirect activity with or on behalf of an individual, family, and/or group designed to support the stabilization of individuals/families or community groups, including staff who have been affected by street and/or community violence. The goal of this intervention is to enhance self sufficiency and community functioning. This intervention shall not be provided as a component of residential services, 24 hour crisis services, day rehabilitation or intensive day treatment services. Services may include, but are not limited to, assessment, plan development, grief and bereavement counseling to individuals and groups, crisis response, and collateral intervention. In addition, providers under this exhibit will work closely with Northwest Community Response Network (emphasis upon the Mission District CRN) to support de-escalation and prevent retaliations among the target population.

Psychosocial Assessment

Direct services, which result in an open chart for clients, will include a psychosocial assessment. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals.

Crisis debriefing and Grief and Bereavement Counseling

Staff under this exhibit, including a Sr. Clinical Case Manager (Sr. Behavioral Health Specialist) and the full-time Clinical Case Manager/Behavioral Health Specialist may provide crisis debriefing and grief and bereavement counseling to clients, family members and staff who have been affected by street and/or community violence in order to support healthy functioning and reduce risk factors including retaliation following an incident of violence. Interventions are part of a coordinated effort to protect the public in general and the individuals/families targeted with violence. These interventions may be delivered to an individual, family, or group.

Short-term interventions assist individuals and families in stabilization of traumatic conditions due to community violence that they may have been exposed to. The services are offered as individual services for a period of 3-6 months depending on the severity and the needs of the individual/ family.

Group interventions are also offered to parents and youth who may have been impacted by community violence. Groups include weekly therapeutic drumming for young men and support groups for youth and parents

Collateral

Collateral means a service activity to a significant person in a client's life with the intent of improving or maintaining the mental health of the client. The client may or may not be present for this service activity.

Community Interventions - In addition to individual and group interventions, we intend to continue community wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.

1) *Debriefing*: TR&HS will support MCRN efforts to prevent retaliations and escalations of community violence. These are unplanned interventions coordinated with The Network Coordinator for Latino Services within the Northwest Community Response Network; and under the direction of the NWCRN Program Director responsible for crisis response and aftercare in focus areas of Mission District, Western Addition, OMI, SOMA-Tenderloin districts.

2) *Ceremonies and Drumming for Peace*: IFR has a well-established history of integrating cultural and spiritual practices as part of our approach to intervention. We strongly believe that preserving traditional knowledge and practices is healthy and healing. In keeping with this philosophy, we propose continuing a quarterly Drumming for Peace gathering as well as two community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence.

Drumming for Peace is an opportunity to experience a community gathering in a safe, protected, and healing environment. The gatherings are held at IFR and attract a diverse group of people who share a common vision of promoting peace in the community. The approach integrates traditional and complementary healing practices that help participants experience reduction of stress, mindfulness, connection to others, and hope for a violence-free environment.

Participants are a multicultural, multigenerational group of people who work, live, and otherwise congregate in the Mission District. We also see community ceremonies as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the recently awarded Indigena Health and Wellness Collaborative, funded by DPH, to work closely with Mission partners in the NWCRN, to provide bilingual/multilingual information about early identification of trauma-related conditions and trauma recovery services available in the city.

Mental Health Consultation- IFR proposes to continue mental health consultation to staff providing violence prevention services, with emphasis on those serving the Mission District. Mental health consultation includes bi-weekly case consultation to case managers through Care Development Meetings and biweekly supervision as well as monthly facilitation of the Healing Circle for VP workers/volunteers.

1) *Care Development Meetings* follow a methodology that includes check-in, referrals to service, assignment, service plan development, resource mapping, and schedules in-services. Meetings are co-facilitated by IFR La Cultura Cura Program Manager and the Clinical Case Manager (this grant requests funding for the Clinical Case Manager) that support skills development and integration of a multidisciplinary approach to care. The clinical case manager provides supervision on a biweekly basis to staff from the Mission District provider network as needed. We anticipate that the clinical case manager will supervise 4 case managers (2 from IFR violence intervention services and 2 from Arriba Juntos) during the contract year.

2) *Healing Circles:* This is an intervention developed by IFR that we propose to continue as part of this request for funding. This culturally based method integrates traditional and contemporary knowledge and practices that both builds resiliency of mind, body and spirit and builds critical skills for Violence prevention workers involved in outreach and crisis response. The Healing Circle is co-facilitated by the Sr. Behavioral Health Specialist in this request for funding, and a seasoned social worker who volunteers her time. Both facilitators are bilingual/bicultural and experienced in integrative models of Healing Circles reinforce safety, self-care, teamwork and group support following an incident.

During the fiscal year 2010-2011, IFR will provide services to 112 unduplicated clients under this exhibit.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Individual and Group Interventions		
<i>Individual Clinical Case Management Activities</i>	N/A	25
0.70 FTE x 35 hrs/wk x 46 wks x 65% level of effort		
<i>Group Interventions</i>		25
0.09 FTE x 35 hrs/wk x 46 wks x 65% level of effort		
Community Interventions		
<i>Ceremonies/Drumming For Peace</i>	N/A	50
0.03 FTE x 35 hrs/wk x 46 wk x 65% level of effort		
<i>Debriefing</i>		Incl.
0.15 FTE x 35 hrs/wk x 46 wk x 65% level of effort		
Mental Health Interventions		
<i>Care Development</i>	N/A	12
0.15 FTE x 35 hrs/wk x 46 wk x 65% level of effort		
<i>Healing Circles</i>		Incl.
0.03 FTE x 35 hrs/wk x 46 wk x 65% level of effort		
Total UOS Delivered	N/A	
Total UDC Served		112

6. Methodology

A. Outreach, Recruitment, Promotion and Advertisement:

La Cultura Cura-Trauma Recovery and Healing Services will receive its referrals from the Northwest Community Response Network, a collaboration of community-based agencies providing street outreach, and crisis response services to youth and their families affected by street and gang violence, as well as other partner agencies that are involved in violence prevention work. The Clinical CM/Behavioral Health Specialist in this contract is responsible for supervision of the CBHS Peer Advocate assigned to this program and oversees outreach and client recruitment activities. The Peer Advocate will promote and advertise LCC Trauma Recovery and Healing Services by conducting outreach to youth and families who meet criteria for services. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

Brochures describing the array of services of the Trauma Recovery and Healing Services will be distributed to the target population in and around the Mission District, as well as Citywide where youth and families congregate.

B. Admission, Enrollment and Intake:

Clients referred for direct services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; however, no BIS registration will be required until otherwise determined (i.e. if they are linked/coordinated into long term services). The client receives orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of CBHS with regard to treatment of clients. All clients are informed of their rights as consumers, are given linguistically accurate documentation of their client rights and of their right to privacy in regards to HIPPA.

Youth and families referred will receive services through this Program utilizing minimal enrollment and registration requirements. Youth receiving planned group interventions in this Program (youth drumming group) will be registered for case management services at La Cultural Cura and required to document their attendance at each session. Community debriefings will be open to the public; registration is not required.

For any clients who may be referred/linked into ongoing/long-term services at IFR (i.e. Outpatient Clinic), IFR will conduct screening to confirm eligibility for services including San Francisco residency, indigent, low income status. Individuals referred who have private insurance are provided with services in the initial period, and if appropriate, will be assisted in accessing the private provider networks for extended services.

All individuals who are referred and meet the criteria for services will be offered services. In addition, youth and families will have access to intra-agency resources (e.g., Family Resource Services which provides social services to uninsured families with children under 5 years-old) or to appropriate outside service providers.

C. Delivery Model:

La Cultura Cura-Trauma Recovery and Healing Services was developed to build the capacity within a collaborative in the Mission District which includes agencies serving youth and their families affected by street and community violence. The delivery model that is utilized in this program integrates social learning theory, cultural identity development theory with best practices approaches (CBT, Family psycho-education, parent-youth interventions, trauma recovery counseling, and traditional practices). The model includes a multidisciplinary team approach (clinical supervisor and mental health specialist (this exhibit), peer advocate (funded by CBHS Cultural Competency and Consumer Unit), case managers and street outreach workers (funded by DCYF/VP) to provision of services.

Youth and families served through the program will have access to psychiatrist consultations through IFR's Outpatient Clinic. Access will be initiated through an interagency referral procedure. Referrals for a psychiatrist will be determined by the Sr. CCM/Clinical supervisor to ensure appropriate use of psychiatric services and disposition planning to address psychiatric symptoms that may be alleviated by psychotropic medication.

Direct Services will be provided at IFR as well as the CRN office located at Arriba Juntos. Co-location of the Clinical Case manager and Peer Counselor create accessibility for youth who are gang affiliated and have risk for conflict if they enter into areas that are "run" by an opposing neighborhood gang. When safe and appropriate, home visits are offered to engage the youth and his/her family. Outreach/Consultation services may be provided at a number of settings including schools, youth centers, and other settings, including the streets, where the target population congregates.

Youth and their families served through La Cultura Cura-Trauma Recovery Services and Healing Services will have full access to La Cultura's range of services including access to cultural arts programming; and access to any other IFR services for which they may meet criteria including mentoring services, family development services, early intervention/school-based mental health services, and the agency's spiritual and cultural activities. In addition to a full array of mental health and harm reduction services provided through our child/outpatient clinic, IFR has established strong links with the Department of Human Resources and the San Francisco Family Court system, placing us in a strong position to advocate on behalf of the youth and families interfacing with these systems.

IFR and its co-located site for services at Arriba Juntos are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th street BART) and Arriba Juntos at 1850 Mission Street (one block from the 16th Street BART). IFR hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with back-up from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair bound clients.

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions, will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with Latino Family Alcohol Counseling Center, Horizons' substance abuse program, Walden House, Friendship House Residential Program, Latino Commission, IRIS Center, and Casa de las Madres. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

D. Exit Criteria and Process:

La Cultura Cura-Trauma Recovery and Healing Services will adopt essential elements of the utilization review and discharge/exit criteria from our outpatient comprehensive clinic to prioritize services to those most in need. The Clinical Case Manager, under guidance of the Sr. Clinical Case Manager, a licensed behavioral health provider, will consider such factors as suicidal risk factors, domestic violence exposure, substance abuse involvement, recent trauma, community functioning, progress, and status of Care Plan objectives to determine which clients can be discharged from services. For direct services: every three months, a chart/case review will be conducted to assess client need for services and/or creation of a step-down plan into the community or system of care. Chart maintenance and standards of documentation will be reviewed within weekly supervision.

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements

A. and B. Performance/Outcome Objectives

Outcome A. Improve Access to services

Objective A1: Client Access and Services

1. Instituto Familiar de la Raza, Inc. will serve 100 unduplicated clients through its range of services including direct and indirect interventions. Clients are defined as youth and families, staff, and community members who are targeted in this Appendix.

Data Source: MHSA Mode 60 Program Activity Report

Program Review Measurement: Objective will be documented utilizing the program's activity reports and are maintained on file. Monthly invoices are submitted to CBHS and quarterly reports are prepared by the Director following CBHS Evaluation guidelines. Review and evaluation by program staff will be conducted on a monthly basis to determine if target population and number of clients are being served.

Objective A2: Staff Development/Training

1. Instituto Familiar de la Raza, Inc. will participate in DMH-MHSA trainings and other trainings required by CBHS.

Data Source: Attendance sheets at MHSA Trainings/Training certificates

Program Review Measurement: Objective will be evaluated by completion of MHSA trainings by program staff as reflected in HR Personnel Files, where training certificates are maintained.

2. Instituto Familiar de la Raza, Inc. will ensure training of program staff on trauma and recovery approaches to client care (two trainings). Additional trainings will be offered to the staff in this exhibit to support quality of care and best practices.

Data Source: Training for staff of La Cultura Cura-Trauma Recovery and Healing Services will be reflected in the budget submitted to CBHS. – Program Coordinator will identify staff needs and will be responsible for evaluating the efficacy of trainings to the scope of work for staff as well as tracking staff attendance and evaluating of expansion of knowledge.

Program Review Measurement: Objectives will be evaluated based on completion of trainings documented in program staff personnel files.

Outcome B: Evaluate Services to Target Population

Additional expected Client Outcomes include- and will be evaluated as follows:

B1. 70% of youth who receive behavioral health services for a minimum of 3 months will demonstrate improvements in symptoms of depression, anxiety, self-concept and/or behavior as measured by pre and post T-scores on the UCLA PTSD RI Trauma Checklist and CPSS Trauma Symptoms, client self-report, and/or observations as reflected in the client's charts.

B2. 85% of youth and families referred for TR & HS will receive follow-up as demonstrated by client referral and disposition log maintained at the program.

Additional expected program outcomes include and will be evaluated as follows:

B3. A minimum of 10 Care Development Meetings will be convened and facilitated by TR & HS staff with Mission partner agencies of the NWCRN to improve the coordination of case management and mental health services to the target population. Staff will maintain a sign-in-sheet, attendance log, and maintain records of the meeting.

B4. 75% of VP workers who participate in the Healing Circle will report a decrease in a minimum of one symptom of vicarious trauma and increase their knowledge of self care as evidenced by a pre and post survey measured on a likert scale. The pre and post measurement will be developed by the Director and Senior Clinical Case Manager in consultation with the CBHS Evaluation Team.

7. C. Evaluation of Objectives

See above (7A and B) for evaluation procedures.

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

8. Continuous Quality Improvement

IFR has historically complied with all CQI standards for DPH, CBHS and AIDS office as is committed to exceeding minimum standards to serve our clients.

IFR, in consultation with CBHS Evaluation staff has developed reporting methods to track service, hours of services, unduplicated clients and activities for services under this request for funding. During this current year, reporting formats are being revised to increase data collection.

IFR is committed to working collaboratively with the Evaluation Unit to design and implement evaluation measures in the program. To ensure CQI, monthly QA reviews and supervision has been a standard of practice for TR & HS. The Program adapted CBHS charting standards when it began in 2006 to document direct services, and developed an indirect reporting form to track mental health consultation services and community interventions. For this program, youth and families are not registered into Insys, however a chart is opened and follow minimum guidelines based on CBHS protocols. Charts are maintained at IFR. Client registration occurs for youth who are in brief therapy or crisis counseling. The Senior Clinical Case Manager is responsible for reviewing and approving the assessment, treatment plan and disposition planning.

On a staffing level, CQI is supported through supervision, administrative reviews and training. The Program Director, a licensed psychologist provides supervision to the Senior Clinical Case Manager on a weekly basis. The Senior Clinical Manager, a licensed MFT, provides weekly supervision to the Clinical Case Manager, a licensed eligible staff, and the Clinical Case Manager provides supervision to the leveraged Peer Advocate on a weekly basis, or more frequently, based on her assignments.

TR & HS is a component of La Cultura Cura, and as such, the full-time Clinical Case Manager and Peer Advocate are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the NWCRN. In addition, the LCC Manager and Clinical Case Manager convene the Care Management Development Meetings with Network providers who case manage in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. Review of case management service plans and supervision is provided by the Clinical Case Manager for 2-4 Case Managers in the Network. The Program Director and Senior Clinical Case Manager dedicate 5% to CQI activities while the Clinical Case Manager dedicates 10% to quality assurance activities.

In order to develop the staff's ability to provide quality services the following activities will take place:

- a) Program staff will attend a minimum of six hours of training on admission and discharge criteria and the role of the care manager for adults, children, and youth conducted by CBHS-SOC during FY 10-11.
- b) Program staff will attend training on provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed or disability.
- c) Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d) Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- e) Program staff will participate in six hours of training in harm reduction approach to dually diagnosed clients sponsored by IFR or CBHS during the FY 10-11.
- f) Program staff will attend trainings to increase knowledge, skills and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g) Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 10-11.

HIPPA Compliance Procedures:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

development, independent living and enhanced self-sufficiency and that are not provided as a component of residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

- Assessment - means a service activity which may include a clinical analysis of the history and current status of a beneficiary's mental, emotional, or behavioral disorder, relevant cultural issues and history; diagnosis; and the use of testing procedures.
- Collateral - means a service activity to a significant support person in the beneficiary's life with the intent of improving or maintaining the mental health of the beneficiary. The beneficiary may or may not be present for this service activity.
- Therapy - means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve the functional impairments. Therapy may be delivered to an individual or group of beneficiaries and may include family therapy at which the beneficiary is present.

Case Management - means services that assist a beneficiary to access needed medical, educational, pre-vocational, vocational, rehabilitative, or other community services. The activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

Crisis Intervention - means a service, lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled appointment. Service activities may include but are not limited to assessment, collateral, and therapy.

6. Methodology

IHBS/EP/SDT PROGRAM – Minimum Requirements

All clients served in this program will receive Intensive Case Management (ICM) services, the minimum standards for which are described on pp. 41-52 of the Dept. of Children Youth and Families' *Minimum Compliance Standards, 2nd Edition, May 2008*. In addition, half of all of treatment slots will be reserved for Intensive Home Based Supervision services (IHBS), which will be enhanced by ICM.

Intensive Home Based Supervision

All referrals to IHBS programs are made through the San Francisco Juvenile Probation Department (JPD). Contractor shall provide IHBS services for youth for an initial 90-day period. With input from the case manager, the Probation Officer will determine whether or not to extend the program for an additional 90 days. Should Contractor make a clinical determination that additional services are needed, ICM services may be continued after IHBS services have concluded. Contractor understands that continuation of services is contingent upon available non-IHBS slots. If no such slots exist, Contractor will refer client to another case management program and/or available mental health services with a different provider.

Contractor agrees to meet monthly with Probation staff. Violations of conditions of probation should be reported as soon as possible, but no later than three (3) calendar days after contractor becomes aware of the incident.

Contractor activities on behalf of a client will be documented and an individual case file will be maintained. Contractor agrees that upon initiation of services, clients will be mandated to sign Release of Information forms allowing communication of client information to the assigned probation officer and any other critical JPD staff. Individual progress reports shall be submitted once a month to JPD, using the standard report format. Reports will include:

1. Program Information

La Cultura Cura - Intensive Home Based Supervision/EPSTDT
Instituto Familiar de la Raza, Inc.
2919 Mission Street, San Francisco, CA 94110
Telephone: (415) 229-0500
Facsimile: (415) 647-3662

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

Instituto Familiar de la Raza's (IFR) La Cultura Cura Program (LCC) will provide intensive case management and mental health services to Latino youth who meet criteria for Intensive Home-Based Supervision and/or are prioritized by the Department of Juvenile Probation, DCYF, and CBHS to respond to the cultural and linguistic needs of youth in-risk and/or involved in the juvenile justice system.

4. Target Population

The target population for this contract is pre- and post-adjudicated Chicano/Latino youth between the ages of 12-18 years old, who have come into contact with the juvenile justice system in San Francisco. An emphasis will be placed on addressing the needs of monolingual Spanish or limited English speaking clients who are residents of the Mission District and adjacent areas with high density populations of Latino youth. Eligible clients include those who are Medical eligible, uninsured or underinsured.

In the Mission District and surrounding areas, Latino youth face high levels of stressors: community violence, poverty, language barriers, unstable housing and homelessness, lack of health care benefits, cultural and racial discrimination, and the harmful effects of anti-immigrant sentiments. Studies have found that Latino Youth experience proportionately more anxiety-related and delinquency problem behaviors, depression, and drug use than do non-Hispanic white youth.

While Latinos under the age of 18 comprise 19% of children/youth in San Francisco, they account for 25%-36% of incarcerated youth. They also account for 30% of children/youth living below the 200% poverty level. It is important to note that Latino children/youth are least likely to be insured regardless of citizenship.

The magnitude of the problems faced by Latino youth and their families highlights the need for culturally and linguistically competent services to assist youth and families to overcome involvement in the juvenile justice system and build upon their individual, family, and community resiliencies.

5. Modality of Service/Interventions

Units of Service (UOS) Description	Units of Service (UOS) - Mins	Unduplicated Clients (UDC)
Case Management Hour 1.18 FTE x 35hrs x 46wks x 65.144% LOE x 60 Mins	74,257	24
Mental Health Services 0.62 FTE x 35hrs x 45 wks x 65.393% LOE x 60 Mins	38,314	24
Total		

Billable services include Mental Health Services in the following forms:

Mental Health Services – means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning,

- Number and nature of client contacts (Minimum face-to-face, 3 visits/week)
- All parental contacts
- All curfew checks (Minimum six days per week)
- All school checks (Minimum weekly)
- Compliance with Orders of Probation
- Description of the Home Environment
- Criminological risks being addressed
- Educational development
- Employment status
- Referrals to community resources

Contractor agrees to work cooperatively with the Juvenile Probation Department and the probation officer assigned to the case. In addition, a final report summarizing the youth's progress and any recommendations for continued clinical treatment shall be submitted to the probation officer prior to the conference review at the end of the 90-day period. Copies of all correspondence, reports or recommendations to the courts with the courts will be submitted to the assigned Probation Officer at least four business days prior to the scheduled court hearing date.

Intensive Case Management

Referrals: Contractor will prioritize ICM referrals from JPD, the DCYF list of preferred case management providers, and from DPH staff co-located at Juvenile Justice Center (JJC): SPY, AIIM HIGHER, and MST. All forms authorizing consent for treatment and required waivers will be signed prior to initiation of services.

Comprehensive Needs Assessment: If not already completed within the past 30 days, Contractor shall conduct a comprehensive assessment of client needs (including the Child and Adolescent Needs and Strengths, or CANS assessment), develop an individual service plan, and coordinate and supervise service delivery. At a minimum, the assessment will include the following:

- CANS Assessment
- Interview with client, family and probation officer
- Review of the dynamics of the case (nature of offense)
- Review of conditions of probation
- Individual and family history - family dynamics
- Need for individual and/or family counseling
- Educational skills, remedial needs
- Medical, psychiatric and health education referrals
- Vocational skills, job training
- Behavior dangerous to self or others
- Current use of alcohol or drugs

Service Planning: Once client needs have been determined, the case manager shall develop a written plan, including a clinical case plan or Plan of Care consistent with Department of Public Health (DPH) standards, to address those needs and coordinate and supervise service delivery. Contractor shall involve client and family in service planning and provide a detailed orientation about program requirements and rules. The case manager will select appropriate treatment programs and service providers and maintain a progress oriented case record for each client. Assigned staff will work collaboratively with other youth service agencies and with members of the client's community. Parental involvement shall be encouraged.

When clients are receiving ICM within the context of JPD-referred IHBS, a copy of the final plan will be sent to the assigned probation officer.

HIPPA Compliance: Contractor will integrate DPH Privacy Policy in its governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the applicable policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.

A. Outreach, recruitment, promotion, and advertisement:

Referrals will be received from a variety of sources including the justice system, community-based organizations, and via active and former clients. At least 50% of referrals will come from JPD. As IFR has had a 33 year presence in the Latino community of San Francisco, current and past clients also often refer their family and friends for services. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco serving juvenile justice involved youth. (e.g. CARC, YJI etc.)

Brochures describing the array of services provided by IFR including IHBS services are distributed to agencies in and around the Mission District.

B. Program's admission, enrollment and/or intake criteria and process where applicable:

Referrals received will be screened for eligibility by the Mental Health Specialist (MHS) who will contact the referring party to complete the process. (The screening process confirms that clients have San Francisco residency, do not have private insurance and are low income or Medi-cal eligible. Clients are screened for eligibility to receive services with an alternative source of payment (private insurance). Clients that do not meet eligibility requirements are referred to intra-agency resources or to appropriate outside service providers.)

Referrals will then be presented to the Case Management Development Team, facilitated by a Licensed Clinical Social Worker (leveraged by Mission Family Center) and co-facilitated by the Program Coordinator and MHS, for disposition. Once a referral is accepted, it will be assigned to a Case Manager who will contact the client to schedule an intake/assessment. Each client gets an assessment using the CBHS-CYF-SOC form to establish medical necessity for specialty mental health services. For all new intakes, an appointment for face-to face contact will be offered within 3-5 working days of initial request.

During intake and assessment, the Case Manager provides clarification to families about probation guidelines, court mandates, conditions of release, and community service requirements. The Case Manager will utilize the CANS, under the supervision of the MHS-CANS Super-user to determine client needs and strengths. CANS is utilized to determine: 1) preventative action to be taken; 2) strategic action required to address the need; or 3) intensive action requiring immediate action for intervention.

All clients who meet medical necessity for specialty mental health services will be assigned to a provider and a full plan of care will be developed within 60 days. If it is determined that clients need services beyond the initial 60 days, a request for authorization will be submitted to the PURQC committee for additional hours. For cases open longer than 2 years, will be referred to SF-CBHS-CYF-SOC central authorization team for authorization.

All clients or their parents are informed of their rights under CBHS, are given linguistically accurate documentation of their client rights and of their right to privacy in regards to HIPPA.

C. Service delivery model:

Based on needs identified via CANS, a comprehensive individual and family service plan is developed by the Case Manager to address immediate concerns and needs. Consultation with the assigned justice system providers informs the plan. Services initiated at this point are primary (case management and therapy, as indicated) followed by secondary leveraged services (after school programming etc.). Services rendered through this RFP will be provided at IFR or an alternative safe location. Staff is also available to deliver services to youth while in detention.

The frequency of ICM visits usually includes a minimum of three direct contacts at IFR, the school, or in the community, in accordance with the DCYF Minimum Compliance Standards. Case Managers utilize restorative justice interventions, i.e. life skills development, referrals to training programs and community service activities, school advocacy, supportive counseling, tutorial assistance, conflict resolution, de-escalation, and anger management skill development. Examples of these modalities include identifying risk factors and implementing safety plans, and improving interpersonal relationships and communication skills through role playing and modeling.

La Cultura Cura also link clients to the "CulturArte" after-school program, which provides cultural affirmation activities and performing arts workshops. These activities are provided in a non-threatening environment, promote self-expression, positive cultural identity, skills development, and community reintegration.

As part of IFR's program design, Cultural Affirmation Activities are a fundamental aspect of IFR's services. Cultural Affirmation Activities are defined as planned group events that enhance the cultural and spiritual identity of clients. These activities include: Tonanzin, Cuatemoc, Fiesta de Colores, Xilonen, Cinco de Mayo celebration, Indigenous Peoples Day, Immigrant Pride Day, Dia de los Muertos, Las Posadas, Latino Gay Night, Dia de las Madres, and The Gay Pride Parade as well as other short-term interventions that focus on grief, loss, hope, and inspiration using traditional techniques.

D. Exit criteria and process:

The average length of service provision in the program will be three to six months, with a maximum of a year. Further extensions will be determined through ongoing assessments or at the request of the youth/family. Termination occurs when goals are reached, probation has been successfully completed, or when youth are out of compliance with court orders.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHS/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

La Cultura Cura will make referrals of clients to appropriate community-based programs such as after school programs, to solidify gains made from services provided.

E. Program's staffing:

Please see Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

	Objectives	Adult	CYF
Objective A.1: Reduced Psychiatric Symptoms			
A.1.f	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Child & Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire. <i>Note: including School-Mental Health Partnership Programs</i>		X ICM
A.1.g	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score. <i>Note: including school-based programs</i>		X ICM

Based on the CANS, if mental health interventions are indicated, the Case Manager will refer participants to the MHS to provide services. The MHS uses functional family and cognitive behavioral therapy, which are best practices identified for the target population. Through therapy, clients and their families are able to recognize and address additional barriers that may impede their ability to make progress towards identified goals. Clients and families can also enroll in a variety of on-site support services at IFR, through its continuum of services/programs.

Mental Health service delivery is based on varied psychosocial theories, bicultural personality development, current best practices and evidence based interventions. These include utilization of family/ child centered interventions, a multidisciplinary team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

Services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients (i.e. other community agency sites). IFR is geographically and physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. Client's emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

As a comprehensive agency serving children, youth and adults, IFR is in a unique position to provide innovative services to Latino/Chicano families through creative approaches in the context of community that reinforces cultural strengths and identity. IFR is a critical point of access into the public health system for families with children who are in need of comprehensive mental health services.

In collaboration with community agencies and other IFR programs, children and their families are able to access a wide spectrum of services. Through collaboration with Family Mosaic, IFR is able to provide therapeutic mentoring, to a multi-cultural population of severely emotionally disturbed children and youth. IFR is the lead agency for the Latino Family Resource System, a collaboration of five community agencies in the Mission District. Through this collaboration IFR is able to provide case management, advocacy and mental health services for clients referred by Human Services Agency, including clients that are registered in the CBHS and CYF system of care. Over the years IFR has established strong links with the Human Services Agency and the San Francisco Family Court system, we provide consultation to the department as well as services, which places us in a strong position to advocate for our community and clients.

Service approaches include utilization of family and significant others in the process of intervention, a multidisciplinary team approach to the provision of services, reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems, program flexibility in how and where services are delivered in order to serve the mental health needs of the community.

IFR has historically provided services to clients with dual-diagnosis of substance abuse using both Abstinence and Harm Reduction based models. Intervention approaches include a multidisciplinary staff, the inclusion of family and significant others, utilization of community resources that will support recovery, as well as coordination with medical providers. In order to develop service capacity for dual diagnosed clients we have focused on training for staff that includes harm reduction philosophy. IFR will adopt CARF screening tool to determine clients needs for substance abuse services.

