

File No. 151035

Committee Item No. 9

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

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<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
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER (Use back side if additional space is needed)

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Completed by: Victor Young Date November 23, 2015

Completed by: \_\_\_\_\_ Date \_\_\_\_\_

1 [Contract Amendment - Edgewood Center for Children and Families - Behavioral Health  
2 Services - Not to Exceed \$56,234,585]

3 **Resolution approving amendment number two to the Department of Public Health**  
4 **contract for behavioral health services with Edgewood Center for Children and**  
5 **Families to extend the contract by two years, from July 1, 2010, through December 31,**  
6 **2015, to July 1, 2010, through December 31, 2017, with a corresponding increase of**  
7 **\$19,276,057 for a total amount not to exceed \$56,234,585.**

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 Edgewood Center for  
15 Children & Families through a Request For Proposals process to provide behavioral health  
16 services for the 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 Board of Supervisors has previously approved amendments to this  
20 contract under Resolution No. 300-14 and

21 WHEREAS, The Department of Public Health wishes to extend the term of that  
22 contract in order to allow the continuation of services while Requests For Proposals are  
23 administered to take into account the changes to behavioral health services business needs  
24 related to the Affordable Care Act and the State Department of Health Care Services' 1115  
25

1 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded  
2 services; and

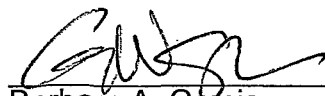

3 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered  
4 into by a department or commission having a term in excess of ten years, or requiring  
5 anticipated expenditures by the City and County of ten million dollars, to be approved by the  
6 Board of Supervisors; and

7 WHEREAS, The Department of Public Health requests approval of an amendment to  
8 the Department of Public Health contract for behavioral health services with Edgewood Center  
9 for Children & Families to extend the contract by two years, from July 1, 2010, through  
10 December 31, 2015, to July 1, 2010, through December 31, 2017, with a corresponding  
11 increase of \$19,276,057 for a total not-to-exceed amount of \$56,234,585; now, therefore, be it

12 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health  
13 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and  
14 County of San Francisco to amend the contract with Edgewood Center for Children &  
15 Families, extending the term of the contract by two years, through December 31, 2017, and  
16 increasing the total, not to exceed amount of the contract by \$19,276,057 to \$56,234,585;  
17 and, be it

18 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being  
19 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract  
20 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board  
21 for inclusion into the official file (File No. 151035).

22  
23 RECOMMENDED:

24   
25   
Barbara A. Garcia,  
Director of Health

Department of Public Health  
BOARD OF SUPERVISORS

APPROVED:

  
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](mailto:Jacquie.Hale@SFDPH.org)).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale  
Director  
DPH Office of Contracts Management and Compliance

RECEIVED  
SAN FRANCISCO  
DEPARTMENT OF PUBLIC HEALTH  
OCT 5 11:17 AM

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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](mailto:Jacquie.hale@sfdph.org) – office 415-554-2509 fax 415 554-2555

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

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

**RECITALS**

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

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

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

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

**1a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 from RFP 23-2009, dated July 31, 2009, Contract Numbers BPHM11000034, between Contractor and City, as amended by the :

First amendment dated July 1, 2014 and this Second amendment to amend the contract solicitation to a Sole Source.

**1b. Contract Monitoring Division.** Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

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

**2b. Section 5 of the Agreement currently reads as follows:**

**5. Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty-Six Million Nine Hundred Fifty-Eight Thousand Five Hundred Twenty-Eight Dollars (\$36,958,528)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

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

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

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

**5. Compensation**

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Fifty-Six Million Two Hundred Thirty-Four Thousand Five Hundred Eighty-Five Dollars (\$56,234,585)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this

Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

**2c. Insurance.** Section 15 is hereby replaced in its entirety to read as follows:

### **15. Insurance**

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

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

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

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

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

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

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

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

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

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

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

**2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section.** Section 32 "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

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

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

of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

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

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

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

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

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

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement.

The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

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

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

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

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

**44. Health Care Accountability Ordinance.**

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

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

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

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days

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

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

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

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

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

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

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

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

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

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

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

arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

**2g. Add Appendices A-1 through A-14 dated 7/1/2015 to Agreement as amended.**

**2h. Delete Appendix B-Calculation of Charges and replace in its entirety with Appendix B-Calculation of Charges dated 7/1/2015 to Agreement as amended.**

**