Adjunct Services:

La Cultura Cura staff will link clients to our culturally defined therapeutic drumming groups that target youth at risk, who are diagnosed with anxiety and/or depression and who may also have dual diagnosis of substance abuse. Youths are first assessed to identify their level of functioning in order to determine their appropriateness for group services.

A.1.h	CYF agency representatives attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score. <i>Note: including school-based programs</i>		X ICM
A.1.i	Outpatient clients opened will have a Re-assessment/Outpatient Treatment Report in the online record within 30 days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. Day Treatment clients have a Re-assessment/Outpatient Treatment report in the online record within 30 days of the 3 month anniversary of their episode opening date, and every 3 months thereafter For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>		X ICM
A.1.j	Outpatient clients opened will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of their Episode Opening. Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the 3 month anniversary and every 3 months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score. <i>Note: including school-based programs</i>		X ICM
A.1.k	Intensive Case Management providers will require that clinicians evaluate level of functioning for ALL CLIENTS by completing the Milestones of Recovery Scale (MORS). New clients will complete the MORS at intake, every month thereafter, and at discharge. Continuing clients will complete the MORS within 90 days of the new contract year, and every month thereafter, and at discharge. Providers must submit 75% of required MORS forms for all clients to pass this objective.	X Adult ICM Clients only	
A.1.l	Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths Assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.	X Adult ICM Clients only	
A.1.m	Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program performance objective, an 85% completion rate will be considered a passing score.	X Adult ICM Clients only	
Objective C.1: Access to Services			

C.1.a	The program will have at least 24 new client episode openings for Fiscal Year 2010-11. The number of targeted new client episode openings during FY 2010-11 will be individually negotiated with the Program Manager for each specific Intensive Case Management Program based on historical rate of episode openings and baseline profile of psychiatric stability of caseload.)		X ICM
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B. Other Objectives

La Cultura Cura staff will engage in a number of activities to enhance staff's capacity to deliver mental health services in accordance with CBHS integration objectives:

- Staff will participate in a series of trainings on co-occurring disorders
- Staff will participate in a CBT focused training
- Staff will participate in a series of trainings on "evidence based" or "evidence informed" practices most relevant to the Chicano/Latino community
- Staff will participate in all relevant CBHS trainings, particularly as it relates to compliance issues.
- IFR program staff will attend training on provision of services to the designated target population of the program, addressing issues regarding ethnicity, cultural background, gender, sexual orientation, creed or disability.

The following objectives will also be tracked:

Objective 1:

During Fiscal Year 2010-2011, 65% of participants will have completed their assigned community service hours as measured by self reporting, court documents, and documentation in the case manager's case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 2:

During Fiscal Year 2010-2011, 90% of participants will have enrolled in school or an appropriate educational setting as measured by self reporting, SFUSD progress reports, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 3:

During Fiscal Year 2010-2011, 35% of participants will not have an additional sustained petition or conviction as measured by self reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

Objective 4:

During Fiscal Year 2010-2011, 65% of participants will complete goals outlined in their initial service plan as measured by self reporting, court records, and documentation in the case manager case notes and program records. Program Manager and Mental Health Specialist will analyze and summarize objectives data.

C. Evaluation of Objectives

See 7A and 7B for Evaluation.

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services

8. Continuous Quality Improvement

IFR agrees to abide by the most current State approved Quality Management Plan. IFR will enhance, improve and monitor the quality of services delivered. IFR guarantees compliance with the Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

HIPPA Compliance Procedures:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The EIP Coordinator will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

In order to ensure quality services, LCC's case management staff will meet regularly with an assigned Mental Health Specialist (therapist/MHS) to discuss case matters that will inform the development of appropriate service/treatment goals and utilization of the CANS. Case Managers will also participate in bi-monthly case conferencing with a Licensed Clinical Social Worker. The MHS providing therapy services is provided with bi-weekly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions.

The Clinical Supervisor is responsible for reviewing the charts as indicated by his/her signature. In addition, the Program Coordinator conducts bi-monthly administrative supervision to review productivity, provide support regarding system issues impacting upon client services, review documentation for administrative compliance and ensure that staff follows program policies and procedures. The Program Coordinator also evaluates the staff development needs and creates plans of action and training objectives as indicated. Trainings provided by CBHS are attended by all clinicians. Those that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care, are a requirement for all clinicians.

Quality issues are addressed during bi-monthly multidisciplinary team meetings, during weekly QI/PURQC committee meetings, and during individual supervision. Every week, client charts are reviewed by the PURQC committee. QI procedures provide the opportunity to monitor the development of treatment plans of care, implementation of services, preventive interventions, chart content, chart order, billing issues, and an opportunity to meet PURQC authorization guidelines.

1. Program Information:

Indigena Health and Wellness Collaborative (IHWC)
Instituto Familiar de la Raza, Inc.
2919 Mission Street, San Francisco, CA 94110
Telephone: (415) 229 0500
Facsimile: (415) 647 3662

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

The Indigena Health and Wellness Collaborative is a partnership between Instituto Familiar de La Raza and Ascoacion Mayab that has the goal of improving the health and wellbeing of Indigena immigrant families by increasing access to health and social services, supporting spiritual and cultural activities that promote community building, strengthening social networks of support, and providing opportunities for healing as well as creating opportunities for early identification and interventions in families struggling to overcome trauma, depression, addictions, and other health and mental health problems.

4. Target Population

The target population for this project is Indigena immigrant families in San Francisco: comprised of mostly newly arrived young adults. The nearly 15,000 Maya-Yucatecos in San Francisco represent the largest and fastest growing Mayan immigrant community in the City. Other emerging Maya communities, including Mam and Quiché from Guatemala and Tzeltal and Chol from Chiapas account for an additional 4,000 to 6,000 more individuals.

Many of these individuals have relocated to the Mission and Tenderloin Districts and to the Geary Boulevard and Clement Street corridors in recent years. For the vast majority of these immigrants, their native languages are their primary and preferred means of communication at work, home, and in many other community settings.

A survey conducted by Mayan students at San Francisco's City College in 2003 showed that the vast majority of Mayans were solo males between the ages of 14-35 years old and that many of them had immigrated to the US less than five years ago. In recent years, more and more Indigena women have come to San Francisco to join their partners, bringing with them their children.

5. Modalities and Interventions

There are two components to the IHWC:

1. Cultura y Salud.

Cultura y Salud component focuses in providing opportunities for spiritual and emotional healing by organizing and sponsoring ceremonial, cultural and social gatherings and providing group education to families and individuals. Cultura y Salud will also provide individual health education and risk reduction services to individual and families identified to need additional support.

IFR will utilize traditional and contemporary interventions and venues to serve the target population. Spiritual ceremonies and cultural activities will be venues to inform, educate, and engage Indigenas. The Collaborative will utilize its extensive network of relationships with traditional healers and groups to integrate health promotion messages and HERR to into traditional celebration, ceremonies and other cultural activities. All interventions and activities will be provided in a culturally congruent manner. IFR Program staff will work closely with the partner agency to develop culturally congruent outreach materials and strategies that engage the target population and encourage their participation in the range of services provided within the collaborative. A community forum will be designed by

program staff on individual and collective trauma and integrative approaches to healing. The program will also organize a cultural summit that will bring together cultural organizations and community leaders to have a dialogue about culture, healing and wellness practices. This summit will also target a total of 50 UDCs. Other group interventions will include workshops on different health topics as well as cultural activities such as embroidery and webbing. Individual interventions including HERR counseling, crisis intervention and linkage will be provided to the target population by the Early Intervention Specialist assigned to this effort. If as a result of the services provided, clients are determined to require outpatient care, they will be linked to IFR's outpatient services or other appropriate settings for treatment, including mental health services, psychiatric monitoring and case management.

2. Indigena Health Promoters (Promotores) Program

Indigena Health Promoters Program component relies on a team of 6 Mayan speakers who have received training on outreach techniques, interpretation and health education. These promoters/promotores organize and facilitate activities ranging from cultural events, workshops on traditional arts and health education sessions to outreach, interpretation services and information and referral to community members as needed. This team of Health Promoters will support the program with outreach and in organizing group activities as well as providing a range of peer based interventions including peer support, translation, outreach and I&R. They will play a key role in recruitment of participants to attend ceremonies and cultural events, workshops, a community forum and the Encuentro de Culturas Indigenas de America summit, and also be present in these activities to provide outreach and education services to participants. Health Promoters will be mentored by professional staff in this collaborative to co-facilitate workshops, a community forum and participate as panelists in the Encuentro de Culturas Indigenas de America summit. The IHWC will sponsor group activities and workshops on cultural and artistic activities that will serve as venues to provide outreach, education and peer support to participants. A written Memorandum of Understanding (MOU) will be implemented between IFR and Asociacion Mayab. The MOU will detail administrative and programmatic roles and responsibilities, collaborative schedule of meetings; deliverables; co-location activities; financial agreements, reporting requirements, conflict resolution protocols and quality assurance guidelines based on scope of work across the collaborative.

Cultura y Salud UDC and UOS

Program A	B	C	D
Units of Service (UOS) Description	UOS	Number of Clients	UDC
Group Education Activities 1 Group/week x 5 participants/group = 5 participants/week 5 participants/week x 1 hour/session = 5UOS 5UOS x 16.50 Weeks = 82UOS 1 hr-Sessions Youth Summer Program/week x 5 participants/session = 5 5 x 7 weeks = 35UOS HE/EIS at 0.14 FTE x 35hrs x 36 x 66.33% LOE	117	50	50
Outreach and Education (0.20 FTE x 35Hrs per week x 36 Wks per year x 67.46%) LOE x 4 Promotores (Promotres will devote approximately 7hrs a week each to Outreach and Education activities under both components of the program)	680	300	300
Early Identification to Individuals and Families HE/EIS at 0.05 FTE x 35hrs x 44 x 65% LOE	50	50	50
Pro-Social Cultural Events - 6 Ceremonies x 3 hours = 18hours 30 participants per Ceremony 18UOS/Ceremony x 30participants = 540	940	280	50

<ul style="list-style-type: none"> 2 Group Activities: <ul style="list-style-type: none"> *Community Forum on Trauma *Encuentro de Culturas de America 2 events x 4 hours/event = 8hours 50 participants each event x 8hours x 50participants=400 (HE/EIS at 0.2 FTE x 35hrs x 44 x 65% =200 x 2) 			100
Total	1787	680	550

Indigena Health Promoters Program UOS and UDC

Program A	B	C	D
Units of Service (UOS) Description	UOS	Number of Clients	UDC
Group Education Activities 2 Groups/week x 8 participant/group=16 participants/week 16 participants/wk x 1hr/session=16 16 x 36 Weeks=576 UOS	576	100	50
Training and skills Development 7 hours of ongoing training throughout the contract period = 7hours x 4 Mayan Health Promoters= 28	28	6	6
Information and Referral (0.10 FTE x 35Hrs per week x 25 Wks per year x 68.86% LOE x 4 Promotores)	241	100	50
Total	845	206	106

6. Methodology

- A. Outreach efforts will include the following: Distribution of materials in settings where the target population congregates including restaurants; sports events; day labor sites such as Cesar Chavez, Mission Dolores Church; and street outreach in the Tenderloin and Geary Blvd corridor. Orientation to services for community based agencies will occur at designated staff meeting and be reinforced with a written description of the collaborative. Following the completion of training, Mayan Health Promoters will be positioned at 2-3 geographically strategic agencies and provide outreach to the target population. Asociacion Mayab has wide and strong networks in the local Mayan community that will also be used to distribute information and invite the community to participate in the activities planned by the program.
- B. Ceremonies, cultural events, and community forums will serve as the port of entry for clients to access additional services at IFR and other agencies as needed. During group events, a Behavioral Health Specialist will be present and available for one-on-one meetings with individuals and families who seek services. If these individuals require additional services, they will be referred to the appropriate program within IFR or to other agencies if needed. Promotores de Salud and other program staff will also be present in these group sessions and activities to assist participants with referrals and information as needed. Promotores de Salud will be responsible to follow up in these referrals and support clients with interpretation and navigation while accessing services at these agencies.

In addition, Health Promoters will be co-located at 2-3 agencies, where they will provide outreach, interpretation and information and referral services and assist providers at these agencies in passing out information and communicating with their indigenous clients. Promotores will engage in brief encounters with clients to conduct a quick needs assessment and provide referrals to services as needed. Promotres will be responsible to follow up on the status of these referrals and assist those clients who need it in accessing services. Promotores will have the support of a Health Educator/Early Intervention Specialist who will be available as a resource and for consultation.

C. Cultura y Salud Component

Cultural Events/Group Activities: These include ceremonies and other cultural and traditional activities existing in the community. Cultura y Salud will support these activities with materials, some organizational support, and will reach out to healers and community leaders to insert health messages during these activities and pass out information to participants about health and mental health resources. These activities include Dia de Los Muertos, Fiesta de Colores, Mayabuel, Año Nuevo Maya, and at least one of the traditional celebrations that Asociacion Mayab organizes annually.

Group activities also will include a community forum on trauma and a gathering of Indigena cultural groups called 'Encuentro de Culturas Indigenas de America.' Both of these activities will offer opportunities to pass out information and conduct our 'information and referral' and 'early identification' activities.

Group Education Activities: This will be a series of weekly stand-alone sessions on health topics for small groups of 5-10 participants. Groups will be facilitated by the HE/EIS with the support of Health Promotores. In addition to providing education and information to participants, the groups will serve as venues for outreach, early identification and to provide information and referral services as needed. These groups will be ongoing throughout the year and may include arts workshops such as embroidery and hammock making workshops or a Mayan language and culture youth summer program.

Early Identification: During group activities, a Behavioral Health Specialist will be present to provide one-on-one support to individuals and families that request mental health services. If needed, the Behavioral Health Specialist will refer these individuals to IFR's outpatient clinic or other services. Promotores and other program staff will also be present to support families with referrals to services and information about community resources for mental health and other social services. Early intervention will also include brief counseling for Risk Reduction and triaging into the system of care as indicated. This counseling and triaging will be provided by the BHS. Clients receiving early identification services will stay in our program for up to 3 months or upon successful linkage to appropriate services for those who need ongoing interventions.

Indigena Health Promoters (Promotores) Component

Training and Skill Development: Last year, a group of six Mayan Community Health Workers received training on outreach techniques, health education, and information and referral as well as on interpretation in health care settings. This year, this same group of Health Workers will continue their training with approximately 1-2 hours of continuous education a month for a period of 5-6 months. They will continue to receive training on specific areas of health promotion and about particular health topics affecting their community, such as substance abuse, mental health, diabetes, and other chronic diseases.

Outreach and Education: After completing their training, Promotores will be co-located between 2-3 agencies in the Mission and Tenderloin Districts. In these agencies, Promotores will engage in outreach (street and venue-based). Street outreach will target areas such as the Cesar Chavez Street corridor, Mission and 16th Streets, and Civic Center. Venue based outreach will be conducted during our group activities and sports events and cultural events organized by local Indigena organizations.

Information and Referral: Promotores de Salud will provide I&R services to families who need them. Promotores will engage in brief one-to-one encounters with community members seeking mental health or other services and provide referrals to services, as needed. Promotores will then follow up on the status of these referrals and assist clients who need interpretation and/or system navigation services. Promotores will receive supervision, clinical consultation, and

mentoring from the Senior Behavioral Specialist and administrative support from Asociacion Mayab's Program Liaison.

Group Education Activities: This will include workshops and other small cultural group activities that will serve as venues for participants to receive information about a variety of health topics, receive peer support, and form networks of support. Activities may include a Mayan Language and Culture Youth Summer Program, an embroidery group, hammock making class, and a dance class.

IFR is located at 2919 Mission Street and is open Monday-Friday between 9am-7pm and on Saturdays from 9am-2pm. IFR will serve as the general headquarters for the IHWC. At this location, all training, planning, and evaluation activities will occur. As the success of IHWC relies heavily on activities occurring in the community across locations, efforts will take place at various times and at locations listed earlier. Co-located staff will spend time at IFR and at Asociacion Mayab, located at 16th and Mission Streets. Asociacion Mayab is open Monday-Thursday 9am-5pm and Sunday, 4pm to 8pm.

D. Cultura y Salud: Cultural events are open to all interested individuals and families, exit criteria will only be developed for any behavioral health interventions.

E. Program Staffing: See Appendix B.

7. Objectives and Measurements

A. Outcome Objectives

	Objectives	MHSA
E, I, f	Prevention and Early Intervention (PEI) and Workforce Development, Education and Training (WDET) providers will work with MHSA and Contract Development and Technical Assistance staff to develop three outcomes objectives for their programs. One of the objectives should address community member/client satisfaction with program services.	X

B. Other Objectives

I. Cultura y Salud

A. Outcome Objectives	C. Evaluation
By the end of the contract period, 50% of participants in ceremonies and other cultural activities will have an increased awareness of the effects of trauma and other mental health disorders on the overall health and wellbeing of individuals and families.	This objective will be evaluated by conducting interviews with Community Healers and Leaders. In addition, for those who participate in the forum on trauma, we will apply pre and post surveys to assess the level of increased awareness and knowledge about trauma among participants in the forum.
By the end of the contract period, Indigena communities in San Francisco will have an increased capacity to provide cultural activities and traditional healing experiences to 150 community	This will be evaluated through interviews with community healers and leaders.

members who seek to participate in them	
B. Process Objectives	C. Evaluation
Provide health education and risk reduction information to 100 Indigena individuals participating in ceremonial and other cultural and group activities by June 2011	During the Ceremonies and cultural events, Promotores and program staff will be present to conduct a head count of the number of participants. During cultural events and group activities, where appropriate, sign-up sheets will be used to collect information from participants
Provide information about early identification and contemporary approaches to healing trauma to 50 Indigena individuals through a community forum and other cultural and group activities by June 2011	An attendance sign-up sheet used by Asociacion Mayab will be adapted to collect participant information during the community forum and the Encuentro de Culturas de America. For Ceremonies and other cultural events program, staff and promotores present will conduct a head count.

II. Maya Health Promoters Project

A. Outcome Objectives	C. Evaluation
By the end of the contract period, 50% of Maya individuals participating will have increased their level of community participation by actively engaging in ceremonial, cultural, and social activities.	We will collect participant information using sign-in sheets and track for those individuals who come for the first time and those who continue to return to participate in the activities. The assumption is that if someone comes back more than once to participate in the program activities it is because they feel comfortable and safe in the program and so become more engaged and active in the program activities.
By the end of the contract period, 50 Indigena individuals will have an increased awareness about the root causes and effects of trauma on the overall health and wellbeing of individuals and families and will have received information about community resources to address issues of trauma and mental health.	Sign-in sheets will be used at events to collect participant information as appropriate.

B. Process Objectives	C. Evaluation
Provide small group activities and workshops to 50 Indigena individuals throughout the year.	Activities may include cultural gatherings, workshops in traditional arts and ceremonial gatherings. During these activities we will use sign-in sheets to track the number of participants in these groups. We will keep track of those who attend for the first time and those who come more than once to measure for the level of engagement of participants in these activities.
Provide outreach and health education activities to 300 members of the Indigena communities by June 2011	Health Promoters will collect basic information about the individuals that they contact during their outreach activities. Information will be collected on forms designed for this purpose and entered into a computer system by a program assistant. This will allow the program to count the number of individuals contacted

	and the type of information that these individuals received during our outreach activities
Provide I&R, system navigation and cultural and linguistic interpretation services to 50 Mayan individuals and families by June 2011	Health Promoters will collect basic information about individuals that they provide I&R services to on forms specially designated for this purpose. Promotores will also document all follow up activities such as home visits and phone calls. All this information will be given to a program assistant who will enter it into a computer database to count the number and type of I&R activities provided by Promotores and other program staff

C. Evaluation of Objectives

See above for evaluation procedures.

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

Data Management: The Contractor collects and submits UOS and UDC data on all clients. All agencies receiving funding through MHSA are required to collect and submit UDC and services data through the DPH Client and Services Database. This is applicable for all "MHSA eligible clients" receiving services paid with any MHSA source of funding. Each MHSA funded agency participates in the planning and implementation of their respective agency into the Database. The agency complies with DPH policies and procedures for collecting and maintaining timely, complete, and accurate UDC and service information in the Database. New client registration data is entered within 48 hours or two working days after the data is collected. Service data for the preceding month, including units of services will be entered by the 15th working day of each month. The deliverables will be consistent with the information that is submitted to the appropriate DPH Budget and Finance section on the "Monthly Statement of Deliverables and Invoice" form.

8. Continuous Quality Improvement

Cultura y Salud: A Senior Behavioral Health Specialist will provide support and supervision to the Behavioral Health Specialist, Promotores de Salud, and other program staff with regards to clinical aspects of their work and serve as a resource for consultation and crisis intervention. The Senior BHS will provide group supervision to Promotores and BHS bi-weekly. The BHS will serve as a resource to- and supervise Promotores de Salud during weekly group consultation meetings. The Program Manager will provide administrative supervision to all staff and will coordinate training and curriculum development activities.

Maya Health Promoters: Health Promoters will be evaluated in their knowledge after finishing their training and will continue to receive training throughout the contract period. The Program Manager will be responsible for assessing training needs and coordinating these ongoing sessions of training. A Program Liaison at Asociacion Mayab will provide administrative and logistic support to the Promotores and the IHWC Program Manager will provide administrative support and ensure that Promotores continue to be engaged in outreach, education, and information and referral activities according to their capacity and skill level. Promotores will be supervised and supported by a BHS weekly (in groups) and bi-weekly with the SBHS for supervision, consultation and support.

HIPPA Compliance Procedures:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.

- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The EIP Coordinator will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The EIP Coordinator will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The EIP Coordinator will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The EIP Coordinator will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The EIP Coordinator will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

1. Program Information:

Community-Based Therapeutic Mentoring (CBTM) - formerly Clinical Mentoring
Instituto Familiar de la Raza Inc.
2919 Mission Street, San Francisco, CA 94110
Telephone: (415) 229-0569
Facsimile: (415) 647-0740

2. Nature of Document

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

The purpose of the IFR Community-Based Therapeutic Mentoring Program (CBTM) is to aid the Family Mosaic Project in maintaining children in the least restrictive setting, reducing the need for institutionalization and/or out-of-home placement, and improving clients' ability to function in the community. The IFR Mentoring Program will provide this service in a manner consistent with the overall mission of IFR. The goals are to:

- Utilize the client's culture as a resource for appropriate interventions
- Develop individual and family empowerment, and
- Reinforce the spiritual and cultural values of clients.

This is a cost reimbursement contract with CBHS for July 1st, 2010 through September 30th, 2010 (FY10-11).

4. Target Population

CBTM targets children and families served by the Family Mosaic Project (Mission, Bayview, and Chinatown sites). The Program is available children and youth 5-17 years old, who have been identified as having serious emotional problems and/or who have a diagnosable mental illness that places them at risk for out-of-home placement or a higher level of institutional care. Services are also available, as appropriate, for siblings of those identified clients as well as adult parents or guardians who are in need of support. Also targeted are children who are already in out-of-home placement (i.e., residential treatment facility, a psychiatric hospital, or living arrangement with someone other than the biological parent).

5. Modality(ies)/Interventions

Modalities of services include: assessment for matching, plan of care development, individual client mentoring, group mentoring, collateral contacts, and crisis intervention. One service unit is defined as a 60-minute increment of staff time.

The IFR Community-Based Therapeutic Mentoring Program will serve 13 unduplicated clients between July 1 and September 30th 2010.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Individual Mentoring (incl. all service modalities below and supervision/training time associated with services) 1.9 FTE x 13 weeks x 75% LOE	N/A	13
Total	N/A	13

Description of Service Modalities:

Assessment: Gathering information about the referred client's/family's and mentoring needs for the purpose of making an appropriate match with a mentor. Assessment activities include review of Plan of Care and interviews with Family Advocate/Care Manager, Parent/Guardian, Mentor, and Child, including the matching of the Client/family.

Individual: One-to-one mentoring with a client resulting in contact and intervention. The focus of these contacts is to make progress towards goals outlined in the child's Plan of Care. The number of weekly units will be determined by the individual service authorizations.

Group: Mentoring with at least one identified client and one to two other identified clients who have been screened for functioning within a group match. The focus of these contacts is to make progress towards goals outlined in the Plan of Care of the identified client. The number of weekly units will be determined by individual service authorizations.

Collateral: Face-to-face and telephone contact with other providers involved in the client's care will be provided, as appropriate. The client's Family Advocate/Care Manager and/or Mentor Supervisor will determine the frequency of mentor collateral contacts.

Crisis Intervention: One-to-one mentoring with a client/client's family to provide emergency mentoring services that will enable the client to cope with a crisis. This service is an unplanned activity that is based upon the client's immediate need for service intervention and is limited to stabilization of the presenting emergency. An individual service authorization will be issued to cover the number of additional service units provided in the crisis intervention.

6. Methodology

- A. Program outreach, recruitment, promotion, and advertisement: In order to facilitate the receipt of referrals, IFR will conduct informational in-services to FMP staff every four months or at the request of FMP. Program background, services offered, referral process, and relevant policies will be described. IFR will distribute a client-centered information sheet or brochure to FMP describing services, which will be used in the information packet for Clients.

Clients are referred through an internal referral process with Family Mosaic Project after their initial assessment and intake process.

- B. Program's admission, enrollment and/or intake criteria and process: Therapeutic mentoring is deemed appropriate when a Family Advocate/Care Manager or Clinician has assessed that a Client's present level of functioning can be improved or maintained with the attention of a one-to-one relationship not readily available within the Client's family or community. A Therapeutic Mentor enhances and supports existing primary/core services to the child or adolescent, and becomes part of the Client's treatment team.

Mentoring cases referred by FMP will be classified in levels, 1 – signifying a higher priority for matching and 2–signifying a priority for matching, but not as urgent as 1. Ratings will be done by the Clinical Supervisor at FMP.

No child/youth who meets the admission criteria of the Program will be denied access to services. However, the final “matching” of a client will depend on the availability of an appropriate Mentor who can adequately meet his/her needs and preferences, as well as the availability of Mentors in general.

- C. Program's service delivery model and how each service is delivered, e.g. phases of treatment, hours of operation, length of stay, locations of service delivery, frequency and duration of service, strategies for service delivery, wrap-around services, etc.:

Clients are matched with a Therapeutic Mentor in context of their culture, family, community, personality, and emotional needs as well as in context of the Mentor's cultural background and skills. In addition, attention is given to the stated preferences of the mentor, parent/guardian, and client. Our selection process is very deliberate

as we carefully consider these factors in determining the best possible "match." To initiate the match, the Mentor Supervisor first reviews the Client's referral form and discusses any additional concerns with the client's referring party. Based on the information gathered, the Mentor Supervisor then identifies an appropriate Mentor and arranges an assessment meeting with the Mentor and Family Advocate/Care Manager. During this meeting, client needs, treatment goals, and concerns are discussed. Following this meeting, a match meeting is scheduled with the Family Advocate, Mentor Supervisor, Client, and the Client's Parent/Guardian to discuss the Program, the Client's goals for mentoring, to set expectations, and to answer any questions/concerns. Once a match meeting has occurred, mentoring services will begin. Mentoring services are generally 4-8 hours per week, per client, depending on each client's service authorization, for 12 months. At the 12 month mark, the case will be evaluated to determine whether additional mentoring is necessary (and if so, for how long) or whether termination should begin/step-down into other community services.

Services will be delivered in community-based settings. During their time together, the Mentor provides the child/youth with whom he/she is "matched" (Mentee), the opportunity to participate in community activities which they may not otherwise have exposure to. By offering consistent and caring companionship, the Mentor gives direction through role modeling, reinforcing positive behavioral changes, attunement, and guiding his/her Mentee towards achieving personal goals.

The mission of the Community-Based Therapeutic Mentoring Program is to ultimately foster the child/youth's self-esteem and socialization skills so that he/she can: develop positive peer relationships; participate in organized extracurricular activities; acquire important life skills, and productively integrate into the community.

- D. Program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning:

IFR CBTM Program Staff (Mentors or designated staff) will attend FMPs Plan of Care/Treatment Team meetings for Clients, as requested by FMP to re-assess and further develop the Client's service goals.

Program staff will request that the client's Family Advocate/Care Manager provide adequate notice (at least 90 days) when there is an intention to terminate Mentoring Services. The Family Advocate/Care Manager is requested to inform the Mentor Supervisor directly of any changes in the direction or frequency of mentoring services *in writing*. In turn, the Mentor Supervisor will inform the client's Family Advocate/Care Manager directly of any intention to terminate mentoring services.

After 12 months of mentoring, IFR staff, in collaboration with FMP staff, will meet to assess whether there is a continued need for mentoring services or if a transition plan should be developed so that the client may step down into community services. Step-down activities will begin upon notice of termination with the focused attention to emancipation and empowerment.

- E. Program's staffing: Please refer to Appendix B.

7. Objectives and Measurements

The Program Manager, Mentor Supervisor(s), Mentors, FMP Family Advocates/Care Managers, and Administrative Support Staff will participate in data collection/evaluation activities.

- Direct services will be measured by an ongoing collection of data. Instruments used will be weekly Activity Reports and Monthly Progress Reports, which will be submitted to the child/youth's FMP Family Advocate/Care Manager, who will assess the Mentor's role in maintaining the stability of the client.
- CBTM Staff will develop, distribute and compile the results of an annual Parent and Client Satisfaction Survey, with the intent to identify areas for program development.

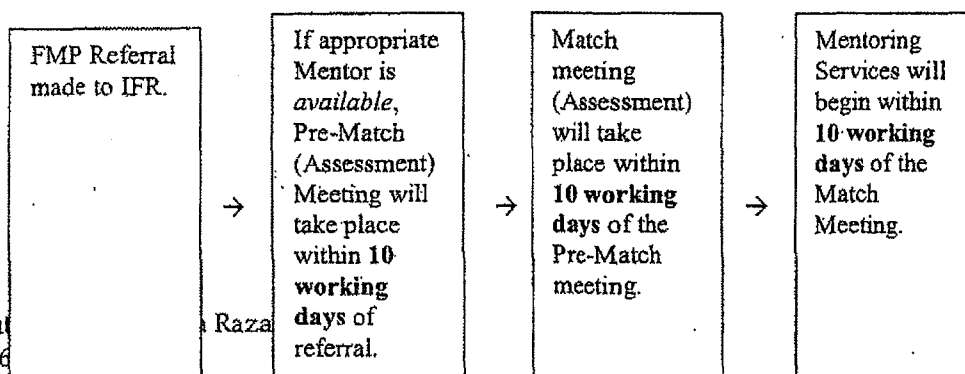
- CBTM Staff will provide Mentors with training sessions every other month, including an initial orientation addressing the Policies & Procedures Manual, child/adolescent development, mental health issues, and psychosocial risk factors in a culturally competent manner. Training evaluation surveys will be collected and analyzed after each training to assess the relevance, and effectiveness of the training component
- CBTM Staff will notify FMP of service utilization patterns, implementation issues, and service productivity levels through a quarterly program meeting. Data will be collected through monthly billing records and activity reports and will be compiled and analyzed through the program database.
- Mentors will receive clinical supervision on a bi-weekly-monthly basis by Mentor Supervisors who will utilize an approach based upon the theories of psychosocial theory and multicultural personality development. In certain cases, Mentors will receive clinical direction from, and support the methodology utilized by, the child's primary therapist. Mentor Supervisors will direct Mentors by providing reinforcement of the child's cultural strengths and identity, with an awareness of social factors.
- CBTM staff will meet with FMP Family Advocate/Care Manager on as needed basis/as requested to monitor progress towards mentoring goals and plan for the healthy transition of each client. A collaborative approach will be utilized to include the Mentor as an integral member of the child's team of providers, as he/she will receive information from and provide feedback to others involved in the treatment of the client.

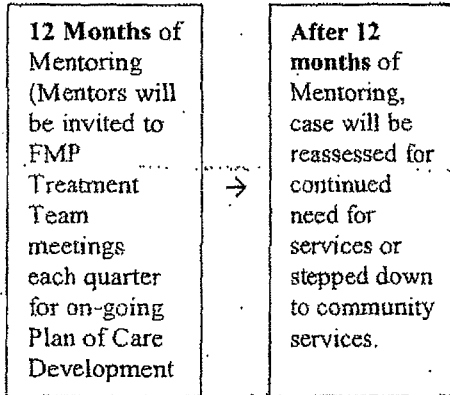
In addition, the CTBM Program agrees to provide service as outlined in the Program Procedures Manual, which includes:

- A definition of the priority target population
- A definition of the referral process
- An understanding of individual goals based upon the child's Plan of Care
- Initial and ongoing training to Mentors
- Supervision provided to Mentors
- An understanding of the role of the FMP Family Advocate/Care Manager and agency procedures; and
- A system of accountability based upon the biweekly Activities Reports, monthly Expense Reports, Monthly Progress Reports; and evaluation outcomes.

A. Performance/Outcome Objectives

- CBTM will serve at least 13 children/youth/adults referred by FMP identified as SED. This objective will be measured by data maintained by CBTM Program and FMP.
- Out of the total number of clients and family members who utilize mentoring services, 75% of those who terminate from the Program will have made continuous progress towards or achieved the goals outlined in the child's Plan of Care, as determined by the Monthly Progress Reports and FMP Family Advocate/Care Manager, and by the Mentoring Program's internal Progress Reports.
- Out of the total number of clients and family members who utilize mentoring services, 70% will show a favorable relationship with their Mentor and approval of activities, as determined by Parent and Client Satisfaction Surveys.
- IFR Mentoring Program will meet the following timeline in the provision of access to services for Clients referred:





B. Other Measurable Objectives

80% of active mentors will participate in service provision, supervision, training, appropriate documentation activities and other program activities, 80% of the available opportunities throughout the year, as specified in the mentor contract which will be evaluated through an annual performance evaluation.

C. Evaluation of Objectives

See above (7A and B) for evaluation procedures.

Electronic Recordkeeping and Data Collection Requirements: IFR has sufficient computing resources for staff to support direct real time data entry and documentation that provide for work flow management, data collection and documentation. Resources include hardware, software, connectivity, and IT support services.

8. Continuous Quality Improvement

The IFR Community-Based Therapeutic Mentoring Program agrees to abide by the quality assurance (QA) requirements, as they are developed and implemented by FMP. IFR quality assurance activities include scheduled supervision, reporting and documentation, and ongoing training of Mentors. The CBTM Program also agrees to participate in the development and implementation of QA, HIPPA, and Cultural Competency requirements, as requested by CBHS.

HIPPA Compliance Procedures:

- A. DPH Privacy Policy is integrated in the contractor's governing policies and procedures regarding patient privacy and confidentiality. The Executive Director will ensure that the policy and procedures, as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- B. All staff who handles patient health information is trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The Program Manager will ensure that documentation shows that all staff has been trained.
- C. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."

- D. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The Program Manager will ensure the presence and visibility of posting in said areas.
- E. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- F. Authorization for disclosure of a client's health information is obtained prior to release: (1) to provider outside the DPH Safety Net; or (2) from a substance abuse program. The Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

Appendix B
Calculation of Charges

1. Method of Payment

FFS Option

A. Contractor shall submit monthly invoices by the fifteenth (15th) working day of each month, in the format attached in Appendix F, based upon the number of units of service that were delivered in the immediately preceding month. All deliverables associated with the Services listed in Section 2 of Appendix A, times the unit rate as shown in the Program Budgets listed in Section 2 of Appendix B shall be reported on the invoice(s) each month

Actual Cost

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 Adult Outpatient Behavioral Health Clinic

Appendix B-1a Addendum to the CBHS Adult Mental/Behavioral Health Contract for FY 10-11

Appendix B-2 Child Outpatient Behavioral Health Services (General Fund)

Appendix B-2a Child Outpatient Behavioral Health Services (EDSDT)

Appendix B-3 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix B-4 Mental Health Consultation/SED Classroom

Appendix B-5 Early Intervention Program Consultation, Affirmation, Resources, Education

Appendix B-6 Early Intervention Program Child Care Mental Health Consultation Initiative

Appendix B-7 La Cultura Cura Program – Trauma Recovery and Healing Services

Appendix B-8 La Cultura Cura Intensive Home Based Supervision/EPSTD

Appendix B-9 Indigena Health and Wellness Collaborative

Appendix B-10 Community-Based Therapeutic Mentoring

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$1,523,482 is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term shall be as follows:

Term	Amount
07/01/2010-06/30/2011	\$ 2,372,566
07/01/2011-06/30/2012	\$ 2,294,025
07/01/2012-06/30/2013	\$ 2,294,025
07/01/2013-06/30/2014	\$ 2,294,025

07/01/2014-06/30/2015
07/01/2015-12/31/2015

\$ 2,294,025
\$ 1,147,013
Contingency \$ 1,523,482
Total \$14,219,161

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure

D. Contractor further understands that \$1,211,814 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000052 is included in this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000052 for the Fiscal Year 2010-11.

E. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, -CITY agrees to make an initial payment to the CONTRACTOR of Four Hundred Fifty One Thousand Seventy Two Dollars (\$451,072). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one tenth (1/10) of the initial payment for the period October 1, 2010 through March 31, 2011. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

FFS option

F. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

Actual Cost Option

F. A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

DPH 1: Department of Public Health Contract Budget Summary

Appendix B Page 1 of 3

CONTRACT TYPE - This contract is:		New	Renewal	Modification		
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)		
LEGAL ENTITY NUMBER:		00336		7/1/2010		
LEGAL ENTITY/CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.						
APPENDIX NUMBER	B-1	B-2	B-2a	B-3	B-4	TOTAL
PROVIDER NUMBER	3818	3818	3818	3818	3818	
PROVIDER NAME:	Adult Outpatient	Child Outpatient	Children EPSDT	El - Childcare MH Consultation Initiative	DMS-CYF MH Consult/SED Classroom	
CBHS FUNDING TERM: 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11 7/1/10-6/30/11						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	505,689	106,965	91,439	442,695	38,120	1,184,788
OPERATING EXPENSE	51,872	12,570	14,665	51,876	4,248	135,231
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	557,541	119,535	106,104	494,471	42,368	1,320,019
INDIRECT COST AMOUNT	66,903	14,345	12,735	59,338	5,083	158,404
INDIRECT %	12%	12%	12%	12%	12%	
TOTAL FUNDING USES:	624,444	133,880	118,839	553,809	47,451	1,478,423
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	94,186	26,110	56,500	19,680	9,990	208,466
ARRA SDMC FFP (11.59)	21,832	6,055	13,560	4,562	2,316	48,325
STATE REVENUES - click below						
MHSA						
EPSDT State Match			39,090	13,150		52,240
GRANTS - click below						
Family Mosaic Capitated MediCal		740				740
PRIOR YEAR ROLL OVER - click below						
MHSA						
WORK ORDERS - click below						
Dept of Children, Youth & Families				36,134		36,134
Dept of Children, Youth & Families VP local match						
Dept of Children, Youth & Families Violence Prevention						
HSA (Human Svcs Agency)				272,866		272,866
First Five (SF Children & Family Commission) SRI-FRC w/o				48,000		48,000
First Five (SF Children & Family Commission) PFA w/o				155,660		155,660
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS	82,610	20,077			12,419	115,106
COUNTY GENERAL FUND	425,816	80,888	7,689	3,757	22,726	540,886
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	624,444	133,880	118,839	553,809	47,451	1,478,423
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	624,444	133,880	118,839	553,809	47,451	1,478,423
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	624,444	133,880	118,839	553,809	47,451	1,478,423

DPH 1: Department of Public Health Contract Budget Summary

Appendix B Page 2 of 3

CONTRACT TYPE - This contract is:		New	Renewal	Modification		Appendix B Page 2 of 3	
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)			
LEGAL ENTITY NUMBER:		00336				7/1/2010	
LEGAL ENTITY/CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.							
APPENDIX NUMBER	B-5	B-6	B-7	B-8	B-9		
PROVIDER NUMBER	3818	3818	3818	3818	3818		
PROVIDER NAME:	MHSA PEI-School Based Youth-Centered Wellness	MHSA PEI-Early Childhood Mental Health Consultation	MHSA - Trauma Recovery & Healing Services (Cost Reimburs.)	La Cultura Cura (HBS/EPSDT Services)	Indigena Health & Wellness COLL (Cost Reimburs.)	TOTAL	
CBHS FUNDING TERM	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	116,970	33,370	97,007	196,950	152,244	596,541	
OPERATING EXPENSE	30,353	4,130	13,350	26,265	102,158	176,256	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	147,323	37,500	110,357	223,215	254,402	772,797	
INDIRECT COST AMOUNT	17,677	4,500	13,243	26,785	20,598	82,803	
INDIRECT %	12%	12%	12%	12%	8%		
TOTAL FUNDING USES:	165,000	42,000	123,600	250,000	275,000	865,600	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)				65,630		65,630	
ARRA SDMC FFP (11.59)				15,212		15,212	
STATE REVENUES - click below							
MHSA	150,000	42,000	123,600		250,000	565,600	
EPSDT State Match				44,158		44,158	
GRANTS - click below							
Family Mosaic Capitated MediCal							
PRIOR YEAR ROLL OVER - click below							
MHSA							
WORK ORDERS - click below							
Dept of Children, Youth & Families							
Dept of Children, Youth & Families VP local match				6,250		6,250	
Dept of Children, Youth & Families Violence Prevention				118,750		118,750	
HSA (Human Svcs Agency)							
First Five (SF Children & Family Commission) SRI-FRC w/o							
First Five (SF Children & Family Commission) PFA w/o							
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	160,000	42,000	123,600	260,000	250,000	815,600	
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	160,000	42,000	123,600	260,000	250,000	815,600	
NON-DPH REVENUES - click below							
Others	15,000				25,000	40,000	
TOTAL NON-DPH REVENUES	15,000				25,000	40,000	
TOTAL REVENUES (DPH AND NON-DPH)	175,000	42,000	123,600	260,000	275,000	865,600	

CONTRACT TYPE - This contract is:		New	Renewal	Modification
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID: USE ONLY
LEGAL ENTITY NUMBER:		00336		7/1/2010
LEGAL ENTITY/CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.				
APPENDIX NUMBER	B-10			
PROVIDER NUMBER	3818			
PROVIDER NAME:	Mentoring (Cost Reimbursement)			TOTAL
CBHS FUNDING TERM	7/1/10-6/30/10			
FUNDING USES:				
SALARIES & EMPLOYEE BENEFITS	39,454			1,820,783
OPERATING EXPENSE	30,675			342,162
CAPITAL OUTLAY (COST \$5,000 AND OVER)				
SUBTOTAL DIRECT COSTS	70,129			2,162,945
INDIRECT COST AMOUNT	8,414			249,621
INDIRECT %	12%			12%
TOTAL FUNDING USES:	78,543			2,412,566
MENTORING HEALTH FUNDING SOURCES				
FEDERAL REVENUES - click below				
SDMC Regular FFP (50%)				274,096
ARRA SDMC FFP (11.59)				63,537
STATE REVENUES - click below				
MHSA	8,498			574,098
EPSDT State Match				96,398
GRANTS - click below				
Family Mosaic Capitated MediCal	45,130			45,870
PRIOR YEAR ROLL OVER - click below				
MHSA				
WORK ORDERS - click below				
Dept of Children, Youth & Families				36,134
Dept of Children, Youth & Families	VP local match			6,250
Dept of Children, Youth & Families	Violence Prevention			118,750
HSA (Human Svcs Agency)				272,866
First Five (SF Children & Family Commission)	SRI-FRC w/o			48,000
First Five (SF Children & Family Commission)	PFA w/o			155,650
3RD PARTY PAYOR REVENUES - click below				
REALIGNMENT FUNDS				
COUNTY GENERAL FUND	24,915			556,801
TOTAL MENTORING HEALTH FUNDING SOURCES				
CBHS SUBSTANCE ABUSE FUNDING SOURCES				
FEDERAL REVENUES - click below				
STATE REVENUES - click below				
GRANTS/PROJECTS - click below				
WORK ORDERS - click below				
3RD PARTY PAYOR REVENUES - click below				
COUNTY GENERAL FUND				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				
TOTAL DPH REVENUES				
NON-DPH REVENUES - click below				
Others				40,000
TOTAL NON-DPH REVENUES				
TOTAL REVENUES (DPH AND NON-DPH)				
Prepared by/Phone #: Benny Ng 415-229-0546				

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11		APPENDIX #:	B-1 Page 1 of 3	
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.		PROVIDER #:	3818	
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.			7/1/2010	
REPORTING UNIT NAME:	Adult Outpatient	Adult Outpatient	Adult Outpatient	Adult Outpatient	Adult Outpatient
REPORTING UNIT:	38183	38183	38183	38183	38183
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09	
SERVICE DESCRIPTION	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Law Enforcement Svcs
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	199,516	48,367	3,023	36,276	15,115
OPERATING EXPENSE	20,325	4,927	308	3,695	1,540
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	219,840	53,295	3,331	39,971	16,655
INDIRECT COST AMOUNT	26,380	6,395	400	4,796	1,998
TOTAL FUNDING USES:	246,220	59,690	3,731	44,767	18,653
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
SDMC Regular FFP (50%)	37,138	9,003	563	6,752	2,813
ARRA SOMC FFP (11.59)	8,608	2,067	130	1,565	652
STATE REVENUES - click below					
GRANTS - click below					
CFDA #:					
Please enter other here if not in pull down					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS	32,573	7,897	494	5,922	2,468
COUNTY GENERAL FUND	167,901	40,703	2,544	30,527	12,720
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	246,220	59,690	3,731	44,767	18,653
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below					
CFDA #:					
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	246,220	59,690	3,731	44,767	18,653
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	246,220	59,690	3,731	44,767	18,653
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²	94,337	12,384	981	22,162	9,234
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.82	3.88	2.02	2.02
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.82	3.88	2.02	2.02
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	126	126	126	126	126

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: 15 min, 30 min, 45 min, 1 hr, 1.5 hr, 2 hr, 2.5 hr, 3 hr, 4 hr, 5 hr, 6 hr, 7 hr, 8 hr, 9 hr, 10 hr, 11 hr, 12 hr, 13 hr, 14 hr, 15 hr, 16 hr, 17 hr, 18 hr, 19 hr, 20 hr, 21 hr, 22 hr, 23 hr, 24 hr

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-1 Page 2 of 3			
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818			
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010			
REPORTING UNIT NAME:	Adult Outpatient					
REPORTING UNIT:	38183					
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59					
SERVICE DESCRIPTION	MH Svcs					
CBHS FUNDING TERM:	7/1/10-6/30/11					
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	71,255	17,274	3,239	32,389	5,398	129,555
OPERATING EXPENSE	7,259	1,760	330	3,300	550	13,198
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	78,514	19,034	3,569	35,689	5,948	142,753
INDIRECT COST AMOUNT	9,422	2,284	428	4,282	714	17,130
TOTAL FUNDING USES:	87,936	21,318	3,997	39,971	6,662	159,883
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	13,263	3,215	603	6,029	1,005	24,115
ARRA SDMC FFP (11.59)	3,074	745	140	1,397	233	5,590
STATE REVENUES - click below						
GRANTS - click below						
CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS	11,633	2,820	529	5,288	881	21,152
COUNTY GENERAL FUND	59,964	14,537	2,726	27,257	4,543	109,026
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	87,936	21,318	3,997	39,971	6,662	159,883
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	87,936	21,318	3,997	39,971	6,662	159,883
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	87,936	21,318	3,997	39,971	6,662	159,883
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	33,692	4,423	1,030	19,788	3,298	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.82	3.88	2.02	2.02	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.82	3.88	2.02	2.02	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)						
UNDULICATED CLIENTS	45	45	45	45	45	

¹Units of Service: Days, Client Day, Full Day/Half-Day

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-1 Page 3 of 3
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010
REPORTING UNIT NAME:			
REPORTING UNIT:	38183		
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29		
SERVICE DESCRIPTION	Community Client Svcs		TOTAL
CBHS FUNDING TERM:	7/1/2010-6/30/11		
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	73,817		73,817
OPERATING EXPENSE	7,878		7,878
CAPITAL OUTLAY (COST \$5,000 AND OVER)			
SUBTOTAL DIRECT COSTS	81,695		81,695
INDIRECT COST AMOUNT	9,805		9,805
TOTAL FUNDING USES:	91,500		91,500
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:			
FEDERAL REVENUES - click below			
SOMC Regular FFP (50%)	13,801		13,801
ARRA SOMC FFP (11.59)	3,199		3,199
STATE REVENUES - click below			
GRANTS - click below	CFDA #:		
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
WORK ORDERS - click below			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
REALIGNMENT FUNDS	12,105		12,105
COUNTY GENERAL FUND	62,395		62,395
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	91,500		91,500
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below	CFDA #:		
Please enter other here if not in pull down			
WORK ORDERS - click below			
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
TOTAL DPH REVENUES	91,500		91,500
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES			
TOTAL REVENUES (DPH AND NON-DPH)	91,500		91,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹			
UNITS OF TIME ²	1		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)			
UNDULICATED CLIENTS	107		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-2		
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.				PROVIDER #:		3818
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010		
REPORTING UNIT NAME:		Outpatient	Outpatient	Outpatient	Outpatient	Outpatient		
REPORTING UNIT:		38186	38186	38186	38186	38186		
MODE OF SVCS / SERVICE FUNCTION CODE		15/10-59	15/60-69	15/70-79	15/01-09	45/20-29		
SERVICE DESCRIPTION		MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Outpatient Group Therapy Svcs	TOTAL	
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS		84,887	5,225	1,278	2,827	12,747	106,965	
OPERATING EXPENSE		9,976	614	150	332	1,498	12,570	
CAPITAL OUTLAY (COST \$5,000 AND OVER)								
SUBTOTAL DIRECT COSTS		94,863	5,839	1,429	3,159	14,245	119,535	
INDIRECT COST AMOUNT		11,384	701	171	379	1,710	14,345	
TOTAL FUNDING USES:		106,247	6,540	1,600	3,538	15,955	133,880	
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)		23,524	1,448	354	783		26,110	
ARRA SDMC FFP (11.59)		5,456	336	82	182		6,056	
STATE REVENUES - click below								
GRANTS - click below								
CFDA #:								
Capitated Medicaid		740					740	
PRIOR YEAR ROLL OVER - click below								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
REALIGNMENT FUNDS		18,089	1,113	272	602		20,077	
COUNTY GENERAL FUND		58,439	3,643	891	1,970	15,955	80,898	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		106,247	6,540	1,600	3,538	15,955	133,880	
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
FEDERAL REVENUES - click below								
STATE REVENUES - click below								
GRANTS/PROJECTS - click below								
CFDA #:								
Please enter other here if not in pull down								
WORK ORDERS - click below								
Please enter other here if not in pull down								
3RD PARTY PAYOR REVENUES - click below								
Please enter other here if not in pull down								
COUNTY GENERAL FUND								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
TOTAL DPH REVENUES		106,247	6,540	1,600	3,538	15,955	133,880	
NON-DPH REVENUES - click below								
TOTAL NON-DPH REVENUES								
TOTAL REVENUES DPH AND NON-DPH		106,247	6,540	1,600	3,538	15,955	133,880	
CBHS UNITS OF SVCS/TIME AND UNIT COST:								
UNITS OF SERVICE ¹								
UNITS OF TIME ²		40,708	1,357	412	1,751	230		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.61	4.82	3.88	2.02	69.37		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.61	4.82	3.88	2.02	69.37		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)								
UNDUPPLICATED CLIENTS		44	44	44	44	44		

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-2a	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:		Children EPSDT	Children EPSDT	Children EPSDT	Children EPSDT		
REPORTING UNIT:		38185	38185	38185	38185		
MODE OF SVCS / SERVICE FUNCTION CODE		15/10-59	15/60-69	15/70-79	15/01-09		
SERVICE DESCRIPTION		MH Svcs	Medication Support	Crisis Intervention- OP	Case Mgt Brokerage	TOTAL	
CBHS FUNDING TERM:		7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS		81,074	2,348	3,436	4,581	91,439	
OPERATING EXPENSE		13,003	377	651	735	14,666	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS		94,077	2,725	3,987	5,316	106,104	
INDIRECT COST AMOUNT		11,291	327	478	638	12,735	
TOTAL FUNDING USES:		105,368	3,052	4,465	5,954	118,839	
CBHS MENTAL HEALTH FUNDING SOURCES:							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		51,869	1,502	2,188	2,931	58,500	
ARRA SDMC FFP (11.59)		12,023	348	509	679	13,560	
STATE REVENUES - click below							
EPSDT State Match		34,659	1,004	1,469	1,958	39,090	
GRANTS - click below		CFDA #:					
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND		6,817	197	289	385	7,689	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		105,368	3,052	4,465	5,954	118,839	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below		CFDA #:					
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		105,368	3,052	4,465	5,954	118,839	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)		105,368	3,052	4,465	5,954	118,839	
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²		40,371	633	1,151	2,947		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.61	4.82	3.88	2.02		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.61	4.82	3.88	2.02		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		50	50	50	50		

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-3 Page 1 of 3	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:		Childcare/MH Consultation Individual		Childcare/MH Consultation Individual		Childcare/MH Consultation Individual	
REPORTING UNIT:		38182		38182		38182	
MODE OF SVCS / SERVICE FUNCTION CODE		45/20-29		45/20-29		45/20-29	
SERVICE DESCRIPTION		Consultation (Group/Community Client Svcs)		Consultation (Individuals/Community Client Svcs)		Consultation (Group/Community Client Svcs)	
CBHS FUNDING TERM:		7/1/10-6/30/11		7/1/10-6/30/11		7/1/10-6/30/11	
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS		121,032	112,867	44,774	26,594	3,780	308,048
OPERATING EXPENSE		14,186	13,229	5,248	3,000	443	36,106
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS		135,218	126,096	50,022	28,594	4,223	344,154
INDIRECT COST AMOUNT		16,227	15,132	6,003	3,431	507	41,299
TOTAL FUNDING USES:		151,445	141,228	56,025	32,025	4,730	385,453
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)							
ARRA SDMC FFP (11.59)							
STATE REVENUES - click below							
MHSA							
EPSDT State Match							
GRANTS - click below		CFDA #:					
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Dept of Children, Youth & Families		10,674	9,954	3,949	2,267	333	27,168
HSA (Human Svcs Agency)		80,607	75,169	29,820	17,045	2,518	205,159
First Five (SF Children & Family Commission) VP local match		14,180	13,223	5,246	2,998	443	36,090
First Five (SF Children & Family Commission) Violence Prev		45,984	42,881	17,011	9,724	1,436	117,036
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		151,445	141,228	56,025	32,025	4,730	385,453
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below		CFDA #:					
Please enter other here if not in pull down							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		151,445	141,228	56,025	32,025	4,730	385,453
NON-DPH REVENUES - click below							
Others							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)		151,445	141,228	56,025	32,025	4,730	385,453
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²		2,019	1,883	747	427	43	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		75.00	75.00	75.00	75.00	110.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		75.00	75.00	75.00	75.00	110.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		752	752	752	752	752	

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: Minutes (15 = 1 Hour), All Month, All Year, Q1, Q2, Q3, Q4

CAL YEAR: Fy 10-11		APPENDIX #: B-3 Page 2 of 3				
LEGAL ENTITY NAME: Instituto Familiar de la Raza, Inc.		PROVIDER #: 3818				
PROVIDER NAME: Instituto Familiar de la Raza, Inc.		7/1/2010				
REPORTING UNIT NAME:	El - Childcare/MH Consultation Initiative	El - Childcare/MH Consultation Initiative	El - Childcare/MH Consultation Initiative	El - Childcare/MH Consultation Initiative	El - Childcare/MH Consultation Initiative	
REPORTING UNIT:	38182	38182	38182	38182	38182	
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	15/10-59	15/70-79	
SERVICE DESCRIPTION	Direct Services (Individuals/Only Client Svcs)	Outreach & Linkage/Only Client Svcs	Evaluation Services/Only Client Svcs	EPSTD - MH Services	EPSTD - Crisis Intervention	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	19,720	61,456	20,485	31,687	432	133,780
OPERATING EXPENSE	2,311	7,203	2,401	3,714	51	15,680
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	22,031	68,660	22,887	35,401	482	149,460
INDIRECT COST AMOUNT	2,644	8,239	2,748	4,248	58	17,936
TOTAL FUNDING USES:	24,675	76,899	25,633	39,649	540	167,396
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)				18,963	258	19,221
ARRA SDMC FFP (11.59)				4,396	60	4,456
STATE REVENUES - click below						
EPSTD State Match				12,671	173	12,843
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Dept of Children, Youth & Families	1,739	5,420	1,807			8,966
HSA (Human Svcs Agency)	13,133	40,930	13,643			67,707
First Five (SF Children & Family Commission) VP local match	2,310	7,200	2,400			11,910
First Five (SF Children & Family Commission) Violence Prev	7,492	23,349	7,783			38,624
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND				3,620	49	3,669
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	24,675	76,899	25,633	39,649	540	167,396
DPH SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL DPH SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	24,675	76,899	25,633	39,649	540	167,396
NON-DPH REVENUES - click below						
Others						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	24,675	76,899	25,633	39,649	540	167,396
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	329	1,025	342	15,191	139	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	75.00	75.00	75.00	2.61	3.88	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	75.00	75.00	75.00	2.61	3.88	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDULICATED CLIENTS	752	752	752	8	8	

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-3 Page 3 of 3	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:		EP - Childcare/MH Consultation					
REPORTING UNIT:		38182					
MODE OF SVCS / SERVICE FUNCTION CODE		15/01-09					
SERVICE DESCRIPTION		EPSDT - Case Mgmt/Behavioral				TOTAL	
CBHS FUNDING TERM:		7/1/10-6/30/11					
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS		767				442,595	
OPERATING EXPENSE		90				51,876	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS		857				494,471	
INDIRECT COST AMOUNT		103				59,338	
TOTAL FUNDING USES:		960				553,809	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		459				19,690	
ARRA SDMC FFP (11.59)		106				4,562	
STATE REVENUES - click below							
EPSDT State Match		307				13,150	
GRANTS - click below		CFDA #:					
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Dept of Children, Youth & Families						36,134	
HSA (Human Svcs Agency)						272,866	
First Five (SF Children & Family Commission)						48,000	
First Five (SF Children & Family Commission)						155,669	
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND		88				3,757	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		960				553,809	
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below		CFDA #:					
Please enter other here if not in pull down							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES		960				553,809	
NON-DPH REVENUES - click below							
Others							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)		960				553,809	
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²		475					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		2.02					
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		2.02					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS		8					

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: 15M Made 45 - Minutes/15M Made 10 - SEC 20-25-Hours

CAL YEAR: Fy 10-11		PENDIX #: B-4	
LEGAL ENTITY NAME: Instituto Familiar de la Raza, Inc.		PROVIDER #: 3818	
PROVIDER NAME: Instituto Familiar de la Raza, Inc.		7/1/2010	
REPORTING UNIT NAME:	DMSC-CY-MH Consolidated Classroom	DMSC-CY-MH Consolidated Classroom	DMSC-CY-MH Consolidated Classroom
REPORTING UNIT:	3818SD	3818SD	3818SD
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	45/10-19
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs	Indirect Support Promotion
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	5,222	25,274	7,624
OPERATING EXPENSE	582	2,817	850
CAPITAL OUTLAY (COST \$5,000 AND OVER)			
SUBTOTAL DIRECT COSTS	5,804	28,091	8,473
INDIRECT COST AMOUNT	696	3,370	1,017
TOTAL FUNDING USES:	6,500	31,461	9,490
CBHS/MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)	1,368	6,624	1,998
ARRA SDMC FFP (11.59)	317	1,536	463
STATE REVENUES - click below			
GRANTS - click below			
CFDA #:			
Please enter other here if not in pull down			
PRIOR YEAR ROLL OVER - click below			
WORK ORDERS - click below			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
REALIGNMENT FUNDS	1,701	8,234	2,484
COUNTY GENERAL FUND	3,113	15,068	4,545
TOTAL CBHS/MENTAL HEALTH FUNDING SOURCES	6,500	31,461	9,490
CBHS/SUBSTANCE ABUSE FUNDING SOURCES			
FEDERAL REVENUES - click below			
STATE REVENUES - click below			
GRANTS/PROJECTS - click below			
CFDA #:			
Please enter other here if not in pull down			
WORK ORDERS - click below			
Please enter other here if not in pull down			
3RD PARTY PAYOR REVENUES - click below			
Please enter other here if not in pull down			
COUNTY GENERAL FUND			
TOTAL CBHS/SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL DPH REVENUES	6,500	31,461	9,490
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES			
TOTAL REVENUES (DPH AND NON-DPH)	6,500	31,461	9,490
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹			
ITS OF TIME ²	8,000	18,877	8,760
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.08	1.67	1.08
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.08	1.67	1.08
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDULICATED CLIENTS	8	8	8

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-5 Page 1 of 3	
LEGAL ENTITY NAME:		Instituto Familiar de la Raza, Inc.		PROVIDER #:		3818	
PROVIDER NAME:		Instituto Familiar de la Raza, Inc.				7/1/2010	
REPORTING UNIT NAME:	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness		
REPORTING UNIT:	3818-	3818-	3818-	3818-	3818-		
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29		
SERVICE DESCRIPTION	Consultation - Group/Cmmty Client Svcs	Consultation - Individual/Cmmty Client Svcs	Consultation Class/Child Observation/Cm mty Client Svcs	Training to Providers/Parent al /Cmmty Client Svcs	Therapeutic Group (Direct Service)/Cmmty Client Svcs	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	28,073	28,073	19,495	11,307	2,666	89,614	
OPERATING EXPENSE	3,685	3,685	2,559	1,484	376	11,789	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	31,758	31,758	22,054	12,791	3,242	101,603	
INDIRECT COST AMOUNT	4,242	4,242	2,946	1,709	433	13,573	
TOTAL FUNDING USES:	36,000	36,000	25,000	14,500	3,676	115,176	
CBHS MENTAL HEALTH FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA	32,400	32,400	22,500	13,050	3,308	103,658	
GRANTS - click below	CFDA #:						
Please enter other here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	32,400	32,400	22,500	13,050	3,308	103,658	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below	CFDA #:						
Please enter other here if not in pull down							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	32,400	32,400	22,500	13,050	3,308	103,658	
NON-DPH REVENUES - click below							
Others	3,600	3,600	2,500	1,450	368	11,518	
TOTAL NON-DPH REVENUES	3,600	3,600	2,500	1,450	368	11,518	
TOTAL REVENUES (DPH AND NON-DPH)	36,000	36,000	25,000	14,500	3,676	115,176	
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²	360	360	250	145	20		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	100.00	100.00	100.00	100.00	183.78		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	90.00	90.00	90.00	90.00	165.38		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	470	470	470	470	470		

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:		Fy 10-11		APPENDIX #:		B-5 Page 2 of 3	
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¹Units of Service: Days, Client Day, Full Day/Half-Day

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.					PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.					7/1/2010	
REPORTING UNIT NAME:	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness	MHSA PEI- School-Based Youth-Centered Wellness		
REPORTING UNIT:	3818-	3818-	3818-	3818-	3818-		
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29		
SERVICE DESCRIPTION	Parental Engagement/Cmnty Client Svcs	Outreach & Linkage/Cmnty Client Svcs	Evaluation Services/Cmnty Client Svcs	Support for Families-Consult. Group/Cmnty Client Svcs	Support for Families - Consult Individual/Cmnty Client Svcs	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	3,762	17,546	5,849				27,156
OPERATING EXPENSE	494	2,303	768	6,615	4,355		14,534
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	4,256	19,848	6,616	6,615	4,355		41,690
INDIRECT COST AMOUNT	569	2,652	884				4,104
TOTAL FUNDING USES:	4,824	22,500	7,500	6,615	4,355		45,794
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA	4,342	20,250	6,760	6,615	4,355		42,312
GRANTS - click below CFDA #:							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Dept of Children, Youth & Families							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	4,342	20,250	6,760	6,615	4,355		42,312
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	4,342	20,250	6,760	6,615	4,355		42,312
NON-DPH REVENUES - click below							
Others	482	2,250	750				3,482
TOTAL NON-DPH REVENUES	482	2,250	750				3,482
TOTAL REVENUES (DPH AND NON-DPH)	4,824	22,500	7,500	6,615	4,355		45,794
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²	53	612	204	80	79		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	91.88	36.76	36.76	82.69	55.13		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	82.69	33.08	33.08	82.69	55.13		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)							
UNDUPLICATED CLIENTS	470	470	470	25	25		

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: Fy 10-11

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¹Units of Service: Days, Client Day, Full Day/Half-Day

²Unit of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.		PROVIDER #:	3818	
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010		
REPORTING UNIT NAME:	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness			
REPORTING UNIT:	3818-	3818-			
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29			
SERVICE DESCRIPTION:	Support for Families - Consultation Class/Child Observation/Community Client Svcs	Support for Families - Training to Providers/Parental/Community Client Svcs			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS					116,970
OPERATING EXPENSE	3,865	165			30,353
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	3,865	165			147,323
INDIRECT COST AMOUNT					17,677
TOTAL FUNDING USES:	3,865	165			165,000
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
MHSA	3,865	165			150,000
GRANTS - click below CFDA #:					
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
Dept of Children, Youth & Families					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	3,865	165			150,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below CFDA #:					
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	3,865	165			150,000
NON-DPH REVENUES - click below					
Others					15,000
TOTAL NON-DPH REVENUES					15,000
TOTAL REVENUES (DPH AND NON-DPH)	3,865	165			165,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²	78	2			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	49.61	82.50			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	49.61	82.50			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	25	25			

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: Fy 10-11

APPENDIX #:

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¹Units of Service: Days, Client Day, Full Day/Half-Day

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.					PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.					7/1/2010	
REPORTING UNIT NAME:	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation		
REPORTING UNIT:	3818-	3818-	3818-	3818-	3818-		
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29		
SERVICE DESCRIPTION	Consultation - Group/Cmmty Client Svcs	Consultation - Individual/Cmmty Client Svcs	Consultation - Class/Child Observation/Cmmty Client Svcs	Training to Providers/Cmmty Client Svcs	Therapeutic Group (Direct Service)/Cmmty Client Svcs	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	11,169	5,738	1,971	854	3,416	23,148	
OPERATING EXPENSE	1,382	710	244	106	423	2,865	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	12,551	6,448	2,215	960	3,839	26,013	
INDIRECT COST AMOUNT	1,506	774	266	115	461	3,122	
TOTAL FUNDING USES:	14,057	7,222	2,481	1,075	4,300	29,135	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
MHSA	14,057	7,222	2,481	1,075	4,300	29,135	
GRANTS - click below CFDA #:							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
3RD PARTY PAYOR REVENUES - click below							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	14,057	7,222	2,481	1,075	4,300	29,135	
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below CFDA #:							
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	14,057	7,222	2,481	1,075	4,300	29,135	
NON-DPH REVENUES - click below							
Others							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	14,057	7,222	2,481	1,075	4,300	29,135	
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²	170	131	50	13	26		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	82.69	55.13	49.61	82.69	165.38		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	82.69	55.13	49.61	82.69	165.38		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)							
UNDULICATED CLIENTS	32	32	32	32	32		

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR: Fy 10-11

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¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: 15 minutes/MH Minute 10 SEC 20-25=Hours

LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.			PROVIDER #:	3818	
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.			7/1/2010		
REPORTING UNIT NAME::	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation	MHSA PE-Early Childhood Mental Health Consultation			
REPORTING UNIT:	3818-	3818-	3818-			
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	45/20-29			
SERVICE DESCRIPTION	Parental Engagement/Cm mty Client Svcs	Outreach & Linkage/Cmmty Client Svcs	Evaluation Services/Cmmty Client Svcs			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	3,548	5,006	1,669			33,370
OPERATING EXPENSE	439	620	207			4,130
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	3,987	5,625	1,875			37,500
INDIRECT COST AMOUNT	478	675	225			4,500
TOTAL FUNDING USES:	4,465	6,300	2,100			42,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	4,465	6,300	2,100			42,000
GRANTS - click below	CFDA #:					
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Dept of Children, Youth & Families						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	4,465	6,300	2,100			42,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	4,465	6,300	2,100			42,000
NON-DPH REVENUES - click below						
Others						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	4,465	6,300	2,100			42,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	54	190	63			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	82.69	33.08	33.08			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	82.69	33.08	33.08			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDULICATED CLIENTS	32	32	32			

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-7
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818

¹Units of Service: Days, Client Day, Full Day/Half-Day

PR		FIRM NAME: Instituto Familiar de la Raza, Inc.		7/1/2010	
REPORTING UNIT NAME:		MHSA - Community Recovery & Healing Services			
REPORTING UNIT:		3818-			
MODE OF SVCS / SERVICE FUNCTION CODE		60/78			
SERVICE DESCRIPTION:		Other Non-Med/Cal Client Support Exp			
CBHS FUNDING TERM:				TOTAL	
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS		97,007			97,007
OPERATING EXPENSE		13,350			13,350
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS		110,357			110,357
INDIRECT COST AMOUNT		13,243			13,243
TOTAL FUNDING USES:		123,600			123,600
CBHS MENTAL HEALTH FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
MHSA		123,600			123,600
GRANTS - click below		CFDA #:			
PRIOR YEAR ROLL OVER - click below					
WORK ORDERS - click below					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		123,600			123,600
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below		CFDA #:			
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES		123,600			123,600
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		123,600			123,600
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²		1			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		NGR			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		CR			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		142			

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-8
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

REPORTING UNIT NAME:	La Cumbre Cura IHBS/EPST Services	La Cumbre Cura IHBS/EPST Services				
REPORTING UNIT:	381810	381810				
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59				
SERVICE DESCRIPTION	Case Mgt Brokerage	MH Svcs				TOTAL
CBHS FUNDING TERM:						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	118,170	76,780				196,950
OPERATING EXPENSE	15,759	10,506				26,265
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	133,929	89,286				223,215
INDIRECT COST AMOUNT	16,071	10,714				26,785
TOTAL FUNDING USES:	150,000	100,000				250,000
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	39,378	26,252				65,630
ARRA SDMC FFP (11.59)	9,127	6,085				15,212
STATE REVENUES - click below						
EPST State Match	26,495	17,663				44,158
GRANTS - click below	CFDA #:					
DCYF Local Match	3,750	2,500				6,250
DCYF Violence Prevention	71,250	47,500				118,750
WORK ORDERS - click below						
Dept of Children, Youth & Families						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	150,000	100,000				250,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
TOTAL DPH REVENUES	150,000	100,000				250,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	150,000	100,000				250,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	74,257	38,314				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.02	2.61				
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.02	2.61				
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	24	24				

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-9
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010

¹Units of Service: Days, Client Day, Full Day/Half-Day

REPORTING UNIT NAME:	Indigena Health & Wellness COLL					
REPORTING UNIT:	3818-					
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29					
SERVICE DESCRIPTION	Crnmy Client Svcs					TOTAL
CBHS FUNDING TERM:						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	152,244					152,244
OPERATING EXPENSE	102,158					102,158
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	254,402					254,402
INDIRECT COST AMOUNT	20,598					20,598
TOTAL FUNDING USES:	275,000					275,000
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	250,000					250,000
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	250,000					250,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES						
NON-DPH REVENUES - click below						
Others	25,000					25,000
TOTAL NON-DPH REVENUES	25,000					25,000
TOTAL REVENUES (DPH AND NON-DPH)	275,000					275,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	2,632					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR					
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	886					

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	Fy 10-11	APPENDIX #:	B-10
LEGAL ENTITY NAME:	Instituto Familiar de la Raza, Inc.	PROVIDER #:	3818
PROVIDER NAME:	Instituto Familiar de la Raza, Inc.		7/1/2010
REPORTING UNIT NAME:	Mentoring		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

REPORTING UNIT:	3818-					
MODE OF SVCS / SERVICE FUNCTION CODE	6078					
SERVICE DESCRIPTION:	Other Non-MediCal Client Support Exp					TOTAL
CBHS FUNDING TERM:						
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	39,454					39,454
OPERATING EXPENSE	30,675					30,675
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	70,129					70,129
INDIRECT COST AMOUNT	8,414					8,414
TOTAL FUNDING USES:	78,543					78,543
CBHS MENTAL HEALTH FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	8,498					8,498
GRANTS - click below	CFDA #:					
Family Mosaic Capitated MediCal	45,130					45,130
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND	24,915					24,915
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	78,543					78,543
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	78,543					78,543
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	78,543					78,543
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	1					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	OR					
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	OR					
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDULICATED CLIENTS	13					

¹Units of Service: Days, Client Day, Full Day/Half-Day

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3818
 Provider Name (same as line 8 on DPH 1): Child Outpatient

APPENDIX #: B-2
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: _____		Proposed Transaction Term: _____		Proposed Transaction (Decrease) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.09	\$ 8,574.00	0.09	8,574								
Program Manager	0.13	\$ 8,071.00	0.13	8,071								
Psychologist Supervisor	0.01	\$ 1,171.00	0.01	1,171								
Behavioral Health Specialists	1.01	\$ 48,458.00	1.01	48,458								
Billing and Support Assistants	0.46	\$ 17,578.00	0.46	17,578								
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		\$ -										
		\$ -										
TOTALS	1.70	\$83,852	1.70	\$83,852								

EMPLOYEE FRINGE BENEFITS 27.6% \$23,113 28% \$23,113

TOTAL SALARIES & BENEFITS \$106,965 \$106,965

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): Adult Outpatient

APPENDIX #: B-1

Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		Mental Health		Dual Diagnosis		Substance Abuse Only		BH/PC Integration (Cost Reimbursement)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.30	\$ 27,114.00			0.115	10,925	0.041	3,902	0.008	780	0.13	11,507
Program Manager	0.91	\$ 58,286.00			0.570	36,250	0.204	12,947	0.041	2,589	0.10	6,500
Psychiatrist	0.28	\$ 45,000.00			0.193	31,500	0.069	11,250	0.014	2,250		
Psychologist Supervisor	0.19	\$ 15,229.00			0.130	10,660	0.047	3,807	0.009	761		
Staff Development/Trainer	0.03	\$ 3,300.00			0.023	2,310	0.008	825	0.002	165		
Behavioral Health Specialists	2.47	\$ 117,360.00			1.729	82,152	0.618	29,340	0.123	5,868		
Mental Health Specialist	0.50	\$ 24,908.00									0.50	24,908
Eligibility Worker	1.00	\$ 44,917.00			0.700	31,442	0.250	11,229	0.050	2,246		
Billing and Support Assistants	1.60	\$ 62,391.00			0.841	33,642	0.300	12,015	0.060	2,403	0.40	14,331
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TOTALS	7.28	\$398,505			4.30	\$238,881	1.54	\$85,315	0.31	\$17,063	1.13	\$57,246

EMPLOYEE FRINGE BENEFITS

26.9%	\$107,164		27%	\$63,415	27%	\$22,648	27%	\$4,530	29%	\$16,571
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TOTAL SALARIES & BENEFITS

\$505,669		\$302,297	\$107,963	\$21,592	\$73,817
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DPH 3: Salaries & Benefits Detail

APPENDIX #: B-2a

Provider Number (same as line 7 on DPH 1): 3818

Document Date: 07/01/10

Provider Name (same as line 8 on DPH 1): Children EPSDT

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
					(grant title)		(grant title)		(dept. name)		(dept. name)	
	Proposed Transaction		Proposed Incr Transaction (Decrease)		Proposed Incr Transaction (Decrease)		Proposed Transaction		Proposed Incr Transaction (Decrease)		Proposed Transaction	
	Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: _____		Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.10	\$ 9,389.00	0.10	9,389								
Program Manager	0.13	\$ 8,071.00	0.13	8,071								
Psychologist Supervisor	0.01	\$ 1,171.00	0.01	1,171								
Behavioral Health Specialists	0.71	\$ 34,329.00	0.71	34,329								
Billing and Support Assistants	0.49	\$ 18,756.00	0.49	18,756								
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TOTALS	1.44	\$71,716	1.44	\$71,716								

EMPLOYEE FRINGE BENEFITS

27.5%	\$19,723	28%	\$19,723						
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TOTAL SALARIES & BENEFITS

\$91,439	\$91,439				
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DPH 3: Salaries & Benefits Detail

APPENDIX #: B-3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
Provider Name (same as line 8 on DPH 1): EI - Childcare MH Consultation Initiative

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		WORK ORDER #1: HSA WO (dept. name)		WORK ORDER #2: DCYF WO (dept. name)		WORK ORDER #3: SFCFC/SRI WO (dept. name)		WORK ORDER #4: SFCFC/PFA WO (dept. name)	
	Proposed Transaction		Proposed Incr Transaction (Decr)		Proposed Incr Transaction (Decr)		Proposed Transaction		Proposed Incr Transaction (Decr)		Proposed Transaction	
	Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11		Term: 7/1/10 - 6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.14	\$ 11,594.00	0.011	861	0.070	5,712	0.009	756	0.012	1,005	0.040	3,259
Program Manager	0.70	\$ 48,479.00	0.052	3,602	0.343	23,886	0.045	3,163	0.060	4,202	0.196	13,626
Mental Health Specialists	5.55	\$ 275,197.00	0.412	20,448	2.735	135,592	0.362	17,956	0.481	23,852	1.560	77,350
Billing and Support Assistant	0.30	\$ 13,842.00	0.022	1,028	0.148	6,820	0.020	903	0.026	1,200	0.084	3,891
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TOTALS	6.69	\$349,112	0.50	\$25,940	3.30	\$172,010	0.44	\$22,778	0.58	\$30,258	1.88	\$98,125

EMPLOYEE FRINGE BENEFITS

26.8%	\$93,483	27%	6,946	27%	46,060	27%	6,099	27%	8,102	27%	26,275
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TOTAL SALARIES & BENEFITS

\$442,595	\$32,886	\$218,070	\$28,878	\$38,361	\$124,401
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DPH 3: Salaries & Benefits Detail

APPENDIX #: B-4

Provider Number (same as line 7 on DPH 1): 3818

Document Date: 07/01/10

Provider Name (same as line 8 on DPH 1): DMS-CYF MH Consult/SED Classroom

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: _____		Proposed Transaction Term: _____		Proposed Incr Transaction (Decr) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Manager	0.06	\$ 3,979.00	0.06	3,979								
Mental Health Specialist	0.31	\$ 10,607.00	0.31	10,607								
Mental Health Specialist	0.31	\$ 15,215.00	0.31	15,215								
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TOTALS	0.69	\$29,801	0.69	\$29,801								

EMPLOYEE FRINGE BENEFITS

27.9%	\$8,319	28%	\$8,319				
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TOTAL SALARIES & BENEFITS

\$38,120	\$38,120				
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3818
 Provider Name (same as line 8 on DPH 1): MHSA PEI-School-Based Youth-Centered Wellness

APPENDIX #: B-5
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MHSA (grant title)		IFR Matching Funds DCYF Funds		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decr) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.07	\$ 5,647.00			0.03	2,319	0.04	3,328				
Program Manager	0.12	\$ 8,454.00			0.07	4,973	0.05	3,481				
MH Specialist	0.49	\$ 25,743.00			0.49	25,743						
MH Specialist	1.00	\$ 47,027.00			1.00	47,027						
Billing and Support Assistant	0.13	\$ 5,009.00			0.06	2,178	0.07	2,831				
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TOTALS	1.80	\$91,880			1.64	\$82,240	0.16	\$9,640				

EMPLOYEE FRINGE BENEFITS

27.3%	\$25,090		27%	\$22,446	27%	\$2,644		
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TOTAL SALARIES & BENEFITS

\$116,970		\$104,686	\$12,284		
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3818

APPENDIX #: B-6

Provider Name (same as line 8 on DPH 1): MHSA PEI-Early Childhood Mental Health Consultation

Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MHSA (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction (Decrease) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Manager	0.06	\$ 3,979.00			0.06	3,979						
MH Specialists	0.45	\$ 21,120.00			0.45	21,120						
Billing and Support Assistant	0.03	\$ 1,089.00			0.03	1,089						
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TOTALS	0.53	\$26,188			0.53	\$26,188						

EMPLOYEE FRINGE BENEFITS

27.4%	\$7,182	#DIV/0!		27%	\$7,182				
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TOTAL SALARIES & BENEFITS

\$33,370		\$33,370			
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3816
 Provider Name (same as line 8 on DPH 1): MHSA - Trauma Recovery & Healing Services (Cost Reimburs.)

APPENDIX #: B-7
 Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MHSA - Trauma Recovery (Cost Reimbursement)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Incr Transaction (Decrease) Term: _____		Proposed Incr Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Incr Transaction (Decrease) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.06	\$ 5,429.00			0.06	5,429						
Lic. Clinical BH Supervisor	0.14	\$ 12,375.00			0.14	12,375						
BH Specialist/Clinical CM	1.00	\$ 58,000.00			1.00	58,000						
Billing and Support Assistant	0.09	\$ 2,853.00			0.09	2,853						
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TOTALS	1.29	\$78,657			1.29	\$78,657						

EMPLOYEE FRINGE BENEFITS 23.3% \$18,350 23% \$18,350

TOTAL SALARIES & BENEFITS \$97,007 \$97,007

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-8

Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): La Cultura Cura IHBS/EPSTD Services

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: ____ DCYF Work Order ____ (grant title)		GRANT #2: ____ DCYF local match ____ (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: ____		Proposed Transaction Term: ____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.10	\$ 7,500.00	0.05	3,750	0.05	3,563	0.003	188				
Program Manager	0.86	\$ 45,685.00	0.43	22,843	0.41	21,700	0.022	1,142				
Case Managers	1.25	\$ 46,000.00	0.63	23,000	0.59	21,850	0.031	1,150				
MH Specialist	0.80	\$ 37,600.00	0.40	18,800	0.38	17,860	0.020	940				
QA Specialist	0.20	\$ 9,400.00	0.10	4,700	0.10	4,465	0.005	235				
Billing and Support Assistant	0.21	\$ 7,133.00	0.11	3,567	0.10	3,388	0.005	178				
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TOTALS	3.42	\$153,318	1.71	\$76,659	1.62	\$72,826	0.09	\$3,833				

EMPLOYEE FRINGE BENEFITS

28.5%	\$43,632	28%	21,816	28%	20,725	26%	1,091		
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TOTAL SALARIES & BENEFITS

\$196,950	\$98,475	\$93,551	\$4,924		
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): Indigena Health & Wellness COLL (Cost Reimburs.)

APPENDIX #: B-9

Document Date: 07/01/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MHSA (grant title)		IFR Matching Funds _ Fed/CDC Aids & SF Arts Commission		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction (Decrease) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.18	\$ 16,558			0.06	5,429	0.12	11,129				
Health & Wellness Coordinator	0.96	\$ 52,643			0.96	52,643						
Sr. Behavioral Health Specialist	0.14	\$ 8,800			0.14	8,800						
Health Educator/EI Specialist	0.85	\$ 33,943			0.85	33,943						
Billing and Support Assistant	0.27	\$ 9,046			0.14	4,761	0.13	4,285				
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TOTALS	2.40	\$120,990			2.15	\$105,576	0.25	\$15,414				

EMPLOYEE FRINGE BENEFITS

25.8%

\$31,254

26%

\$27,527

24%

\$3,727

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TOTAL SALARIES & BENEFITS

\$152,244

\$133,103

\$19,141

DPH 3: Salaries & Benefits Detail

APPENDIX #: B-10
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): Mentoring (Cost Reimbursement)

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: MHSA (grant title)		GRANT #2: ___ Capitated MediCal ___ (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10 - 9/30/10		Proposed Incr Transaction (Decr) Term: 7/1/10 - 9/30/10		Proposed Incr Transaction (Decr) Term: 7/1/10 - 9/30/10		Proposed Transaction Term: 7/1/10 - 9/30/10		Proposed Incr Transaction (Decr) Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.34	\$ 7,779.00	0.11	2,468	0.04	842	0.20	4,470				
Program Manager	1.00	\$ 13,750.00	0.32	4,362	0.11	1,488	0.57	7,901				
Mentor Supervisor	0.64	\$ 5,355.00	0.20	1,699	0.07	579	0.37	3,077				
Billing and Support Assistant	0.40	\$ 3,700.00	0.13	1,174	0.04	400	0.23	2,126				
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TOTALS	2.38	\$30,584	0.75	\$9,702	0.26	\$3,309	1.37	\$17,573				

EMPLOYEE FRINGE BENEFITS

29.0%	\$8,870	29%	\$2,814	29%	\$960	29%	\$5,097		
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TOTAL SALARIES & BENEFITS

\$39,454	\$12,515	\$4,269	\$22,670		
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DPH 4: Operating Expenses Detail

APPENDIX #: B-2a
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
Provider Name (same as line 8 on DPH 1): Children EPSDT

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
Audit
Payroll Service
Psychiatrist
OTHER
Program/Educational Supplies
Client Related Expenses

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 3,004.00	3,004				
\$ 1,284.00	1,284				
\$ 879.00	879				
\$ 1,775.00	1,775				
\$ 137.00	137				
\$ 819.00	819				
\$ 1,000.00	1,000				
\$ -					
\$ 625.00	625				
\$ -					
\$ -					
\$ 287.00	287				
\$ 355.00	355				
\$ 3,900.00	3,900				
\$ -					
\$ -					
\$ 300.00	300				
\$ 300.00	300				
\$ -					
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$14,665 \$14,665

DPH 4: Operating Expenses Detail

APPENDIX #: B-3
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
Provider Name (same as line 8 on DPH 1): EI - Childcare MH Consultation Initiative

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
\$
\$
Audit
Payroll Service
\$
\$
OTHER
Program/Educational Supplies
Family Childcare Training
Group Activities
\$
\$

TOTAL :	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: HSA WO (dept. name)	WORK ORDER #2: DCYF WO (dept. name)	WORK ORDER #3: SFCFC/SRI WO (dept. name)	WORK ORDER #4: SFCFC/IFPA WO (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11
\$ 13,883.00	1,032	6,840	906	1,203	3,902
\$ 5,932.00	441	2,923	387	514	1,667
\$ 4,064.00	302	2,002	265	352	1,142
\$ 8,204.00	610	4,042	535	711	2,306
\$ 631.00	47	311	41	55	177
\$ 3,786.00	281	1,865	247	328	1,064
\$ 1,000.00	74	493	65	87	281
\$ 4,320.00	321	2,128	282	374	1,214
\$ 2,890.00	215	1,424	189	250	812
\$ -					
\$ -					
\$ 1,325.00	98	653	86	115	372
\$ 1,641.00	122	809	107	142	461
\$ -					
\$ -					
\$ -					
\$ 500.00	37	246	33	43	141
\$ 2,000.00	149	985	130	173	562
\$ 1,700.00	126	838	111	147	478
\$ -					
\$ -					
\$51,876	\$3,854	\$25,560	\$3,385	\$4,496	\$14,581

DPH 4: Operating Expenses Detail

APPENDIX #: B-4
 Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
 Provider Name (same as line 8 on DPH 1): DMS-CYF MH,Consult/SED Classroom

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names,
 Dates, Hours & Amounts)

 Audit
 Payroll Service

 OTHER

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ 1,423.00	1,423				
\$ 608.00	608				
\$ 417.00	417				
\$ 747.00	747				
\$ 65.00	65				
\$ 388.00	388				
\$ -					
\$ -					
\$ 296.00	296				
\$ -					
\$ -					
\$ 136.00	136				
\$ 168.00	168				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$4,248	\$4,248			

DPH 4: Operating Expenses Detail

APPENDIX #: B-5
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): MHSA PEI-School-Based Youth-Centered Wellness

Expenditure Category

Rental of Property
Utilities(Elec. Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names,
Dates, Hours & Amounts)
Subcontractors - Support for Families of Children

Audit
Payroll Services

OTHER
Program/Educational Supplies
Teachers' Retreats

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: MHSA (grant title)	IFR Matching Funds DCYF Funds	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: _____	Term: _____
\$ 3,774.00		3,410	364		
\$ 1,612.00		1,457	155		
\$ 1,104.00		998	106		
\$ 2,230.00		2,015	215		
\$ 172.00		155	17		
\$ 1,029.00		930	99		
\$ 400.00		400			
\$ 1,440.00		1,440			
\$ 786.00		710	76		
\$ -					
\$ 15,000.00		15,000			
\$ -					
\$ 360.00		325	35		
\$ 446.00		403	43		
\$ -					
\$ -					
\$ 500.00		500			
\$ 1,500.00		1,500			
\$ -					
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$30,353

\$29,243

\$1,110

DPH 4: Operating Expenses Detail

APPENDIX #: B-6

Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818

Provider Name (same as line 8 on DPH 1): MHSA PEI-Early Childhood Mental Health Consultation

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: MHS _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: _____	Term: _____	Term: _____
Rental of Property	\$ 1,103.00		1,103			
Utilities(Elec. Water, Gas, Phone, Scavenger)	\$ 471.00		471			
Office Supplies, Postage	\$ 323.00		323			
Building Maintenance Supplies and Repair	\$ 697.00		697			
Printing and Reproduction	\$ 50.00		50			
Insurance	\$ 301.00		301			
Staff Training	\$ -					
Staff Travel-Local & Out of Town)	\$ 720.00		720			
Rental of Equipment	\$ 230.00		230			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
	\$ -					
Audit	\$ 105.00		105			
Payroll Service	\$ 130.00		130			
	\$ -					
	\$ -					
OTHER	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
TOTAL OPERATING EXPENSE	\$4,130		\$4,130			

DPH 4: Operating Expenses Detail

APPENDIX #: B-7
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
Provider Name (same as line 8 on DPH 1): MHSA - Trauma Recovery & Healing Services (Cost Reimburs.)

Expenditure Category

Rental of Property
Utilities(Elec. Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Consultant for 2 events
Audit
Payroll Service
OTHER
Edu. Materials
Cell Phone Usage
Client Related Expenses

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #: MHSA - Trauma Recovery	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: _____
\$ 2,688.00		2,688			
\$ 1,099.00		1,099			
\$ 753.00		753			
\$ 1,519.00		1,519			
\$ 117.00		117			
\$ 701.00		701			
\$ 1,000.00		1,000			
\$ 720.00		720			
\$ 535.00		535			
\$ -					
\$ 400.00		400			
\$ 245.00		245			
\$ 304.00		304			
\$ -					
\$ -					
\$ -					
\$ 429.00		429			
\$ 540.00		540			
\$ 2,300.00		2,300			
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$13,350

\$13,350

DPH 4: Operating Expenses Detail

APPENDIX #: B-8
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
Provider Name (same as line 8 on DPH 1): La Cultura Cura IHBS/EPST Services

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Audit
Payroll Service
OTHER
Cell Phone for outreach
Client Related Expenses

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: DCYF Work Order (grant title)	GRANT #2: DCYF local match (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11
\$ 7,101.00	3,551	3,373	178		
\$ 3,034.00	1,517	1,441	76		
\$ 2,079.00	1,040	988	52		
\$ 4,196.00	2,098	1,993	105		
\$ 323.00	162	153	8		
\$ 1,937.00	969	920	48		
\$ -					
\$ 1,800.00	900	855	45		
\$ 1,478.00	739	702	37		
\$ -					
\$ -					
\$ 678.00	339	322	17		
\$ 839.00	420	399	21		
\$ -					
\$ -					
\$ -					
\$ 1,200.00	600	570	30		
\$ 1,600.00	800	760	40		
\$ -					
\$ -					
\$ -					
TOTAL OPERATING EXPENSE	\$26,265	\$13,133	\$12,476	\$657	

DPH 4: Operating Expenses Detail

APPENDIX #: B-9
Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
Provider Name (same as line 8 on DPH 1): Indigena Health & Wellness COLL (Cost Reimburs.)

Expenditure Category

Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel(Local & Out of Town)
Rental of Equipment
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
Consultant & Workshop
Audit
Payroll Service
Asociacion Mayab to provide Outreach & Information Referrals

OTHER
Program/Educational Supplies
Client Related Expenses
Cultural Events

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: MHSA (grant title)	IFR Matching Funds Fed/CDC Aids & SF Arts Commission	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11	Term: 7/1/10 - 6/30/11
\$ 4,297.00		4,297			
\$ 1,836.00		1,836			
\$ 1,258.00		1,258			
\$ 2,539.00		2,539			
\$ 195.00		195			
\$ 1,172.00		1,172			
\$ 500.00		500			
\$ 164.00		164			
\$ 895.00		895			
\$ -					
\$ 400.00		400			
\$ 410.00		410			
\$ 508.00		508			
\$ 82,735.00		80,235	2,500		
\$ -					
\$ -					
\$ 500.00		500			
\$ 2,549.00		1,600	949		
\$ 2,200.00		2,200			
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$102,158

\$98,709

\$3,449

DPH 4: Operating Expenses Detail

APPENDIX #: B-10
 Document Date: 07/01/10

Provider Number (same as line 7 on DPH 1): 3818
 Provider Name (same as line 8 on DPH 1): Mentoring (Cost Reimbursement)

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names,
 Dates, Hours & Amounts)

 Audit
 Payroll Service

 OTHER
 Mentor Wages and Taxes
 End of Year Program Celebration
 Mentoring Client Related Expenses

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: ____MHSA____ ____(grant title)	GRANT #2: ____Capitated MediCal____(grant title)	WORK ORDER #1: ____(dept. name)	WORK ORDER #2: ____(dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: 7/1/10 - 9/30/10	Term: _____	Term: _____
\$ 1,510	479	163	868		
\$ 553	175	60	318		
\$ 379	120	41	218		
\$ 765	243	83	440		
\$ 118	37	13	68		
\$ 471	149	51	271		
\$ -					
\$ -					
\$ 285	90	31	164		
\$ -					
\$ -					
\$ 247	78	27	142		
\$ 204	65	22	117		
\$ -					
\$ -					
\$ -					
\$ 22,043	6,992	2,385	12,666		
\$ 1,000	317	108	575		
\$ 3,100	983	335	1,781		
\$ -					
\$ -					

TOTAL OPERATING EXPENSE

\$30,675 \$9,731 \$3,319 \$17,626

DPH 6: Contract-Wide Indirect Detail

CONTRACTOR NAME: Instituto Familiar de la Raza, Inc.

DATE: 07/01/2010

FISCAL YEAR:

Fy 10-11

LEGAL ENTITY #: 3818

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Executive Director	0.20	\$ 22,000
Executive Assistant	0.50	\$ 23,175
HR Director	0.49	\$ 34,300
Fiscal Director	0.50	\$ 38,923
Contract Staff Accountant	0.50	\$ 26,000
Staff Accountant/Payroll	0.50	\$ 21,000
IT Manager	0.50	\$ 25,157
Receptionist	0.20	\$ 6,800
EMPLOYEE FRINGE BENEFITS	25.5%	\$ 50,371
TOTAL SALARIES & BENEFITS		\$ 247,726

2. OPERATING COSTS

Expenditure Category	Amount
TOTAL OPERATING COSTS	\$

TOTAL INDIRECT COSTS

\$ 247,726

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-1
Provider Name (same as line 8 on DPH 1):	Adult Outpatient	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: responsible for oversight of the development of programs, contract negotiations, evaluation and quality assurance of the project. Master Degree level in Psychology or Social Work; 2 years experiences in program administration.		
0.285411 FTE x \$95,000 for 12 months =	\$27,114	0.3000
Program Manager: will ensures completion of all contract compliance requirements, responsible for implementation of Continuous Quality Implementation (CQI) systems and standards. Master Degree level in Counseling Psychology of Social Work must be licensed; 2 years experience in program administration.		
0.9107 FTE x \$64,000 for 12 months =	\$58,286	0.9100
Psychiatrist: prescribes, and monitors psychiatric medications or biological. Licensed MD. With specialty in Psychiatry.		
0.28 FTE at \$90/hr x 10 hours/week x 50 weeks =	\$45,000	0.2800
Psychologist Supervisor: provides clinical supervision to PhD interns and staff as assigned. PhD in Clinical Psychology; must be licensed with experience in clinical supervision.		
0.187781 FTE x \$81,100 for 12 months =	\$15,229	0.1900
Staff development /trainer responsible for preparation of training curriculum and delivery of training content to IFR out patient clinical staff. Trainer will provide a total of 10 trainings @ 3 hour each. 5 years experience with Licensed in Behavioral Mental Health.		
0.03 FTE at \$55/hr x 60 hours per year =	\$3,300	0.0330
Behavioral Health Specialists: provide behavioral health and co-occurring substance abuse services to adults. Master Degree level in Psychology or Social Work, licensed or license eligible.		
2.47 FTEs at average of \$47,514 per year x 2.47 FTE =	\$117,360	2.4700
Mental Health specialist (BH/PC integration) assigned to provide services at Mission Neighborhood Health Center adult primary care IFR. Services include consultation to staff, direct client contact, initial assessment and referrals. Master Degree level in Psychology or Social Work, licensed or license eligible.		
0.50 FTE x \$49,816 for 11 months =	\$24,908	0.5000
Eligibility Worker: responsible for screening potential Clients for intake, eligibility, and registration for behavioral health services for adults. Master Degree level in Counseling Psychology of Social Work, licensed or license eligible; 2 years experience.		
1.00 FTE x \$49,000 for 11 months =	\$44,917	1.0000
Billing and Support Assistants: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
1.5994 FTEs at average of \$39,009 per year x 1.5994 FTE =	\$62,391	1.6000
TOTAL SALARIES	\$398,505	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 26.89% to the total Salaries.

Payroll Tax @ 7.65%	\$30,485	
SUI @ 8.14%	\$4,573	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$49,630	
Workers' Comp @ 1.25%	\$4,982	
LTD @ 0.39%	\$1,554	
403B @ 4%	\$15,940	
TOTAL BENEFITS	\$107,164	

TOTAL SALARIES & BENEFITS**\$505,669****Operating Expenses**

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:Rent:

Office Space Rental for 7.28 FTE program staff at the ratio of 13.94% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$15,330

Utilities:

Utilities and Communication for 7.28 FTE program staff at the ratio of 13.94% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$6,550

Building Maintenance:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$9,059

Total Occupancy: \$30,939**Materials and Supplies:**Office Supplies:

Office Supplies/Postages for program staff - 7.28 FTE ratio of 13.94% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$4,488

Printing/Reproduction:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$696

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities. \$900

Total Materials and Supplies: \$6,084**General Operating:**Insurance:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will be for general and professional insurance. \$4,181

Staff Training:

Internship training lecturer: is responsible for the development and delivery of training content to at least 5 interns with IFR outpatient clinic. \$3,000

Rental of Equipment:

Costs for 7.28 FTE ratio of 13.94% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$3,192

Client Related Expenses:

To fund client related emergency expenses, transportation vouchers and related items. \$1,200

Total General Operating: \$11,573**Staff Travel (Local & Out of Town):**

\$0

Consultants/Subcontractors:

Audit fees for 7.28 FTE ration of 13.94% to the agency budget will contribute towards annual fiscal audit for the agency. \$1,464

Payroll Service for 7.28 FTE ration of 13.94% to the agency budget will be used to procure payroll services for staff salaries. \$1,812

Total Consultants/Subcontractors: \$3,276

TOTAL OPERATING COSTS: \$51,872

CAPITAL EXPENDITURES: *(If needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$557,541
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CONTRACT TOTAL:	\$624,444
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Total Occupancy:	\$7,158
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Materials and Supplies:Office Supplies:

Office Supplies/Postages for program staff - 1.70 FTE ratio of 3.22% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services.

	\$1,038
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Printing/Reproduction:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction.

	\$161
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Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities.

	\$300
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Total Materials and Supplies:	\$1,499
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General Operating:Insurance:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will be for general and professional insurance.

	\$967
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Staff Training:

Internship training lecturer: is responsible for the development and delivery of training content to at least 5 interns with IFR outpatient clinic.

	\$1,000
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Rental of Equipment:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will cover rental of copy machines and mailing equipment for program use.

	\$738
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Client Related Expenses:

To fund client related emergency expenses, transportation vouchers and related items.

	\$450
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Total General Operating:	\$3,155
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Staff Travel (Local & Out of Town):

	\$0
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Consultants/Subcontractors:

Audit fees for 1.70 FTE ration of 3.22% to the agency budget will contribute towards annual fiscal audit for the agency.

	\$339
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Payroll Service for 1.70 FTE ration of 3.22% to the agency budget will be used to procure payroll services for staff salaries.

	\$419
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Total Consultants/Subcontractors:	\$758
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TOTAL OPERATING COSTS:	\$12,570
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CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0
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TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$119,535
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CONTRACT TOTAL:	\$133,880
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CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-2
Provider Name (same as line 8 on DPH 1):	Child Outpatient	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: responsible for oversight of the development of programs, contract negotiations, evaluation and quality assurance of the project. Master Degree level in Psychology or Social Work; 2 years experiences in program administration.		
0.090253 FTE x \$95,000 for 12 months =	\$8,574	0.0900
Program Manager: will ensure completion of all contract compliance requirements, responsible for implementation of Continuous Quality Implementation (CQI) systems and standards. Master Degree level in Counseling Psychology or Social Work must be licensed; 2 years experience in program administration.		
0.126109 FTE x \$64,000 for 12 months =	\$8,071	0.1300
Psychologist Supervisor: provides clinical supervision to PhD interns and staff as assigned. PhD in Clinical Psychology; must be licensed with experience in clinical supervision.		
0.014439 FTE x \$81,100 for 12 months =	\$1,171	0.0100
Behavioral Health Specialists: provide behavioral health and co-occurring substance abuse services to adults. Master Degree level in Psychology or Social Work, licensed or license eligible.		
1.01 FTEs at average of \$47,978 per year x 1.01 FTE =	\$48,458	1.0100
Billing and Support Assistants: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
0.46 FTEs at average of \$38,213 per year x 0.46 FTE =	\$17,578	0.4600
TOTAL SALARIES	\$83,852	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.56% to the total Salaries.

Payroll Tax @ 7.65%	\$6,415	
SUI @ 8.14%	\$1,015	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$10,953	
Workers' Comp @ 1.25%	\$1,048	
LTD @ 0.39%	\$327	
403B @ 4%	\$3,355	
TOTAL BENEFITS	\$23,113	

TOTAL SALARIES & BENEFITS

\$106,965

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 1.70 FTE program staff at the ratio of 3.22% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$3,547

Utilities:

Utilities and Communication for 1.70 FTE program staff at the ratio of 3.22% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,515

Building Maintenance:

Costs for 1.70 FTE ratio of 3.22% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.

\$2,096

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-2a
Provider Name (same as line 8 on DPH 1):	Children EPSDT	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: responsible for oversight of the development of programs, contract negotiations, evaluation and quality assurance of the project. Master Degree level in Psychology or Social Work; 2 years experiences in program administration.		
0.098832 FTE x \$95,000 for 12 months =	\$9,389	0.1000
Program Manager: will ensures completion of all contract compliance requirements, responsible for implementation of Continuous Quality Implementation (CQI) systems and standards. Master Degree level in Counseling Psychology or Social Work must be licensed; 2 years experience in program administration.		
0.126109 FTE x \$64,000 for 12 months =	\$8,071	0.1300
Psychologist Supervisor: provides clinical supervision to PhD interns and staff as assigned. PhD in Clinical Psychology; must be licensed with experience in clinical supervision.		
0.014439 FTE x \$81,100 for 12 months =	\$1,171	0.0100
Behavioral Health Specialists: provide behavioral health and co-occurring substance abuse services to adults. Master Degree level in Psychology or Social Work, licensed or license eligible.		
0.71 FTEs at average of \$48,351 per year x 0.71 FTE =	\$34,329	0.7100
Billing and Support Assistants: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
0.49 FTEs at average of \$38,278 per year x 0.49 FTE =	\$18,756	0.4900
TOTAL SALARIES	\$71,716	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.50% to the total Salaries.

Payroll Tax @ 7.65%	\$5,486	
SUI @ 8.14%	\$863	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$9,328	
Workers' Comp @ 1.25%	\$896	
LTD @ 0.38%	\$280	
403B @ 4%	\$2,870	
TOTAL BENEFITS	\$19,723	

TOTAL SALARIES & BENEFITS

\$91,439

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 1.44 FTE program staff at the ratio of 2.73% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$3,004

Utilities:

Utilities and Communication for 1.44 FTE program staff at the ratio of 2.73% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,284

Building Maintenance:

Costs for 1.44 FTE ratio of 2.73% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.

\$1,775

Total Occupancy:		\$6,063
Materials and Supplies:		
<u>Office Supplies:</u>		
Office Supplies/Postages for program staff - 1.44 FTE ratio of 2.73% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services.		\$879
<u>Printing/Reproduction:</u>		
Costs for 1.44 FTE ratio of 2.73% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction.		\$137
<u>Program/Medical Supplies:</u>		
Costs will cover program related materials for outreach and promotion of activities.		\$300
Total Materials and Supplies:		\$1,316
General Operating:		
<u>Insurance:</u>		
Costs for 1.44 FTE ratio of 2.73% to the agency budget will be for general and professional insurance.		\$819
<u>Staff Training:</u>		
Internship training lecturer: is responsible for the development and delivery of training content to at least 5 interns with IFR outpatient clinic.		\$1,000
<u>Rental of Equipment:</u>		
Costs for 1.44 FTE ratio of 2.73% to the agency budget will cover rental of copy machines and mailing equipment for program use.		\$625
<u>Client Related Expenses:</u>		
To fund client related emergency expenses, transportation vouchers and related items.		\$300
Total General Operating:		\$2,744
Staff Travel (Local & Out of Town):		
		\$0
Consultants/Subcontractors:		
Audit fees for 1.44 FTE ration of 2.73% to the agency budget will contribute towards annual fiscal audit for the agency.		\$287
Payroll Service for 1.44 FTE ration of 2.73% to the agency budget will be used to procure payroll services for staff salaries.		\$355
Psychiatrist: Consultant services will be responsible for psychiatric assessment of children and Medical recipient and support.		\$3,900
Total Consultants/Subcontractors:		\$4,542
TOTAL OPERATING COSTS:		\$14,665
CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)		\$0
TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):		\$106,104
CONTRACT TOTAL:		\$118,839

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-3
Provider Name (same as line 8 on DPH 1):	EI - Childcare MH Consultation Initiative	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits

	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 20 years experiences in supervision of Early Intervention Program, experience in contract development and management and program developments.		
0.1428 FTE x \$81,159 for 12 months =	\$11,594	0.1400
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring program, contract management, and ensuring high quality standards of care. Minimum of five years experience and licensed with Master's degree in Social Work.		
0.696 FTE x \$69,628 for 12 months =	\$48,479	0.7000
Mental Health Specialist: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
5.55 FTEs at average of \$49,045 per year x 5.55 FTE =	\$275,197	5.5500
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, assistance with reporting requirements, and completion of all monthly billing. High school diploma with 5 years experience in related field.		
0.30 FTEs at average of \$46,140 per year x 0.30 FTE =	\$13,842	0.3000
TOTAL SALARIES	\$349,112	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 26.78% to the total Salaries.

Payroll Tax @ 7.65%	\$26,707
SUI @ 8.14%	\$3,893
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$43,193
Workers' Comp @ 1.25%	\$4,364
LTD @ 0.39%	\$1,362
403B @ 4%	\$13,964
TOTAL BENEFITS	\$93,483

TOTAL SALARIES & BENEFITS

\$442,595

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 6.69 FTE program staff at the ratio of 12.60% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$13,883

Utilities:

Utilities and Communication for 6.69 FTE program staff at the ratio of 12.60% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$5,932

Building Maintenance:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$8,204

Total Occupancy: \$28,019

Materials and Supplies:

Office Supplies:

Office Supplies/Postages for program staff - 6.69 FTE ratio of 12.60% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$4,064

Printing/Reproduction:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$631

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities performed at school site. \$500

Total Materials and Supplies: \$5,195

General Operating:

Insurance:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will be for general and professional Insurance. \$3,786

Staff Training:

Costs for registration for relevant trainings pertaining to early childhood mental health \$1,000

Rental of Equipment:

Costs for 6.69 FTE ratio of 12.60% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$2,890

Client Related Expenses:

Family Childcare Training: cost for travel expenses, food, and rental fee for location as well as program supplies to support annual training activities. \$2,000

Group Activities and Supplies: cost for materials and supplies that support therapeutic group work in the childcare centers and also support the needs of the agency to promote clients activities within the agency events. \$1,700

Total General Operating: \$11,376

Staff Travel (Local & Out of Town):

Local travel for outreach and meetings and to and from agency to school sites, including Fast Pass or mileages and parking fees @ \$60 per month. \$4,320

\$4,320

Consultants/Subcontractors:

Audit fees for 6.69 FTE ratio of 12.60% to the agency budget will contribute towards annual fiscal audit for the agency. \$1,325

Payroll Service for 6.69 FTE ratio of 12.60% to the agency budget will be used to procure payroll services for staff salaries. \$1,641

Total Consultants/Subcontractors:	\$2,966
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TOTAL OPERATING COSTS:	\$51,876
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CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0
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TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$494,471
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CONTRACT TOTAL:	\$553,809
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CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-4
Provider Name (same as line 8 on DPH 1):	DMS-CYF MH Consult/SED Classroom	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring program, contract management, and ensuring high quality standards of care. Minimum of five years experience and licensed with Master's degree in Social Work.		
0.057 FTE x \$69,628 for 12 months =	\$3,979	0.0600
Mental Health Specialist: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.314 FTE x \$45,000 for 9 months =	\$10,607	0.3100
Mental Health Specialist: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.314 FTE x \$48,410 for 12 months =	\$15,215	0.3100
TOTAL SALARIES	\$29,801	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.92% to the total Salaries.

Payroll Tax @ 7.65%	\$2,280	
SUI @ 8.14%	\$399	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$3,959	
Workers' Comp @ 1.25%	\$373	
LTD @ 0.39%	\$116	
403B @ 4%	\$1,192	
TOTAL BENEFITS	\$8,319	

TOTAL SALARIES & BENEFITS

\$38,120

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 0.69 FTE program staff at the ratio of 1.29% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$1,423

Utilities:

Utilities and Communication for 0.69 FTE program staff at the ratio of 1.29% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$608

Building Maintenance:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.

\$747

Total Occupancy:

\$2,778

Materials and Supplies:Office Supplies:

Office Supplies/Postages for program staff - 0.69 FTE ratio of 1.29% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services.

\$417

Printing/Reproduction:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction.

\$65

Total Materials and Supplies:

\$482

General Operating:Insurance:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will be for general and professional insurance.

\$388

Staff Training:Rental of Equipment:

Costs for 0.69 FTE ratio of 1.29% to the agency budget will cover rental of copy machines and mailing equipment for program use.

\$296

Client Related Expenses:**Total General Operating:**

\$684

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Audit fees for 0.69 FTE ratio of 1.29% to the agency budget will contribute towards annual fiscal audit for the agency.

\$136

Payroll Service for 0.69 FTE ratio of 1.29% to the agency budget will be used to procure payroll services for staff salaries.

\$168

Total Consultants/Subcontractors:

\$304

TOTAL OPERATING COSTS:

\$4,248

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)

\$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):

\$42,368

CONTRACT TOTAL:

\$47,451

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818-	B-5
Provider Name (same as line 8 on DPH 1):	MHSA PEI-School-Based Youth-Centered Wellne	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 20 years experiences in supervision of Early Intervention Program, experience in contract development and management and program developments.		
0.0286 FTE x \$81,159 for 12 months =	\$2,319	0.0300
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring program, contract management, and ensuring high quality standards of care. Minimum of five years experience and licensed with Master's degree in Social Work.		
0.071422 FTE x \$69,628 for 12 months =	\$4,973	0.0700
Mental Health Specialists: responsible for delivery of mental health consultation services, compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
1.49 FTEs at average of \$48,839 per year x 1.49 FTE =	\$72,770	1.4900
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, assistance with reporting requirements, and completion of all monthly billing. High school diploma with 5 years experience in related field.		
0.057 FTEs at average of \$38,110 per year x 0.057 FTE =	\$2,178	0.0600
TOTAL SALARIES	\$82,240	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.29% to the total Salaries.

Payroll Tax @ 7.65%	\$6,291	
SUI @ 8.14%	\$956	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$10,560	
Workers' Comp @ 1.25%	\$1,028	
LTD @ 0.39%	\$321	
403B @ 4%	\$3,290	
TOTAL BENEFITS	\$22,446	

TOTAL SALARIES & BENEFITS

\$104,686

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 1.64 FTE program staff at the ratio of 3.10% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$3,410

Utilities:

Utilities and Communication for 1.64 FTE program staff at the ratio of 3.10% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,457

Building Maintenance:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$2,015

Total Occupancy: \$6,882

Materials and Supplies:

Office Supplies:

Office Supplies/Postages for program staff - 1.64 FTE ratio of 3.10% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$998

Printing/Reproduction:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$155

Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities performed at school site. \$500

Total Materials and Supplies: \$1,653

General Operating:

Insurance:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will be for general and professional insurance. \$930

Staff Training:

Costs for registration for relevant trainings pertaining to early childhood mental health.. \$400

Rental of Equipment:

Costs for 1.64 FTE ratio of 3.10% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$710

Client Related Expenses:

Teacher Retreats: costs will cover transportation, program supplies related to retreat activities, food, and rental fee for location of retreat. \$1,500

Total General Operating: \$3,540

Staff Travel (Local & Out of Town):

Local travel for outreach and meetings and to and from agency to 'school' sites, including Fast Pass or mileages and parking fees @ \$60 per month. \$1,440

\$1,440

Consultants/Subcontractors:

Audit fees for 1.64 FTE ration of 3.10% to the agency budget will contribute towards annual fiscal audit for the agency. \$325

Payroll Service for 1.64 FTE ration of 3.10% to the agency budget will be used to procure payroll services for staff salaries. \$403

Sub-contractor: Support for Families of Children with Disabilities: Responsible for consultation to staff on Inclusion Principles. Master's degree in special Education or related field with minimum of 2 years experience working in field.

\$15,000

Total Consultants/Subcontractors: \$15,728

TOTAL OPERATING COSTS: \$29,243

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$133,929

CONTRACT TOTAL: \$150,000

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818-	B-6
Provider Name (same as line 8 on DPH 1):	MHSA PEI-Early Childhood Mental Health Consu	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits

	Salaries	FTE
Program Manager: responsible for day-to-day administrative operations of the program including: clinical and administrative supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring program, contract management, and ensuring high quality standards of care.		
0.057 FTE x \$69,628 for 12 months =	\$3,979	0.0600
Mental Health Specialist: responsible for delivery of mental health consultation services; compliance with all documentation requirements, assistance with evaluation efforts of program MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.45 FTE x \$46,933 for 12 months =	\$21,120	0.4500
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, assistance with reporting requirements, and completion of all monthly billing. High school diploma with 5 years experience in related field.		
0.029 FTE x \$38,110 for 12 months =	\$1,089	0.0300
TOTAL SALARIES	\$26,188	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 27.42% to the total Salaries.

Payroll Tax @ 7.65%	\$2,003	
SUI @ 8.14%	\$309	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$3,393	
Workers' Comp @ 1.25%	\$327	
LTD @ 0.39%	\$102	
403B @ 4%	\$1,048	
TOTAL BENEFITS	\$7,182	

TOTAL SALARIES & BENEFITS

\$33,370

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 0.53 FTE program staff at the ratio of 1.00% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$1,103

Utilities:

Utilities and Communication for 0.53 FTE program staff at the ratio of 1.00% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$471

Building Maintenance:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$697

Total Occupancy:

\$2,271

Materials and Supplies:

Office Supplies:

Office Supplies/Postages for program staff - 0.53 FTE ratio of 1.00% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$323

Printing/Reproduction:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$50

Program/Medical Supplies:

Total Materials and Supplies: \$373

General Operating:

Insurance:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will be for general and professional insurance. \$301

Staff Training:

Rental of Equipment:

Costs for 0.53 FTE ratio of 1.00% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$230

Client Related Expenses:

Total General Operating: \$531

Staff Travel (Local & Out of Town):

Local travel for outreach and meetings and to and from agency to school sites, including Fast Pass or mileages and parking fees @ \$60 per month. \$720

\$720

Consultants/Subcontractors:

Audit fees for 0.53 FTE ratio of 1.00% to the agency budget will contribute towards annual fiscal audit for the agency. \$105

Payroll Service for 0.53 FTE ratio of 1.00% to the agency budget will be used to procure payroll services for staff salaries. \$130

Total Consultants/Subcontractors: \$235

TOTAL OPERATING COSTS: \$4,130

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$37,500

CONTRACT TOTAL: \$42,000

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-7
Provider Name (same as line 8 on DPH 1):	MHSA - Trauma Recovery & Healing Services (C	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits

	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 5 years experiences in supervision of a multi-disciplinary team, experience in contract development and management and program developments.		
0.057 FTE x \$95,000 for 12 months =	\$5,429	0.0570
Lic. Clinical BH Supervisor: will provide professional oversight of direct services to individuals and families, facilitates weekly therapeutic drumming for youth, monthly healing circle and quarterly community drumming. Provides clinical supervision to professional staff and develops evaluation tools and assist in evaluation of outcomes. 5 years experience with Licensed in Behavioral Mental Health.		
Hourly rate at \$55 per hour x 5 hrs/w x 45 weeks =	\$12,375	0.1430
BH Specialist/Clinical Case Manager: will conduct intakes, psychosocial and clinical assessments of participants referred for intervention; develop workshops, supervise peer advocate and facilitating Case Development Meetings. Staff person will also provide supervision to casemenagers providing violence prevention and intervention. Lic. eligible in 3 years experience working in at risk youth.		
1.0 FTE x \$58,000 for 12 months =	\$58,000	1.0000
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements. High school diploma with 2 years experience in related field.		
0.086 FTE x \$33,285 for 12 months =	\$2,853	0.0860
TOTAL SALARIES	\$78,657	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 23.33% to the total Salaries.

Payroll Tax @ 7.65%	\$6,017	
SUI @ 8.14%	\$1,247	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$7,144	
Workers' Comp @ 1.25%	\$983	
LTD @ 0.39%	\$307	
403B @ 4%	\$2,652	
TOTAL BENEFITS	\$18,350	

TOTAL SALARIES & BENEFITS

\$97,007

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 1.29 FTE program staff at the ratio of 2.34% to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$2,688

Utilities:

Utilities and Communication for 1.29 FTE program staff at the ratio of 2.34% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$1,099

Building Maintenance:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.	\$1,519
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Total Occupancy:	\$5,306
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Materials and Supplies:

Office Supplies:

Office Supplies/Postages for program staff - 1.29 FTE ratio of 2.34% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services.	\$753
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Printing/Reproduction:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction.	\$117
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Program/Medical Supplies:

Costs will cover program related materials for outreach and promotion of activities.	\$429
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Total Materials and Supplies:	\$1,299
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General Operating:

Insurance:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will be for general and professional insurance.	\$701
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Staff Training:

Costs for registration and round trip flight, 2 nights hotel accommodation and per diem for staff to attend national conference on Public Health and Social Justice and local training needs.	\$1,000
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Rental of Equipment:

Costs for 1.29 FTE ratio of 2.34% to the agency budget will cover rental of copy machines and mailing equipment for program use.	\$535
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Cell phone usage for staff for communication	\$540
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Client Related Expenses:

Community Debriefings and Peace Gatherings - Costs for food, rental of van to transport youth to and from planned events, rental costs for audio/visual equipment	\$600
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\$30/session x 10 session = \$300 to provide nutritional meals for young women's group facilitated by peer advocate; \$200 for food, materials and supplies to support young women's rites of passage (Xilonen) in June. \$25/session x 8 sessions = \$200 to provide nutritional food for young men's therapeutic drumming group. \$300 to cover for community alters. \$25/youth x 20 = \$500 for individual incentives for youth who complete 3 months service plans.	\$1,500
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Cultural/Spiritual Events: Costs for program at agency wide events, such as Dia De los Muertos and Las Posadas. These costs also cover program activities to address program development, strategic planning and assess community needs.	\$200
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Total General Operating:	\$5,076
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Staff Travel (Local & Out of Town):

Local travel for outreach and meetings, including Fast Pass or mileages and parking fees @ \$60 per month.	\$720
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	\$720
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Consultants/Subcontractors:

Audit fees for 1.29 FTE ration of 2.34% to the agency budget will contribute towards annual fiscal audit for the agency. \$245

Payroll Service for 1.29 FTE ration of 2.34% to the agency budget will be used to procure payroll services for staff salaries. \$304

Consultant for 2 hours at \$100/hr x 2 events for Indigenous healer to participate in community debriefings and provide spiritual support and guidance to youth and families impacted by violence. \$400

Total Consultants/Subcontractors: \$949

TOTAL OPERATING COSTS: \$13,350

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$110,357

CONTRACT TOTAL: \$123,600

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-8
Provider Name (same as line 8 on DPH 1):	La Cultura Cura IHBS/EPSTDT Services	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 5 years experiences in supervision of a multi-disciplinary team, experience in contract development and management and program developments.		
0.100 FTE x \$75,000 for 12 months =	\$7,500	0.1000
Program Manager: responsible for completion of program's objectives, and delivery of services. Administrative supervision of staff. Ensures staff development goals, evaluations and progressive disciplinary practices. Minimum of 5 years experience overseeing the management, reporting, and implementation of systems-involved C.M. youth service contracts		
0.862 FTE x \$53,000 for 12 months =	\$45,685	0.8600
Case Manager: provide direct services including initial intake and psychosocial assessment(CANS), primary and secondary CM services. Assists clients/Families with compliance to probation guidelines. Attends court proceedings as needed. Bachelors level with a minimum of 2 years of experience providing C.M. and advocacy service for Juvenile Justice involved youth		
1.0 FTE x \$46,000 for 12 months =	\$46,000	1.0000
Mental Health Specialist: responsible for initial screening for program eligibility; supervises case managers in planned interventions for eligible youth. Provides MH services to target population. Conducts quality assurance reviews. Masters level, License eligible social worker with experience working with systems-involved youth in a community-based setting.		
0.80 FTE x \$47,000 for 12 months =	\$37,600	0.8000
QA Specialist: responsible for ensuring documentation meets Medi-Cal requirements including chart reviews, PURG. Masters level, License eligible social worker with experience working with systems-involved youth in a community-based setting.		
0.20 FTE x \$47,000 for 12 months =	\$9,400	0.2000
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements and quality assurance procedures. High school diploma with 2 years experience in related field.		
0.2143 FTE x \$33,285 for 12 months =	\$7,133	0.2100
TOTAL SALARIES	\$153,318	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 28.46% to the total Salaries.

Payroll Tax @ 7.65%	\$11,729	
SUI @ 8.14%	\$1,991	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$21,264	
Workers' Comp @ 1.25%	\$1,916	
LTD @ 0.39%	\$598	
403B @ 4%	\$6,134	
TOTAL BENEFITS	\$43,632	

TOTAL SALARIES & BENEFITS

\$196,950

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:**Rent:**

Office Space Rental for 3.42 FTE program staff at the ratio of 6.46% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$7,101

Utilities:

Utilities and Communication for 3.42 FTE program staff at the ratio of 6.46% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$3,034

Building Maintenance:

Costs for 3.42 FTE ratio of 6.46% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$4,196

Total Occupancy: \$14,331

Materials and Supplies:**Office Supplies:**

Office Supplies/Postages for program staff - 3.42 FTE ratio of 6.46% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$2,079

Printing/Reproduction:

Costs for 3.42 FTE ratio of 6.46% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$323

Program/Medical Supplies:

Total Materials and Supplies: \$2,402

General Operating:**Insurance:**

Costs for 3.42 FTE ratio of 6.46% to the agency budget will be for general and professional insurance. \$1,937

Staff Training:**Rental of Equipment:**

Costs for 3.42 FTE ratio of 6.46% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$1,478

2 Cell phones usage for staff to facilitate communication between CM and families when out in the field at \$50 per month x 2 phones x 12 months = \$1,200

Client Related Expenses:

Food: \$50 per month x 12 months = \$600 for incentives and engagement activities. Client related expenses for \$50 per month x 12 months = \$600 will cover incentives and educational related materials to assist youth meet service goals. These will also include but not be limited to clothes, stipends, support services enrollment fees, outings entrance fees, and supplies identified between youth and staff to facilitate progress towards goals. \$400 will support agency-wide activities, such as Dia De los Muertos and Las Posadas that promote clients to participate. These costs also cover program activities to address program development, strategic planning and assess community needs. \$1,600

Total General Operating: \$6,215

Staff Travel (Local & Out of Town):

Local travel for outreach and meetings, including Fast Pass or mileages and parking fees @ \$50 per month for 3 staff in this program. \$1,800

\$1,800**Consultants/Subcontractors:**

Audit fees for 3.42 FTE ration of 6.46% to the agency budget will contribute towards annual fiscal audit for the agency. \$678

Payroll Service for 3.42 FTE ration of 6.46% to the agency budget will be used to procure payroll services for staff salaries. \$839

Total Consultants/Subcontractors: \$1,517

TOTAL OPERATING COSTS: \$26,265

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) **\$0**

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$223,215
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CONTRACT TOTAL:	\$250,000
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CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

3818

B-9

Provider Name (same as line 8 on DPH 1):

Indigena Health & Wellness COLL (Cost Reimburi

DATE: 07/01/2010

Fiscal Year: 10-11

Salaries and Benefits

	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. Masters degree in Psychology, Social Work, Public Health or related field or 5 years experience supervising a multi-disciplinary team and experience in contract development and management and program planning, implementation and evaluation.		
0.057 FTE x \$95,000 for 12 months =	\$5,429	0.0600
Health and Wellness Coordinator: will supervise the planning and implementation of programs, supervises service delivery staff at IFR, monitors contract deliverables and compliance, develops and implements curriculum and evaluation of the collaborative and maintain compliance with reporting requirements. Requires Masters degree in Public Health, Social Work or related field or BA in realted disipline and 5 years experience planning, implementing and evaluating programs in public health and health education.		
0.957 FTE x \$55,000 for 12 months =	\$52,643	0.9600
Sr. Behavioral Health Specialist - will provide professional oversight of direct services to individuals and families, clinical supervision to professional staff and behavioral health consultation to Mayan Health Promoters, assist in development of evaluation tools and assist in evaluation of outcomes. 5 years experience with Licensed in Behavioral Mental Health.		
Hourly rate at \$55 per hour x 4 hrs/w x 40 weeks =	\$8,800	0.1400
Health Educator/Early Intervention Specialist: assess and provides targeted early intervention and risk reduction counseling, health education and referral. Supports and coordinates mentoring and professional development of Maya Health promoters. Plans and implements strategies for outreach and targeted health education efforts. Minimal qualifications: bachelor's degree in health education or related field or 2 years of equivalent experience.		
0.849 FTE x \$40,000 for 12 months =	\$33,943	0.8500
Billing and Support Asst: will provide administrative support to staff, including data entry and collection, scheduling of appointment for clients, and assistance with reporting requirements and quality assurance procedures. High school diploma with 2 years experience in related field.		
0.142 FTE x \$33,324 for 12 months =	\$4,761	0.1400
TOTAL SALARIES	\$105,576	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 26.07% to the total Salaries.

Payroll Tax @ 7.65%	\$8,076	
SUI @ 8.14%	\$1,250	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$12,632	
Workers' Comp @ 1.25%	\$1,320	
LTD @ 0.39%	\$377	
403B @ 4%	\$3,872	
TOTAL BENEFITS	\$27,527	

TOTAL SALARIES & BENEFITS

\$133,103

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided
Occupancy:

Rent:

Office Space Rental for 2.40 FTE program staff at the ratio of 3.91% to the agency budget. This will cover expenses for the space use to provide direct services and activities. \$4,297

Utilities:

Utilities and Communication for 2.40 FTE program staff at the ratio of 3.91% to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities. \$1,836

Building Maintenance:

Costs for 2.40 FTE ratio of 3.91% to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients. \$2,539

Total Occupancy: \$8,672

Materials and Supplies:**Office Supplies:**

Office Supplies/Postages for program staff - 2.40 FTE ratio of 3.91% to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services. \$1,258

Printing/Reproduction:

Costs for 2.40 FTE ratio of 3.91% to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction. \$195

Program/Medical Supplies:

Program/Educational Supplies - \$500 annually will be used to purchase program related materials for outreach and promotion of activities such as handbooks and manuals and audiovisual equipment for program staff. \$500

Total Materials and Supplies: \$1,953

General Operating:**Insurance:**

Costs for 2.40 FTE ratio of 3.91% to the agency budget will be for general and professional insurance. \$1,172

Staff Training:

Will cover training on Trauma for BHS and related training for program needs. \$500

Rental of Equipment:

Costs for 2.40 FTE ratio of 3.91% to the agency budget will cover rental of copy machines and mailing equipment for program use. \$895

Client Related Expenses:

Group Activities at \$1,000 for gathering to cover food and other expenses for Foro Comunitario Sobre Taruma; \$10 per person x 100 people. \$600 will cover 40 sections of group education at \$15 per session. \$1,600

\$300 will cover expenses for Dia de los Muertos, \$800 will cover 4 ceremonies conducted by Danza Xitlalli @ \$200 per ceremony to cover cost of food; flowers for alters and basic supplies for the ceremonies. \$300 will cover Guatemalan Mayan Ceremonies conducted by Mayan group to cover cost for food and basic supplies for the ceremonies. \$800 will cover 1 Gathering(Encuentro de Culturas) for food, materials and other related expenses including multilingual translation services. \$2,200

Total General Operating: **\$6,367**

Staff Travel (Local & Out of Town):

Local travel for outreach and meetings, including Fast Pass or mileages and parking fees. **\$164**

\$164

Consultants/Subcontractors:

Audit fees for 2.40 FTE ration of 3.91% to the agency budget will contribute towards annual fiscal audit for the agency. **\$410**

Payroll Service for 2.40 FTE ration of 3.91% to the agency budget will be used to procure payroll services for staff salaries. **\$508**

Consultant and workshop: \$400 will cover 2 platicas @ \$100 x 2 hours per section. **\$400**

Subcontract for \$80,235 for Asociacion Mayab to support a 25% FTE Program Liaison and a 25% FTE Program Assistant Position to provide assistance in the implementation of the Mayan Health Promoter Project. It will cover training expenses for 6 Health Promoters including presenters' fees, books, audiovisual materials and some travel expenses to attend a Promotores de Salud state conference. In addition, it will cover salary of 6 part time Mayan Health Worker positions at 42% FTE each and other program related expenses such as transportation, facility rental, utilities and other equipment. It also covers expenses for group related activities including food and other materials for a ceremony and at least one group activity. Asociacion Mayab will provide outreach and education to a minimum of 450 Mayan families and Information and Referral, system navigation and cultural/language interpretation services to a minimum of 100 Mayan individuals and families. **\$80,235**

Total Consultants/Subcontractors: **\$81,553**

TOTAL OPERATING COSTS: **\$98,709**

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) **\$0**

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): **\$231,812**

CONTRACT TOTAL: **\$250,000**

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):	3818	B-10
Provider Name (same as line 8 on DPH 1):	Mentoring (Cost Reimbursement)	
DATE: 07/01/2010	Fiscal Year: 10-11	

Salaries and Benefits	Salaries	FTE
Program Director: will oversight and direction of the program. Provides weekly supervision to Program Manager in all areas of management and program development. Ensures compliance and oversight of quality assurance protocols. 5 years experiences in supervision of a multi-disciplinary team, experience in contract development and management and program developments.		
0.343 FTE x \$78,795 / 12 months x 3 months =	\$6,754	0.3430
Program Manager: responsible for day-to-day administrative operations of the program including: supervision of client related services, conducting evaluation of program, ensuring quality of care. Responsible for administrative duties including; implementing and monitoring. Master in Public Health, psychology or social work or equivalent experience in management position. Licensed or licensed eligible preferred.		
1.00 FTE x \$55,000 / 12 months x 3 months =	\$13,750	1.0000
Mentor Manager: implement "matching" procedures; provide supervision to Mentors; Monitor the quality of work and workload of Mentors, Maintain contact with parent/guardian and youth as necessary; Maintain clear and complete written records of all contacts related to client cases; Facilitate necessary communication and collaboration with other providers; Ensure compliance with quality assurance standards for supervised caseload (including time sheets, activities reports and progress reports). MSW, or Master's degree in counseling, psychology, social science or behavioral science field.		
0.6426 FTE x \$40,000 / 12 months x 2.50 months =	\$5,355	0.6400
Billing and Support Assistant: responsible for creation and maintenance of client files, data entry for billing, and assisting program staff for registration, as needed. Position also responsible for preparing staff productivity reports, monthly billing invoices, and assisting in quality assurance activities including chart reviews and survey distribution. High school diploma with 2 years experience in related field.		
0.40 FTE x \$37,000 / 12 months x 3 months =	\$3,700	0.4000
TOTAL SALARIES	\$29,559	

Includes FICA, SUI, Health and Dental Benefits, Workers' Compensation, Long -Term Disability Insurance, and 403B Retirement contributions at 33.475% to the total Salaries.

Payroll Tax @ 7.65%	\$2,261	
SUI @ 8.14%	\$1,887	
Health & Dental @ 520.95 per month per staff x FTE x 12 months	\$4,079	
Workers' Comp @ 1.25%	\$369	
LTD @ 0.39%	\$115	
403B @ 4%	\$1,184	
TOTAL BENEFITS	\$9,895	

TOTAL SALARIES & BENEFITS

\$39,454

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a total amount divided

Occupancy:

Rent:

Office Space Rental for 2.38 FTE program staff at the ratio of 4.71% for 3 months to the agency budget. This will cover expenses for the space use to provide direct services and activities.

\$1,510

Utilities:

Utilities and Communication for 2.38 FTE program staff at the ratio of 4.71% for 3 months to the agency budget. This will cover the costs of electricity, water, gas, phone, scavenger and other utilities.

\$553

Building Maintenance:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will cover Building Maintenance Supplies and Repairs, such as space cleaning, janitorial supplies, and minor building repairs to ensure the office space meets safety and health standards for staff and clients.

\$765

Total Occupancy:

\$2,828

Materials and Supplies:

Office Supplies:

Office Supplies/Postages for program staff - 2.38 FTE ratio of 4.71% for 3 months to the agency budget will be used to provide staff with sufficient office supplies, such as folders for record keeping, furniture, computer and software and postage for letters mailed related to direct services.

\$379

Printing/Reproduction:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will cover printing flyers, calendars and brochures, as well as direct service related printing and reproduction

\$118

Program/Medical Supplies:

Total Materials and Supplies:

\$497

General Operating:

Insurance:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will be for general and professional insurance.

471

Staff Training:

Rental of Equipment:

Costs for 2.38 FTE ratio of 4.71% for 3 months to the agency budget will cover rental of copy machines and mailing equipment for program use.

\$285

Client Related Expenses:

Mentor Wages and Taxes: Meet with identified youths (Mentees), minimum of 4-6 hours per week, per client (as required by client's service authorization); Bi-weekly supervision with IFR Mentor Supervisor; Cooperate and communicate with other service providers; Attend training/staff meetings (6/year); Timely and appropriate submission of documentation (timesheets, activities reports, and expense reports)

Minimum Qualifications: 18 years of age or older; Related educational background; Flexible schedule (weekend and evening availability preferred); Knowledge of community resources, activities for youth; Fingerprint clearance; Experience working with children/youth with emotional difficulties, and from diverse cultures; Understanding of psychosocial and environmental risk factors for youth; Bilingual/bicultural preferred. 3.90 FTE x 13 weeks x 75% LOE

\$22,043

End of Year Program Celebration: Cost of invitations, food, entertainment, and award/recognition for select staff: Food for 30-40 people at \$20 per person = \$800 and \$200 for 4 gift cards for recognizing long-term contributions of select Mentors.

\$1,000

Mentoring Client Related Expenses: reimburse costs related to client activities, such as museum tickets, transportation of clients, foods, entrance fees, and event tickets, etc. at \$30-40 per month per client. This also cover some of the costs for mailing and postages, and program materials for staff to deliver services and ongoing program activities, including but not limited to client files, charts, training materials and all educational materials related expenses as well as activities reports and parent survey packets, activity books, and all activities to close this program costs. 13 clients x \$30-40 per month x 3 months = \$1,560 and \$1,540 will cover all other expenditures associate to this program.	\$3,100
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Total General Operating:	\$26,899
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Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Audit fees for 2.38 FTE ration of 4.71% for 3 months to the agency budget will contribute towards annual fiscal audit for the agency.	\$247
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Payroll Service for 2.38 FTE ration of 4.71% for 3 months to the agency budget will be used to procure payroll services for staff salaries.	\$204
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Total Consultants/Subcontractors:	\$451
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TOTAL OPERATING COSTS:	\$30,675
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CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more)	\$0
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TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$70,129
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CONTRACT TOTAL:	\$78,543
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Appendix C
Insurance Waiver

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Appendix D Additional Terms

1. **HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- ☐ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- ☒ A Business Associate subject to the terms set forth in Appendix E;
- ☐ Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. **THIRD PARTY BENEFICIARIES**

No third parties are intended by the parties hereto to be third party beneficiaries under this Agreement, and no action to enforce the terms of this Agreement may be brought against either party by any person who is not a party hereto.

3. **CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. **MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

In consideration of the mutual promises below and the exchange of information pursuant to this Addendum, the parties agree as follows:

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.
- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
 - j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
 - k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
 - l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
 - m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).
2. **Obligations of Business Associate**
- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
 - b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].
 - c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.

- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)). BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the

individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.

- j. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- m. **Business Associate's Insurance.** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum,

agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.



**Appendix F
Invoice**

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F
 PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No (415) 229-0500

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M01 JL 0

CL Blanket No.: BPHM TBD

Ct PO No.: POHM TBD

Fund Source: ARRA, SDMG FFP, Realignment & GF

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unaudited Data for AOS Use Only

DELIVERABLES Program Name/Proj. Unit Modality/Mode # - Svc Func (M-C only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Adult Outpatient MH Svcs RU# 38183												
15/ 10 - 59 MH Svcs	94,337				\$ 2.61	\$ -	0.000		0.00%		94,337.000	
15/ 60 - 69 Medication Support	12,384				\$ 4.82	\$ -	0.000		0.00%		12,384.000	
15/ 70 - 79 Crisis Intervention-OP	961				\$ 3.88	\$ -	0.000		0.00%		961.000	
15/ 01 - 09 Case Mgt Brokerage	22,162				\$ 2.02	\$ -	0.000		0.00%		22,162.000	
Low Threshold	9,234				\$ 2.02	\$ -	0.000		0.00%		9,234.000	
B-2 Child Outpatient RU# 38186												
15/ 10 - 59 MH Svcs	40,424				\$ 2.61	\$ -	0.000		0.00%		40,424.000	
15/ 60 - 69 Medication Support	1,366				\$ 4.82	\$ -	0.000		0.00%		1,366.000	
15/ 70 - 79 Crisis Intervention-OP	412				\$ 3.88	\$ -	0.000		0.00%		412.000	
15/ 01 - 09 Case Mgt Brokerage	1,751				\$ 2.02	\$ -	0.000		0.00%		1,751.000	
45/ 20 - 09 Outreach/Commy Client Svcs	230				\$ 69.37	\$ -	0.000		0.00%		230.000	
B-2a Children EPSDT RU# 38185												
15/ 10 - 59 MH Svcs	40,371				\$ 2.61	\$ -	0.000		0.00%		40,371.000	
15/ 60 - 69 Medication Support	633				\$ 4.82	\$ -	0.000		0.00%		633.000	
15/ 70 - 79 Crisis Intervention-OP	1,151				\$ 3.88	\$ -	0.000		0.00%		1,151.000	
15/ 01 - 09 Case Mgt Brokerage	2,947				\$ 2.02	\$ -	0.000		0.00%		2,947.000	
B-4 DMS-CYF MH Consult/SED Classroom RU# 38185D												
15/ 10 - 59 MH Svcs	6,018				\$ 1.08	\$ -	0.000		0.00%		6,018.000	
15/ 01 - 09 Case Mgt Brokerage	18,839				\$ 1.67	\$ -	0.000		0.00%		18,839.000	
45/ 10 - 19 Indirect Svcs/ MH Promotion	8,787				\$ 1.08	\$ -	0.000		0.00%		8,787.000	
B-1 Adult Outpatient-Dual Diagnosis RU# 38183												
15/ 10 - 59 MH Svcs	33,692				\$ 2.61	\$ -	0.000		0.00%		33,692.000	
15/ 60 - 69 Medication Support	4,423				\$ 4.82	\$ -	0.000		0.00%		4,423.000	
15/ 70 - 79 Crisis Intervention-OP	1,030				\$ 3.88	\$ -	0.000		0.00%		1,030.000	
15/ 01 - 09 Case Mgt Brokerage	19,787				\$ 2.02	\$ -	0.000		0.00%		19,787.000	
Low Threshold	3,298				\$ 2.02	\$ -	0.000		0.00%		3,298.000	
TOTAL	324,227		0.000				0.000		0.00%		324,227.000	

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (per DPH User) Other Adjustments
 NET REIMBURSEMENT \$

NOTES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

Appendix F
PAGE A

INVOICE NUMBER:	M02	JL	0
CL Blanket No 8PHM	TBD		
CL PO No.: POHM	TBD	User Ca TBD	
Fund Source	Capitated Medical		
Invoice Period	July 2010		
Final Invoice:		(Check if Yes)	
ACE Control Number			

PHP Division Community Behavioral Health Services

*Unduplicated Counts for AIDS Use Only

\$ 738.63

\$	-
\$	-

Signature: _____

Title: _____

Date: _____

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address 2919 Mission St., San Francisco, CA 94110

Tel No : (415) 229-0500

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER	MD3 JL 0
Cl. Blanket No : BPHM	TBD
Cl. PO No POHM	TBD
Fund Source:	HSA Work Order
Invoice Period	July 2010
Final Invoice:	(Check if Yes)
ACE Control Number	

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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Unduplicated Clients for All 29 Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (All One)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-3 High Quality Childcare MH Consultation Initiative RUM38182												
45/20 - 29 Consultation (Group) Cmmy Client Svcs	1,074				\$ 75.00	\$ -	0.000		0.00%		1,074.000	\$ 80,550.00
45/20 - 29 Consultation (Individual) Cmmy Client Svcs	1,002				\$ 75.00	\$ -	0.000		0.00%		1,002.000	\$ 75,150.00
45/20 - 29 Consultation (Class/Observation) Cmmy Client Svcs	397				\$ 75.00	\$ -	0.000		0.00%		397.000	\$ 29,775.00
45/20 - 29 Training/ Parent Support (Group) Cmmy Client Svcs	227				\$ 75.00	\$ -	0.000		0.00%		227.000	\$ 17,025.00
45/20 - 29 Direct Services (Therapeutic Group) Cmmy Client Svcs	23				\$ 110.00	\$ -	0.000		0.00%		23.000	\$ 2,530.00
45/20 - 29 Direct Individual/Fam.Group (Direct Service)	175				\$ 75.00	\$ -	0.000		0.00%		175.000	\$ 13,125.00
45/20 - 29 Outreach & Linkage/ Cmmy Client Svcs	646				\$ 75.00	\$ -	0.000		0.00%		646.000	\$ 40,950.00
45/20 - 29 Evaluation Services/Cmmy Client Svcs	182				\$ 75.00	\$ -	0.000		0.00%		182.000	\$ 13,650.00
TOTAL	3,626		0.000				0.000		0.00%		3,626.000	\$ 272,755.00

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Title: _____

Date: _____

Send to:	DPH Fiscal/Invoice Processing
	1380 Howard St. - 4th Floor
	San Francisco, CA 94103

DPH Authorization for Payment	
Authorized Signatory	Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address 2919 Mission St., San Francisco, CA 94110

Tel No. (415) 226-0500

Contract Term 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M04 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD

Fund Source: DCYP Work Order

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Clients by AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-3 High Quality Childcare MH Consultation Initiative RU# 38182													
45/20 - 29 Consultation (Group) Cmnty Client Svcs	142				\$ 75.00	\$ -	0.000		0.00%		142.000		\$ 10,650.00
45/20 - 29 Consultation (Individual) Cmnty Client Svcs	133				\$ 75.00	\$ -	0.000		0.00%		133.000		9,975.00
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	53				\$ 75.00	\$ -	0.000		0.00%		53.000		3,975.00
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	30				\$ 75.00	\$ -	0.000		0.00%		30.000		2,250.00
45/20 - 29 Direct Services (Therapeutic Group) Cmnty Client Svcs	3				\$ 110.00	\$ -	0.000		0.00%		3.000		330.00
45/20 - 29 Direct Individual/Fam Group (Direct Service)	23				\$ 75.00	\$ -	0.000		0.00%		23.000		1,725.00
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	72				\$ 75.00	\$ -	0.000		0.00%		72.000		5,400.00
45/20 - 29 Evaluation Services/Cmnty Client Svcs	24				\$ 75.00	\$ -	0.000		0.00%		24.000		1,800.00
TOTAL	480.00		0.000				0.000		0.00%		480.000		\$ 36,105.00

SUBTOTAL AMOUNT DUE \$
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH/Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

Appendix F
PAGE A.

INVOICE NUMBER:	M06 JL 0
Cl. Blanket No.: BPHM	TBD
Cl. PO No.: POHM	TBD User Cd
Fund Source:	DCYF Work Order - Local Match
Invoice Period:	July 2010
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

Unreplicated Events for AQS Use Only

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables		
Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	UOS	CLIENTS	UOS	CLIENTS				UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-9 IHBS/ EPSDT Services RU# 381810													
15/ 01 - 09 Case Mgt Brokerage	37,129				\$ 2.02	\$ -		0.000		0.00%		37,129.000	
15/ 10 - 59 MH Svcs	19,167				\$ 2.61	\$ -		0.000		0.00%		19,167.000	
</													

Signature: _____ Date: _____

Title: _____

Send to: DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

Authorized Signatory

Date

Appendix F
PAGE 4

INVOICE NUMBER: MD7 JL 0

Ct. Blanket No. BPHM TSD

CL PO No. POHM	TBD	User Co
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Fund Source: ARRA, SDMC Regular FFP, EPSDT State Match

Invoice Period	July 2010
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Final Invoice:		(Check if Yes)
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ACE Control Number

*Uncupulated Counts for AIDS Use Only

\$	75,000.58
	49,999.77

\$ 125,000.35

NOTES:

Signature: _____

Date: _____

Title: _____

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

INVOICE NUMBER: MOB JL 0

CL Blanket No.. BPHM TBD

Ct. PO No. POHM	TBD
-----------------	-----

Fund Source: ARRA, SDMC Regular FFP, EPSDT, GF

Invoice Period : July 2010

Final Invoice:	(Check if Yes)
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ACE Control Number:

^aUnduplicated Counts for AIDS Wards Only

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Title: _____

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M10 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 MHSA - Truma Recovery & Healing Services RU# 3818												
60/ 78 Other Non-Medical Client	1	112					0%	0%	1	112	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 78,657.00	\$ -	\$ -	0.00%	\$ 78,657.00
Fringe Benefits	\$ 18,350.00	\$ -	\$ -	0.00%	\$ 18,350.00
Total Personnel Expenses	\$ 97,007.00	\$ -	\$ -	0.00%	\$ 97,007.00
Operating Expenses:					
Occupancy	\$ 5,306.00	\$ -	\$ -	0.00%	\$ 5,306.00
Materials and Supplies	\$ 870.00	\$ -	\$ -	0.00%	\$ 870.00
General Operating	\$ 2,236.00	\$ -	\$ -	0.00%	\$ 2,236.00
Staff Travel	\$ 720.00	\$ -	\$ -	0.00%	\$ 720.00
Consultant/Subcontractor	\$ 949.00	\$ -	\$ -	0.00%	\$ 949.00
Other: Educ. Materials, Cell Phone Usage	\$ 3,269.00	\$ -	\$ -	0.00%	\$ 3,269.00
Client Related Expenses	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 13,350.00	\$ -	\$ -	0.00%	\$ 13,350.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 110,357.00	\$ -	\$ -	0.00%	\$ 110,357.00
Indirect Expenses	\$ 13,243.00	\$ -	\$ -	0.00%	\$ 13,243.00
TOTAL EXPENSES	\$ 123,600.00	\$ -	\$ -	0.00%	\$ 123,600.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M11 JL G

Cl. Blanket No.: BPHM T80

'CL PO No.: POHM ITED

Fund Source: SFCFC/ SRI Work Order

Invoice Period : July 2010

Final Invoice:	(Check if Yes)
----------------	----------------

ACE Control Number.

Contractor: Instituto Familiar de la Raza, Inc.

Address 2919 Mission St., San Francisco, CA 94110

Tel No (415) 229-0500

Fax No. (415)

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unadjusted Counts for AHS Line Only

Unauthorized Duplication for ARJIS Use Only

DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (see covy)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 Hight Quality Childcare MH Consultation Initiative RU# 381B2													
45/20 - 29 Consultation (Group) Cmnty Client Svcs		188				\$ 75.00	\$ -	0.000		0.00%		188,000	\$ 14,175.00
45/20 - 29 Consultation (Individual) Cmnty Client Svcs		176				\$ 75.00	\$ -	0.000		0.00%		176,000	13,200.00
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs		70				\$ 75.00	\$ -	0.000		0.00%		70,000	5,250.00
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs		40				\$ 75.00	\$ -	0.000		0.00%		40,000	3,000.00
45/20 - 29 Direct Services (Therapeutic Group) Cmnty Client Svcs		4				\$ 110.00	\$ -	0.000		0.00%		4,000	440.00
45/20 - 29 Direct Individual Fam.Group (Direct Service)		31				\$ 75.00	\$ -	0.000		0.00%		31,000	2,325.00
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs		96				\$ 75.00	\$ -	0.000		0.00%		96,000	7,200.00
45/20 - 29 Evaluation Services/Cmnty Client Svcs		32				\$ 75.00	\$ -	0.000		0.00%		32,000	2,400.00
		</											

SUBTOTAL AMOUNT DUE	\$ -	NOTES:
Less: Initial Payment Recovery		
(For Debit Use) Other Adjustments		
NET REIMBURSEMENT	\$ -	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date:

Title: _____

Send to: DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix F
PAGE A

INVOICE NUMBER: M12 JL 0

CL Blanket No.: BPHM TBD

Ct PO No. FOHM	TBD
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Fund Source	SFCFC PFA Work Order
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Invoice Period ,	July 2010
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Final Invoice.	(Check if Yes)
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ACE Control Number: [REDACTED]

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Send to: DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

Authorized Signatory

Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.

Address 2819 Mission St., San Francisco, CA 94110

Tel No. (415) 228-0500

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M15 JL 0

CL Blanket No., BPHM TBD

CL PO No. POHM TBD User Cd

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Clients for ADS Use Only

DELIVERABLES Program Name/Reptg. Unit Monthly/Mode # - Svc Func (last only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-5 MHSA PEI-School-Based Youth-Centered Wellness RJ# 3818												
45/20 - 28 Consultation-Group/ Cmnty Client Svcs	360				\$ 90.00	\$ -	0.000		0.00%		360.000	
45/20 - 28 Consultation-Individual/ Cmnty Client Svcs	360				\$ 90.00	\$ -	0.000		0.00%		360.000	
45/20 - 28 Consultation-Class/Observation/ Cmnty Client Svcs	250				\$ 90.00	\$ -	0.000		0.00%		250.000	
45/20 - 28 Training to Providers/ Parental/ Cmnty Client Svcs	145				\$ 80.00	\$ -	0.000		0.00%		145.000	
45/20 - 28 Therapeutic Group (Direct Service)/ Cmnty Client Svcs	20				\$ 185.38	\$ -	0.000		0.00%		20.000	
45/20 - 28 Parental Engagement/ Cmnty Client Svcs	52				\$ 82.89	\$ -	0.000		0.00%		52.000	
45/20 - 28 Outreach & Linkage/ Cmnty Client Svcs	612				\$ 33.08	\$ -	0.000		0.00%		612.000	
45/20 - 28 Evaluation Services/ Cmnty Client Svcs	204				\$ 33.08	\$ -	0.000		0.00%		204.000	
45/20 - 28 Support for Families-Consult. Group/ Cmnty Client Svcs	80				\$ 82.89	\$ -	0.000		0.00%		80.000	
45/20 - 28 Support for Families-Consult. Individual/ Cmnty Client Svcs	78				\$ 55.13	\$ -	0.000		0.00%		78.000	
45/20 - 28 Support for Families-Consult. Class/Child Observation/ Cmnty Client Svcs	78				\$ 49.51	\$ -	0.000		0.00%		78.000	
45/20 - 28 Support for Families-Training to Providers/ Parental Cmnty Client Svcs	2				\$ 82.50	\$ -	0.000		0.00%		2.000	
TOTAL	2,242		0.000				0.000		0.00%		2,242.000	

SUBTOTAL AMOUNT DUE \$

Less: Initial Payment Recovery

(For DPH Use) Other Adjustments

NET REIMBURSEMENT \$

NOTES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:	DPH Fiscal/Invoice Processing
	1380 Howard St. - 4th Floor
	San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER:	M17 JL 0
Ct. Blanket No.: BPHM	TBD
Ct. PO No.: POHM	TBD
Fund Source:	MHSA - Prop63
Invoice Period:	July 2010
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Indigena Health & Wellness Coll RU# 3818												
45/ 20 - 29 Cmnty Client Svcs	2,632	886					0%	0%	2,632	886	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 105,576.00	\$ -	\$ -	0.00%	\$ 105,576.00
Fringe Benefits	\$ 27,527.00	\$ -	\$ -	0.00%	\$ 27,527.00
Total Personnel Expenses	\$ 133,103.00	\$ -	\$ -	0.00%	\$ 133,103.00
Operating Expenses:					
Occupancy	\$ 8,672.00	\$ -	\$ -	0.00%	\$ 8,672.00
Materials and Supplies	\$ 1,453.00	\$ -	\$ -	0.00%	\$ 1,453.00
General Operating	\$ 2,567.00	\$ -	\$ -	0.00%	\$ 2,567.00
Staff Travel	\$ 164.00	\$ -	\$ -	0.00%	\$ 164.00
Consultant/Subcontractor	\$ 81,553.00	\$ -	\$ -	0.00%	\$ 81,553.00
Other: Program/ Educational Supplies	\$ 4,300.00	\$ -	\$ -	0.00%	\$ 4,300.00
Client Related Expenses & Cultural Events	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 98,709.00	\$ -	\$ -	0.00%	\$ 98,709.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 231,812.00	\$ -	\$ -	0.00%	\$ 231,812.00
Indirect Expenses	\$ 18,188.00	\$ -	\$ -	0.00%	\$ 18,188.00
TOTAL EXPENSES	\$ 250,000.00	\$ -	\$ -	0.00%	\$ 250,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory	Date
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No. (415) 229-0500
Fax No. (415)
Contract Term: 07/01/2010 - 06/30/2011
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M20 JL 0
C1 Blanket No. BPHM: TBD
C1 PO No. POHM: TBD
Fund Source: MHSA - Prop63
Invoice Period: July 2010
Final Invoice: (Check if Yes)
ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts by A03 Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (use only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS	
B-5 MHSA PEI-Early Childhood MH Consultation RU# 3818													
45/20 - 29 Consultation Group/ Cmnty Client Svcs	170				\$ 82.69	\$ -	0.000		0.00%		170.000		\$ 14,057.30
45/20 - 29 Consultation Individual/ Cmnty Client Svcs	131				\$ 55.13	\$ -	0.000		0.00%		131.000		7,222.03
45/20 - 29 Consultation Class/ Child Observation/ Cmnty Client Svcs	50				\$ 49.81	\$ -	0.000		0.00%		50.000		2,490.50
45/20 - 29 Training to Providers/ Cmnty Client Svcs	13				\$ 82.69	\$ -	0.000		0.00%		13.000		1,074.97
45/20 - 29 Therapeutic Group (Direct Service)/ Cmnty Client Svcs	26				\$ 165.38	\$ -	0.000		0.00%		26.000		4,299.88
45/20 - 29 Parental Engagement/ Cmnty Client Svcs	54				\$ 82.69	\$ -	0.000		0.00%		54.000		4,465.26
45/20 - 29 Outreach & Linkage/ Cmnty Client Svcs	190				\$ 33.08	\$ -	0.000		0.00%		190.000		6,285.20
45/20 - 29 Evaluation Services/Cmnty Client Svcs	63				\$ 33.08	\$ -	0.000		0.00%		63.000		2,084.04
TOTAL	697.00		0.000				0.000		0.00%		697.000		\$ 41,868.18

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment
Authorized Signatory _____ Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 09/30/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER:

M23 JL 0

Ct. Blanket No.: BPHM

TBD

Ct. PO No.: POHM

TBD

User Cd

Fund Source:

Family Mosaic Capitated Medical

Invoice Period:

July 2010

Final Invoice:

(Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Mentoring RU# 3818												
Other Non-Medical Client	1	4					0%	0%	1	4	100%	100%
Support Exp												

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 17,573.00	\$ -	\$ -	0.00%	\$ 17,573.00
Fringe Benefits	\$ 5,097.00	\$ -	\$ -	0.00%	\$ 5,097.00
Total Personnel Expenses	\$ 22,670.00	\$ -	\$ -	0.00%	\$ 22,670.00
Operating Expenses:					
Occupancy	\$ 1,626.00	\$ -	\$ -	0.00%	\$ 1,626.00
Materials and Supplies	\$ 286.00	\$ -	\$ -	0.00%	\$ 286.00
General Operating	\$ 435.00	\$ -	\$ -	0.00%	\$ 435.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 259.00	\$ -	\$ -	0.00%	\$ 259.00
Other: Mentor Wages & Taxes	\$ 12,666.00	\$ -	\$ -	0.00%	\$ 12,666.00
End of Year Program Celebration	\$ 575.00	\$ -	\$ -	0.00%	\$ 575.00
Mentoring Client Related Expenses	\$ 1,781.00	\$ -	\$ -	0.00%	\$ 1,781.00
Total Operating Expenses	\$ 17,628.00	\$ -	\$ -	0.00%	\$ 17,628.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 40,298.00	\$ -	\$ -	0.00%	\$ 40,298.00
Indirect Expenses	\$ 4,834.00	\$ -	\$ -	0.00%	\$ 4,834.00
TOTAL EXPENSES	\$ 45,132.00	\$ -	\$ -	0.00%	\$ 45,132.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 09/30/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M24 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHSA - Prop63

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Mentoring												
Single Service	1	13					0%	0%	1	13	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 3,309.00	\$ -	\$ -	0.00%	\$ 3,309.00
Fringe Benefits	\$ 960.00	\$ -	\$ -	0.00%	\$ 960.00
Total Personnel Expenses	\$ 4,269.00	\$ -	\$ -	0.00%	\$ 4,269.00
Operating Expenses:					
Occupancy	\$ 306.00	\$ -	\$ -	0.00%	\$ 306.00
Materials and Supplies	\$ 54.00	\$ -	\$ -	0.00%	\$ 54.00
General Operating	\$ 82.00	\$ -	\$ -	0.00%	\$ 82.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 49.00	\$ -	\$ -	0.00%	\$ 49.00
Other: Mentor Wages & Taxes	\$ 2,385.00	\$ -	\$ -	0.00%	\$ 2,385.00
End of Year Program Celebration	\$ 108.00	\$ -	\$ -	0.00%	\$ 108.00
Mentoring Client Related Expenses	\$ 335.00	\$ -	\$ -	0.00%	\$ 335.00
Total Operating Expenses	\$ 3,319.00	\$ -	\$ -	0.00%	\$ 3,319.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 7,588.00	\$ -	\$ -	0.00%	\$ 7,588.00
Indirect Expenses	\$ 910.00	\$ -	\$ -	0.00%	\$ 910.00
TOTAL EXPENSES	\$ 8,498.00	\$ -	\$ -	0.00%	\$ 8,498.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT	\$ -				

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 09/30/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M25 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 Mentoring												
Single Service	1	13					0%	0%	1	13	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 9,702.00	\$ -	\$ -	0.00%	\$ 9,702.00
Fringe Benefits	\$ 2,814.00	\$ -	\$ -	0.00%	\$ 2,814.00
Total Personnel Expenses	\$ 12,516.00	\$ -	\$ -	0.00%	\$ 12,516.00
Operating Expenses:					
Occupancy	\$ 897.00	\$ -	\$ -	0.00%	\$ 897.00
Materials and Supplies	\$ 157.00	\$ -	\$ -	0.00%	\$ 157.00
General Operating	\$ 239.00	\$ -	\$ -	0.00%	\$ 239.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 143.00	\$ -	\$ -	0.00%	\$ 143.00
Other: Mentor Wages & Taxes	\$ 6,992.00	\$ -	\$ -	0.00%	\$ 6,992.00
End of Year Program Celebration	\$ 317.00	\$ -	\$ -	0.00%	\$ 317.00
Mentoring Client Related Expenses	\$ 983.00	\$ -	\$ -	0.00%	\$ 983.00
Total Operating Expenses	\$ 9,728.00	\$ -	\$ -	0.00%	\$ 9,728.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 22,244.00	\$ -	\$ -	0.00%	\$ 22,244.00
Indirect Expenses	\$ 2,670.00	\$ -	\$ -	0.00%	\$ 2,670.00
TOTAL EXPENSES	\$ 24,914.00	\$ -	\$ -	0.00%	\$ 24,914.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M26 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: GF,ARRA SDMC FFP, Realignment

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-1 BH/ PC Integration RU# 38183												
45/ 20 - 29 Cmnty Client Svcs	1						0%	#DIV/0!	1	-	100%	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 57,246.00	\$ -	\$ -	0.00%	\$ 57,246.00
Fringe Benefits	\$ 16,571.00	\$ -	\$ -	0.00%	\$ 16,571.00
Total Personnel Expenses	\$ 73,817.00	\$ -	\$ -	0.00%	\$ 73,817.00
Operating Expenses:					
Occupancy	\$ 5,211.00	\$ -	\$ -	0.00%	\$ 5,211.00
Materials and Supplies	\$ 873.00	\$ -	\$ -	0.00%	\$ 873.00
General Operating	\$ 1,242.00	\$ -	\$ -	0.00%	\$ 1,242.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ 552.00	\$ -	\$ -	0.00%	\$ 552.00
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 7,878.00	\$ -	\$ -	0.00%	\$ 7,878.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 81,695.00	\$ -	\$ -	0.00%	\$ 81,695.00
Indirect Expenses	\$ 9,805.00	\$ -	\$ -	0.00%	\$ 9,805.00
TOTAL EXPENSES	\$ 91,500.00	\$ -	\$ -	0.00%	\$ 91,500.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT	\$ -				

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

Jul New Contract 10-22

CMHS/CSAS/CHS 10/22/2010 INVOICE

Appendix G

Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/apellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute

shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

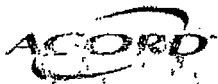
The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.



CERTIFICATE OF LIABILITY INSURANCE

OP ID: AS

DATE (MM/DD/YYYY)

09/01/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CAL Insurance & Associates License # 0241094 2311 Taraval Street San Francisco, CA 94116 Joe DeLucchi Renewal	415-661-6500 415-661-2254	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: INSTI-4
INSURED Instituto Familiar de la Raza Dr. Estela Garcia 2919 Mission Street San Francisco, CA 94110	INSURER(S) AFFORDING COVERAGE INSURER A: State Compensation Ins. Fund INSURER B: NIF Group INSURER C: Philadelphia Insurance Co. INSURER D: INSURER E: INSURER F:	
		NAIC # 35076

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	GENERAL LIABILITY	X	24CC284457-10	07/01/10	07/01/11	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR					MED EXP (Any one person) \$ 5,000
	<input checked="" type="checkbox"/> DOEP D&O, EPLI, & FIDUCIARY					PERSONAL & ADV INJURY \$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE \$ 3,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					PRODUCTS - COMP/OP AGG \$ 3,000,000
						Emp Ben. \$ 1,000,000
B	AUTOMOBILE LIABILITY		24CC284457-10	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS					\$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB					EACH OCCURRENCE \$
	EXCESS LIAB					AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N <input type="checkbox"/> N/A	834-0001887-10	09/01/10	09/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER \$
	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 emp dis**		PHSD534206	07/01/10	07/01/11	\$ 1,000,000
	ptofessional*					\$ 900,000 3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES, THEIR OFFICERS, AGENTS, AND DIRECTORS, ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG7635 0905 Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left**

CERTIFICATE HOLDER

CITY&CO

CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES
1380 HOWARD STREET
SAN FRANCISCO, CA 94102

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

NOTEPAD:

HOLDER CODE

/TY&CO

INS1

PAGE 2

INSURED'S NAME

Instituto Familiar de la Raza

OP ID: AS

DATE 05/01/10

** but failure to do so shall impose no obligation or liability of any
kind upon the insurer, its agents or representatives 30 DAY CANCELLATION
NOTICE AUTO ADDITIONAL INSURED PER ATTACHED CG2048



COMMERCIAL GENERAL LIABILITY
CG 76 35 09 05

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

LIABILITY PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Instituto Familiar de la Raza

24CC284457-10

ADDITIONAL INSURED — BY WRITTEN CONTRACT, AGREEMENT OR PERMIT, OR SCHEDULE

The following paragraph is added to WHO IS AN
INSURED (Section II):

4. Any person or organization shown in the Schedule or for whom you are required by written contract, agreement or permit to provide insurance is an insured, subject to the following additional provisions:

- a. The contract, agreement or permit must be in effect during the policy period shown in the Declarations, and must have been executed prior to the "bodily injury," "property damage," "personal and advertising injury."
- b. The person or organization added as an insured by this endorsement is an insured only to the extent you are held liable due to:

(1) The ownership, maintenance or use of that part of premises you own, rent, lease or occupy, subject to the following additional provisions:

- (a) This insurance does not apply to any "occurrence" which takes place after you cease to be a tenant in any premises leased to or rented to you;
- (b) This insurance does not apply to any structural alterations, new construction or demolition operations performed by or on behalf of the person or organization added as an insured;

(2) Your ongoing operations for that insured, whether the work is performed by you or for you;

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CG 76 35 09 05

Page 1 of 4

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C-AG-CG-PH117001-0571-0013-0

- (3) The maintenance, operation or use by you of equipment leased to you by such person or organization, subject to the following additional provisions:

(a) This insurance does not apply to any "occurrence" which takes place after the equipment lease expires;

(b) This insurance does not apply to "bodily injury" or "property damage" arising out of the sole negligence of such person or organization;

- (4) Permits issued by any state or political subdivision with respect to operations performed by you or on your behalf, subject to the following additional provision:

This insurance does not apply to "bodily injury," "property damage," "personal and advertising injury" arising out of operations performed for the state or municipality.

- c. The insurance with respect to any architect, engineer, or surveyor added as an insured by this endorsement does not apply to "bodily injury," "property damage," "personal and advertising injury" arising out of the rendering of or the failure to render any professional services by or for you, including:

(1) The preparing, approving, or failing to prepare or approve maps, drawings, opinions, reports, surveys, change orders, designs or specifications; and

(2) Supervisory, inspection or engineering services.

- d. This insurance does not apply to "bodily injury" or "property damage" included within the "products-completed operations hazard."

A person's or organization's status as an insured under this endorsement ends when your operations for that insured are completed.

No coverage will be provided if, in the absence of this endorsement, no liability would be imposed by law on you. Coverage shall be limited to the extent of your negligence or fault according to the applicable principles of comparative fault.

NON-OWNED WATERCRAFT AND NON-OWNED AIRCRAFT LIABILITY

Exclusion g of COVERAGE A (Section I) is replaced by the following:

- g. "Bodily injury" or "property damage" arising out of the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft owned or operated by or rented or loaned to any insured. Use includes operation and "loading or unloading."

This exclusion applies even if the claims against any insured allege negligence or other wrongdoing in the supervision, hiring, employment, training or monitoring of others by that insured, if the "occurrence" which caused the "bodily injury" or "property damage" involved the ownership, maintenance, use or entrustment to others of any aircraft, "auto" or watercraft that is owned or operated by or rented or loaned to any insured.

This exclusion does not apply to:

(1) A watercraft while ashore on premises you own or rent;

(2) A watercraft you do not own that is:

(a) Less than 52 feet long; and

(b) Not being used to carry persons or property for a charge;

(3) Parking an "auto" on, or on the ways next to, premises you own or rent, provided the "auto" is not owned by or rented or loaned to you or the insured;

(4) Liability assumed under any "insured contract" for the ownership, maintenance or use of aircraft or watercraft; or

(5) "Bodily injury" or "property damage" arising out of the operation of any of the equipment listed in paragraph f.(2) or f.(3) of the definition of "mobile equipment."

(6) An aircraft you do not own provided it is not operated by any insured.

TENANTS' PROPERTY DAMAGE LIABILITY

When a Damage to Premises Rented to you Limit is shown in the Declarations, Exclusion J. of Coverage A, Section I is replaced by the following:

- j. Damage To Property

"Property damage" to:

- (1) Property you own, rent, or occupy, including any costs or expenses incurred by you, or any other person, organization or entity, for repair, replacement, enhancement, restoration or maintenance of such property for any reason, including prevention of injury to a person or damage to another's property;

(2) Premises you sell, give away or abandon, if the "property damage" arises out of any part of those premises;

(3) Property loaned to you;

(4) Personal property in the care, custody or control of the insured;

(5) That particular part of real property on which you or any contractors or subcontractors working directly or indirectly on your behalf are performing operations, if the "property damage" arises out of those operations, or

(6) That particular part of any property that must be restored, repaired or replaced because "your work" was incorrectly performed on it.

Paragraphs (1), (3) and (4) of this exclusion do not apply to "property damage" (other than damage by fire) to premises, including the contents of such premises, rented to you. A separate limit of insurance applies to Damage To Premises Rented To You as described in Section III - Limits Of Insurance.

Paragraph (2) of this exclusion does not apply if the premises are "your work" and were never occupied, rented or held for rental by you.

Paragraphs (3), (4), (5) and (6) of this exclusion do not apply to liability assumed under a side-track agreement.

Paragraph (6) of this exclusion does not apply to "property damage" included in the "products-completed operations hazard."

Paragraph 6. of Section III is replaced by the following:

6. Subject to 5. above, the Damage To Property Limit is the most we will pay under Coverage A for damages because of "property damage" to any one premises, while rented to you, or in the case of damage by fire, while rented to you or temporarily occupied by you with permission of the owner.

The Tenants' Property Damage to Premises Rented to You limit is the higher of \$200,000 or the amount shown in the Declarations as Damage to Premises Rented to You Limit.

WHO IS AN INSURED - MANAGERS

The following is added to Paragraph 2.a. of WHO IS AN INSURED (Section II):

Paragraph (1) does not apply to executive officers, or to managers at the supervisory level or above

SUPPLEMENTARY PAYMENTS - COVERAGES A AND B - BAIL BONDS

Paragraph 1.b. of SUPPLEMENTARY PAYMENTS - COVERAGES A AND B is replaced by the following

b. Up to \$2,000 for cost of bail bonds required because of accidents or traffic law violations arising out of the use of any vehicle to which the Bodily Injury Liability Coverage applies. We do not have to furnish these bonds.

EMPLOYEES AS INSURED - HEALTH CARE SERVICES

Provision 2.a.(1) d. of WHO IS AN INSURED (Section II) is deleted, unless excluded by separate endorsement.

EXTENDED COVERAGE FOR NEWLY ACQUIRED ORGANIZATIONS

Provision 4.a. of WHO IS AN INSURED (Section II) is replaced by the following:

a. Coverage under this provision is afforded only until the end of the policy period.

EXTENDED "PROPERTY DAMAGE"

Exclusion a. of COVERAGE A. (Section I) is amended to read:

a. "Bodily injury" or "property damage" expected or intended from the standpoint of the insured. This exclusion does not apply to "bodily injury" or "property damage" resulting from the use of reasonable force to protect persons or property.

INCREASED MEDICAL EXPENSE LIMIT

The medical expense limit is amended to \$10,000.

KNOWLEDGE OF OCCURRENCE

The following is added to Paragraph 2. Duties In The Event Of Occurrence, Offense, Claim Or Suit of COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

Knowledge of an "occurrence," claim or "suit" by your agent, servant or employee shall not in itself constitute knowledge of the named insured unless an officer of the named insured has received such notice from the agent, servant or employee.

UNINTENTIONAL FAILURE TO DISCLOSE ALL HAZARDS

The following is added to Paragraph 6, Representations of COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this Coverage Form because of such failure. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

LIBERALIZATION CLAUSE

The following paragraph is added to COMMERCIAL GENERAL LIABILITY CONDITIONS (Section IV):

10. If a revision to this Coverage Part, which would provide more coverage with no additional premium, becomes effective during the policy period in the state shown in the Declarations, your policy will automatically provide this additional coverage on the effective date of the revision.

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH): 00336		Prepared By/Phone #: Benny Ng 415 229-0546		Fiscal Year: FY 12-13			
DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Document Date: 7/1/2012					
Contract Appendix Number:	B-1	B-2	B-3	B-4a	B-4b	B-5	
Appendix A Name:	Adult Outpatient Behavioral Health Clinic	Behavioral Health Primary Care Integration	Indigena Health & Wellness Collaborative	Child Outpatient Behavioral Health Services	Child Outpatient EPSDT	EI - Childcare MH Consultation Initiative	
Provider Number:	3818	3818	3818	3818	3818	3818	
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	SUB-TOTAL
FUNDING USES							
Salaries & Employee Benefits:	444,538	71,097	178,218	85,051	144,130	480,626	1,403,660
Operating Expenses:	37,508	5,917	47,545	11,777	15,781	48,596	167,124
Capital Expenses:							
Subtotal Direct Expenses:	482,046	77,014	225,763	96,828	159,911	529,222	1,570,784
Indirect Expenses:	61,077	9,852	29,012	12,320	20,405	67,489	200,155
Indirect %:	13%	13%	13%	13%	13%	13%	
TOTAL FUNDING USES	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939
						Employee Fringe Benefits %:	27.62%
CBHS MENTAL HEALTH FUNDING SOURCES							
MH FED - SDMC Regular FFP (50%)	94,186			19,320	87,550	19,680	220,736
MH STATE - EPSDT State Match					78,793	17,712	96,505
MH WORK ORDER - Human Services Agency						292,292	292,292
MH WORK ORDER - Dept. Children, Youth & Families						36,134	36,134
MH WORK ORDER - Dept. Children, Youth & Families							
MH WORK ORDER - First Five (SF Children & Family Commission)						48,000	48,000
MH WORK ORDER - First Five (SF Children & Family Commission)						177,660	177,660
MH STATE - MHSA			254,775				254,775
MH Realignment	104,442			26,271			130,713
MH COUNTY - General Fund	344,495	86,866		63,557	13,973	5,233	514,124
MH COUNTY - General Fund- WO CODB						690	690
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	543,123	86,866	254,775	109,148	180,316	596,711	1,770,939
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
	</						

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH):		00336		Prepared By/Phone #:		Benny Ng 415 229-0546		Fiscal Year:		FY 12-13	
DMH Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.				Document Date:		7/1/2012			
Contract Appendix Number:		B-6		B-7		B-8		B-9		B-10	
Appendix A Name:		ISCS/EPSTD Services		MHSA PEI- School-Based Youth-Centered Wellness		MHSA PEI-Early Childhood Mental Health Consultation		MHSA - Trauma Recovery & Healing Services		ECMH Training	
Provider Number:		3818		3818		3818		3818		3818	
FUNDING TERM:		7/1/12-6/30/13		7/1/12-6/30/13		7/1/12-6/30/13		7/1/12-6/30/13		7/1/12-6/30/13	
SUB-TOTAL											
FUNDING USES											
Salaries & Employee Benefits:		217,863		129,609		33,960		164,077		9,258	
Operating Expenses:		29,408		42,256		3,292		25,939		3,000	
Capital Expenses:											
Subtotal Direct Expenses:		247,271		171,865		37,252		190,016		12,258	
Indirect Expenses:		32,850		21,764		4,748		24,365		1,471	
Indirect %:		13%		13%		13%		13%		12%	
TOTAL FUNDING USES		280,121		193,629		42,000		214,381		13,729	
Employee Fringe Benefits %:										27.62%	
GBHS MENTAL HEALTH FUNDING SOURCES											
MH FED - SDMC Regular FFP (50%)		72,368								293,104	
MH STATE - EPSDT State Match		65,132								161,637	
MH WORK ORDER - Human Services Agency										292,292	
MH WORK ORDER - Dept. Children, Youth & Families		130,263								166,397	
MH WORK ORDER - Dept. Children, Youth & Families		7,237								7,237	
MH WORK ORDER - First Five (SF Children & Family Commission)										48,000	
MH WORK ORDER - First Five (SF Children & Family Commission)										177,660	
MH STATE - MHSA				193,629		42,000		214,381		13,729	
MH Realignment										130,713	
MH COUNTY - General Fund		2,495								516,619	
MH COUNTY - General Fund- WO CODB		2,626								3,316	
TOTAL GBHS MENTAL HEALTH FUNDING SOURCES		280,121		193,629		42,000		214,381		13,729	
GBHS SUBSTANCE ABUSE FUNDING SOURCES											

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc. Provider Name: Instituto Familiar de la Raza, Inc. Provider Number: 3818					Contract Appendix #: B-1 Document Date: 7/1/2012 Fiscal Year: FY 12-13
Program Name:	Adult Outpatient- Behavioral Health Clinic	Adult Outpatient- Behavioral Health Clinic	Adult Outpatient- Behavioral Health Clinic	Adult Outpatient- Behavioral Health Clinic	Adult Outpatient- Behavioral Health Clinic
Program Code (formerly Reporting Unit):	38183	38183	38183	38183	38183
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29
Service Description:	MH Svcs	Medication Support	Crisis Intervention- OP	Case Mgt Brokerage	Low Threshold Svcs/Comm Client Svcs
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13
FUNDING USES					
Salaries & Employee Benefits:	278,880	104,210	4,854	34,372	22,241
Operating Expenses:	23,529	8,793	410	2,900	1,877
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:	302,389	113,003	5,264	37,272	24,117
Indirect Expenses:	38,314	14,318	667	4,723	3,056
TOTAL FUNDING USES:	340,703	127,321	5,931	41,995	27,173
CBHS MENTAL HEALTH FUNDING SOURCES					
CFDA #:					
MH FED - SDMC Regular FFP (50%)	62,195	23,242	1,083	7,666	94,186
MH STATE - EPSDT State Match					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA					
MH Realignment	65,517	24,484	1,141	8,076	5,225
MH COUNTY - General Fund	212,991	79,595	3,708	26,253	21,948
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	340,703	127,321	5,931	41,995	27,173
CBHS SUBSTANCE ABUSE FUNDING SOURCES					
CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
CFDA #:					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	340,703	127,321	5,931	41,995	27,173
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	340,703	127,321	5,931	41,995	27,173
CBHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS
Units of Service:	128,084	25,931	1,502	20,386	220
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.66	4.91	3.95	2.06	123.51
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.66	4.91	3.95	2.06	123.51
Published Rate (Medi-Cal Providers Only):	2.70	5.00	4.10	2.20	132.00
Unduplicated Clients (UDC):	171	171	171	171	171

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B-1

Provider Name: Instituto Familiar de la Raza, Inc. - Adult Outpatient

Document Date: 7/1/12

	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 7/1/12-6/30/13		Term: 7/1/12-6/30/13		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.12	\$ 12,033.00	0.12	12,033								
Program Manager	0.83	\$ 56,575.00	0.83	56,575								
Program Coordinator	0.41	\$ 20,090.00	0.41	20,090								
Psychiatrist	0.33	\$ 60,000.00	0.33	60,000								
Psychologist/Clinical Supervisor	0.33	\$ 25,448.00	0.33	25,448								
Behavioral Health Specialists	2.10	\$ 100,915.00	2.10	100,915								
Eligibility Worker/BH Specialist	0.60	\$ 29,350.00	0.60	29,350								
Program Assistants	1.13	\$ 48,051.00	1.13	48,051								
Totals:	5.86	\$352,462	5.86	\$352,462								

Employee Fringe Benefits:	26%	\$92,076	26%	\$92,076								
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TOTAL SALARIES & BENEFITS

\$444,538

\$444,538

DPH 4: Operating Expenses Detail

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - Adult Outpatient
 Document Date: 7/1/2012

Appendix #: B-1

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term:	Term:	Term:	Term:
Rental of Property	\$ 10,328.00	10,328				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 4,898.00	4,898				
Office Supplies, Postage	\$ 3,088.00	3,088				
Building Maintenance Supplies and Repair	\$ 8,089.00	8,089				
Printing and Reproduction	\$ 532.00	532				
Insurance	\$ 3,088.00	3,088				
Staff Training	\$ 2,520.00	2,520				
Staff Travel-(Local & Out of Town)	\$ -					
Rental of Equipment	\$ 1,865.00	1,865				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
	\$ -					
	\$ -					
Internship Trainer Fees	\$ 1,500.00	1,500				
Other:						
Program/Educational Supplies	\$ 500.00	500				
Client Related Expenses	\$ 1,100.00	1,100				

TOTAL OPERATING EXPENSE

\$37,508

\$37,508

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.		Contract Appendix #: B-2	
Provider Name: Instituto Familiar de la Raza, Inc.		Document Date: 7/1/2012	
Provider Number: 3818		Fiscal Year: FY 12-13	
Program Name:	Behavioral Health Primary Care Integration		
Program Code (formerly Reporting Unit):	N/A		
Modality (MH) or Modality (SA):	45/20-28		
Service Description:	County Client Svcs		TOTAL
FUNDING TERM:	7/1/12-6/30/13		
FUNDING USES			
Salaries & Employee Benefits:	71,097		71,097
Operating Expenses:	5,917		5,917
Capital Expenses (greater than \$5,000):			
Subtotal Direct Expenses:	77,014		77,014
Indirect Expenses:	9,852		9,852
TOTAL FUNDING USES:	86,866		86,866
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:	
MH FED - SDMC Regular FFP (50%)			
MH STATE - EPSDT State Match			
MH WORK ORDER - Human Services Agency			
MH WORK ORDER - Dept. Children, Youth & Families			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH WORK ORDER - First Five (SF Children & Family Commission)			
MH STATE - MHSA			
MH Realignment			
MH COUNTY - General Fund	86,866		86,866
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	86,866	-	86,866
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA #:	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		CFDA #:	
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	86,866	-	86,866
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	86,866	-	86,866
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		
Units of Service:	2,002		
Unit Type:	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	CR		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	CR		
Published Rate (Medi-Cal Providers Only):			
Unduplicated Clients (UDC):	395		Total UDC: 395

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Provider Name: Instituto Familiar de la Raza, Inc. -BH/PC Integration

Document Date: 7/1/12

Appendix #: B-2

	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 7/1/12-6/30/13		Term: 7/1/12-6/30/13		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.03	\$ 2,490.00	0.03	2,490								
Behavioral Health Specialists	1.00	\$ 49,335.00	1.00	49,335								
Program Assistants	0.08	\$ 3,520.00	0.08	3,520								
		\$ -										
Totals:	1.11	\$55,345	1.11	\$55,345								

	Employee Fringe Benefits:	28%	\$15,752	28%	\$15,752					#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$71,097

\$71,097

DPH 4: Operating Expenses Detail

Provider Number: 3818

Appendix #: B-2

Provider Name: Instituto Familiar de la Raza, Inc. - BH/PC Integration

Document Date: 7/1/2012

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term:	Term:	Term:	Term:
Rental of Property	\$ 1,955.00	1,955				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 927.00	927				
Office Supplies, Postage	\$ 585.00	585				
Building Maintenance Supplies and Repair	\$ 1,411.00	1,411				
Printing and Reproduction	\$ 101.00	101				
Insurance	\$ 585.00	585				
Staff Training	\$ -					
Staff Travel (Local & Out of Town)	\$ -					
Rental of Equipment	\$ 353.00	353				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates Hours & Amounts)						
Other:						

TOTAL OPERATING EXPENSE

\$5,917

\$5,917

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.				Contract Appendix #: B-3	
Provider Name: Instituto Familiar de la Raza, Inc.				Document Date: 7/1/2012	
Provider Number: 3818				Fiscal Year: FY 12-13	
Program Name:		Indigena Health & Wellness Collaborative			
Program Code (formerly Reporting Unit):		N/A			
Modality (MH) or Modality (SA):		45/10-19			
Service Description:		MH Promotion for Maya Community			
FUNDING TERM:		7/1/12-6/30/13			TOTAL
FUNDING USES					
Salaries & Employee Benefits:		178,218			178,218
Operating Expenses:		47,545			47,545
Capital Expenses (greater than \$5,000):					
Subtotal Direct Expenses:		225,763			225,763
Indirect Expenses:		29,012			29,012
TOTAL FUNDING USES:		254,775			254,775
CBHS MENTAL HEALTH FUNDING SOURCES		CFDA #:			
MH FED - SDMC Regular FFP (50%)					
MH STATE - EPSDT State Match					
MH WORK ORDER - Human Services Agency					
MH WORK ORDER - Dept. Children, Youth & Families					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH WORK ORDER - First Five (SF Children & Family Commission)					
MH STATE - MHSA		PMHS93-1310	254,775		254,775
MH Realignment					
MH COUNTY - General Fund					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			254,775		254,775
CBHS SUBSTANCE ABUSE FUNDING SOURCES		CFDA #:			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-		
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		CFDA #:			
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES			-		
TOTAL DPH FUNDING SOURCES			254,775		254,775
NON-DPH FUNDING SOURCES					
TOTAL NON-DPH FUNDING SOURCES			-		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			254,775		254,775
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			
Units of Service:		2,332			
Unit Type:		Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY):		CR			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		CR			
Published Rate (Medi-Cal Providers Only):					
Unduplicated Clients (UDC):		224			Total UDC: 224

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B-3

Provider Name: Instituto Familiar de la Raza, Inc. - Indigena Health & Wellness COLL

Document Date: 7/1/12

	TOTAL		General Fund		MHSA		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
	Term: 7/1/12-6/30/13		Term:		Term: 7/1/12-6/30/13		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.03	\$ 2,766.00			0.03	2,766						
Health & Wellness Manager	0.87	\$ 47,879.00			0.87	47,879						
EI / Mental Health Specialists	1.00	\$ 40,047.00			1.00	40,047						
Program Liaison/Sr Promoters	0.50	\$ 14,267.00			0.50	14,267						
Health Promoters	1.29	\$ 26,370.00			1.29	26,370						
Program Assistants	0.11	\$ 3,923.00			0.11	3,923						
Totals:	3.80	\$135,252			3.80	\$135,252						

Employee Fringe Benefits:	32%	\$42,966		32%	\$42,966		#DIV/0!	#DIV/0!
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TOTAL SALARIES & BENEFITS

\$178,218

\$178,218

DPH 4: Operating Expenses Detail

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - Indígena Health & Wellness COLL
 Document Date: 7/1/2012

Appendix #: B-3

Expenditure Category	TOTAL	General Fund	MHSA	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term:	Term: 7/1/12-6/30/13	Term:	Term:	Term:
Rental of Property	\$ 6,028.00		6,028			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,913.00		2,913			
Office Supplies, Postage	\$ 1,837.00		1,837			
Building Maintenance Supplies and Repair	\$ 3,800.00		3,800			
Printing and Reproduction	\$ 317.00		317			
Insurance	\$ 1,837.00		1,837			
Staff Training	\$ 775.00		775			
Staff Travel-(Local & Out of Town)	\$ 100.00		100			
Rental of Equipment	\$ 1,110.00		1,110			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant and Childcare	\$ 700.00		700			
Asociacion Mayab to provide Outreach & Information Referrals	\$ 20,928.00		20,928			
Other:						
Program/Educational Supplies	\$ 250.00		250			
Client Related Expenses and Cultural Events	\$ 6,950.00		6,950			
TOTAL OPERATING EXPENSE	\$47,545		\$47,545			

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA):		Instituto Familiar de la Raza, Inc.				Contract Appendix #:		B-4a
Provider Name:		Instituto Familiar de la Raza, Inc.				Document Date:		7/1/2012
Provider Number:		3818				Fiscal Year:		FY 12-13
Program Name:	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services	Child Outpatient Behavioral Health Services		
Program Code (formerly Reporting Unit):	38186	38186	38186	38186	38186	38186		
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09	45/20-29			
Service Description:	MH Svcs	Medication Support	Crisis Intervention- OP	Case Mgt Brokerage	Crnity Client Svcs			
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13			
FUNDING USES								
Salaries & Employee Benefits:	60,123	5,194	1,270	2,810	15,655			85,051
Operating Expenses:	8,325	719	176	389	2,168			11,777
Capital Expenses (greater than \$5,000):								
Subtotal Direct Expenses:	68,448	5,913	1,446	3,199	17,822			96,828
Indirect Expenses:	8,709	752	184	407	2,268			12,320
TOTAL FUNDING USES:	77,157	6,665	1,630	3,606	20,090			109,148
CBHS MENTAL HEALTH FUNDING SOURCES								
CFDA #:								
MH FED - SDMC Regular FFP (50%)	16,738	1,446	354	782				19,320
MH STATE - EPSDT State Match								
MH WORK ORDER - Human Services Agency								
MH WORK ORDER - Dept. Children, Youth & Families								
MH WORK ORDER - First Five (SF Children & Family Commission)								
MH WORK ORDER - First Five (SF Children & Family Commission)								
MH STATE - MHSA								
MH Realignment	18,571	1,604	392	868	4,835			26,271
MH COUNTY - General Fund	41,847	3,615	884	1,956	15,254			63,557
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	77,157	6,665	1,630	3,606	20,090			109,148
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
CFDA #:								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES								
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
CFDA #:								
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES	77,157	6,665	1,630	3,606	20,090			109,148
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	77,157	6,665	1,630	3,606	20,090			109,148
CBHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS			
Units of Service:	29,006	1,357	413	1,750	284			
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.66	4.91	3.95	2.06	70.69			
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	2.66	4.91	3.95	2.06	70.69			
Published Rate (Medi-Cal Providers Only):	2.70	5.00	4.10	2.20	76.31			
Unduplicated Clients (UDC):	33	33	33	33	33			Total UDC: 33

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - Child Outpatient
 Document Date: 7/1/12

Provider Number: 3818

Document Date: 7/1/12

Employee Fringe Benefits:	28%	\$18,416	28%	\$18,416						#DIV/0!		#DIV/0!
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\$85,051

DPH 4: Operating Expenses Detail

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - Child Outpatient
 Document Date: 7/1/2012

Appendix #: B-4a

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term:	Term:	Term:	Term:
Rental of Property	\$ 2,240.00	2,240				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,062.00	1,062				
Office Supplies, Postage	\$ 670.00	670				
Building Maintenance Supplies and Repair	\$ 1,720.00	1,720				
Printing and Reproduction	\$ 115.00	115				
Insurance	\$ 670.00	670				
Staff Training	\$ 540.00	540				
Staff Travel-(Local & Out of Town)	\$					
Rental of Equipment	\$ 405.00	405				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Internship Trainer Fees	\$ 750.00	750				
chiatrist fee	\$ 3,005.00	3,005				
Other:						
Program/Educational Supplies	\$ 200.00	200				
Client Related Expenses	\$ 400.00	400				
TOTAL OPERATING EXPENSE	\$11,777	\$11,777				

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DMH Legal Entity Name (MH)/Contractor Name (SA): Instituto Familiar de la Raza, Inc.					Contract Appendix #:	B-4b
Provider Name: Instituto Familiar de la Raza, Inc.					Document Date:	7/1/2012
Provider Number: 3818					Fiscal Year:	FY 12-13
Program Name:	Child Outpatient EPSDT	Child Outpatient EPSDT	Child Outpatient EPSDT	Child Outpatient EPSDT		
Program Code (formerly Reporting Unit):	38185	38185	38185	38185		
Mode/SFC (MH) or Modality (SA):	15/10-57	15/60-69	15/70-79	15/01-09		
Service Description:	MH Svcs	Medication Support	Crisis Intervention- OP	Case Mgt Brokerage		TOTAL
FUNDING TERM:	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13	7/1/12-6/30/13		
FUNDING USES						
Salaries & Employee Benefits:	137,925	2,485	759	2,981		144,130
Operating Expenses:	15,102	272	83	324		15,781
Capital Expenses (greater than \$5,000):						
Subtotal Direct Expenses:	153,026	2,757	842	3,285		159,911
Indirect Expenses:	19,527	352	107	419		20,405
TOTAL FUNDING USES:	172,553	3,109	949	3,705		180,316
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA #:					
MH FED - SDMC Regular FFP (50%)		83,781	1,510	461	1,799	87,550
MH STATE - EPSDT State Match		75,401	1,359	415	1,619	78,793
MH WORK ORDER - Human Services Agency						
MH WORK ORDER - Dept. Children, Youth & Families						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH WORK ORDER - First Five (SF Children & Family Commission)						
MH STATE - MHSA						
MH Realignment						
MH COUNTY - General Fund		13,371	241	74	287	13,973
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		172,553	3,109	949	3,705	180,316
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA #:					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	CFDA #:					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		172,553	3,109	949	3,705	180,316
NON-DPH FUNDING SOURCES						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		172,553	3,109	949	3,705	180,316
CBHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Ras 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
Units of Service:	64,870	633	240	1,799		
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.66	4.91	3.95	2.06		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.66	4.91	3.95	2.06		
Published Rate (Medi-Cal Providers Only):	2.70	5.00	4.10	2.20		
Unduplicated Clients (UDC):	71	71	71	71		Total UDC: 71

DPH 3: Salaries & Benefits Detail

Provider Number: 3818

Appendix #: B-4b

Provider Name: Instituto Familiar de la Raza, Inc. - Children EPSDT

Document Date: 7/1/12

	TOTAL		General Fund		Funding Source 1 (overwrite here with Funding Source Name)		Funding Source 2 (overwrite here with Funding Source Name)		Funding Source 3 (overwrite here with Funding Source Name)		Funding Source 4 (overwrite here with Funding Source Name)	
Position Title	Term: 7/1/12-6/30/13		Term: 7/1/12-6/30/13		Term:		Term:		Term:		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.02	\$ 2,351.00	0.02	2,351								
Program Manager	0.09	\$ 5,853.00	0.09	5,853								
Program Coordinator	0.04	\$ 2,096.00	0.04	2,096								
Psychologist/Clinical Supervisor	0.09	\$ 6,639.00	0.09	6,639								
Behavioral Health Specialists	1.25	\$ 63,460.00	1.25	63,460								
Eligibility Worker/BH Specialist	0.30	\$ 14,675.00	0.30	14,675								
Program Assistants	0.42	\$ 17,514.00	0.42	17,514								
Totals:	2.21	\$112,588	2.21	\$112,588								

Employee Fringe Benefits:	28%	\$31,542	28%	\$31,542								
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TOTAL SALARIES & BENEFITS

\$144,130

\$144,130

DPH 4: Operating Expenses Detail

Provider Number: 3818
 Provider Name: Instituto Familiar de la Raza, Inc. - Children EPSDT
 Document Date: 7/1/2012

Appendix #: B-4b

Expenditure Category	TOTAL	General Fund	Funding Source 1 (overwrite here with Funding Source Name)	Funding Source 2 (overwrite here with Funding Source Name)	Funding Source 3 (overwrite here with Funding Source Name)	Funding Source 4 (overwrite here with Funding Source Name)
	Term: 7/1/12-6/30/13	Term: 7/1/12-6/30/13	Term:	Term:	Term:	Term:
Rental of Property	\$ 3,893.00	3,893				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 1,846.00	1,846				
Office Supplies, Postage	\$ 1,164.00	1,164				
Building Maintenance Supplies and Repair	\$ 3,017.00	3,017				
Printing and Reproduction	\$ 201.00	201				
Insurance	\$ 1,164.00	1,164				
Staff Training	\$ 540.00	540				
Staff Travel (Local & Out of Town)	\$					
Rental of Equipment	\$ 703.00	703				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Internship Trainer Fees	\$ 750.00	750				
Psychiatrist fee	\$ 2,003.00	2,003				
Other:						
Program/Educational Supplies	\$ 200.00	200				
Client Related Expenses	\$ 300.00	300				
Cultural Events	\$					
TOTAL OPERATING EXPENSE	\$15,781	\$15,781				



CERTIFICATE OF LIABILITY INSURANCE

OF ID AS

DATE (MM/DD/YYYY)

07/09/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CAL Insurance & Associates Inc License #0241094 2811 Taraval Street San Francisco CA 94116-2253 Phone: 415-661-6500 Fax: 415-661-2254	CONTACT NAME: PHONE (A/C No. Ext): FAX (A/C No): E-MAIL: ADDRESS: PRODUCER CUSTOMER ID# INSTI-4
INSURED Instituto Familiar de la Raza Dr. Estela Garcia 2919 Mission Street San Francisco CA 94110	INSURER(S) AFFORDING COVERAGE INSURER A: State Compensation Ins. Fund 35076 INSURER B: NIF Group INSURER C: SAFECO - Commercial Lines 24740 INSURER D: Philadelphia Insurance Co. INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIODS 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.

INSUR LTR	TYPE OF INSURANCE	ADDL SUBR (INSR) WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
GENERAL LIABILITY										
B	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> DEEP D&O, EPLI, & FIDUCIARY GEN. AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> ISO <input type="checkbox"/> JEC <input type="checkbox"/> LOC	X	24CC284457-10 PHSD421064 2ML/4ML	07/01/10 07/01/11	07/01/11	EACH OCCURRENCE \$ 1,000,000 COMPREHENSIVE PREMISES (EA OCCURRENCE) \$ 50,000 MED EXP (ANY ONE PERSON) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMPOUND AGG \$ 3,000,000 Emp Ben. \$ 1,000,000 COMBINED SINGLE LIMIT (EA OCCURRENCE) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$				
AUTOMOBILE LIABILITY										
C	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		24CC284457-10	07/01/10	07/01/11	\$ \$ \$ \$ \$ \$ \$ \$				
UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$ \$ \$			
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR/PART-TIME/EXECUTIVE OFFICER/MEMBER EXCLUDED (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below							Y/N N/A	834-0001887-09 09/01/09 09/01/10	09/01/10 09/01/11	<input checked="" type="checkbox"/> EXCESS STATE STORY LIMIT \$ EL EACH ACCIDENT \$ 1,000,000 EL DISEASE - EMPLOYEES \$ 1,000,000 EL DISEASE - POLICY LIMIT \$ 1,000,000
D Crime EMP DIS							PHSD421064** 07/01/10 07/01/11	** 1,000,000		
B PROFESSIONAL*							*900,000 3,000,000			
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101. Additional Remarks Schedule, if more space is required) CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES, THEIR OFFICERS, AGENTS, AND DIRECTORS, ARE NAMED AS ADDITIONAL INSURED PER ATTACHED CG7635 0905. Should any of the above described policies be cancelled before the expiration date thereof, the issuing insurer will endeavor to mail 30 days written notice to the certificate holder named to the left**										

CERTIFICATE HOLDER

CANCELLATION

CITY&CO CITY AND COUNTY OF SAN FRANCISCO, COMMUNITY BEHAVIORAL HEALTH SERVICES 1380 HOWARD STREET SAN FRANCISCO CA 94102	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
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1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 Resolution retroactively approving \$674,388,406 in contracts between the Department
4 of Public Health and 18 non-profit organizations and the University of California at San
5 Francisco, to provide behavioral health services for the period of July 1, 2010 through
6 December 31, 2015.

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

1 Hyde Street Community Service, \$17,162,210;
2 Instituto Familiar de la Raza, \$14,219,161;
3 Progress Foundation, \$92,018,333;
4 Richmond Area Multi-Services, \$34,773,853;
5 San Francisco Study Center, \$11,016,593;
6 Seneca Center, \$63,495,327;
7 Walden House, \$54,256,546;
8 Westside Community Mental Health Center, \$43,683,160;
9 Regents of the University of California, \$74,904,591; and

10 WHEREAS, The Department of Public Health estimates that the annual payment of
11 some contracts may be increased over the original contract amount, as additional funds
12 become available between July 2010 and the end of the contract term; now, be it

13 RESOLVED, That the Board of Supervisors hereby retroactively approves these
14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director
16 of the Department of Public Health and the Purchaser, on behalf of the City and County of
17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it

18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of
19 Public Health to submit a report each June with increases over the original contract amount,
20 as additional funds become available during the term of contracts.

21
22 RECOMMENDED:

23 

24 Mitchell Katz, M.D.
25 Director of Health

APPROVED:


Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco

Tails

Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

October 05, 2015

Instituto Familiar de la Raza
\$26,136,910

FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: INSTITUTO FAMILIAR DE LA RAZA	
<i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
<ol style="list-style-type: none"> 1. Tyrone Navarro, President; Lupe Avilla, Vice President; Myrna Melgar, Treasurer; Kit Barron, Secretary; Santiago "Sam" Ruiz, Member; Whitney Caruso, Member; Natalia Lopez-Whitaker, Member; Yvette Torres, Member 2. Chief Executive Officer: Estela García, DMH; Financial Officer: Benny Ng 3. N/A 4. Subcontractors: <ol style="list-style-type: none"> a. Mission Neighborhood Health Center b. AIDS Foundation 5. N/A 	
Contractor address: 2919 Mission Street, San Francisco, CA 94110	
Date that contract was approved:	Amount of contract: Not to exceed \$26,136,910
Describe the nature of the contract that was approved: Mental Health Services	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

☒ a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board

☐ the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Relocation Appeals Board, and Local Workforce Investment Board) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

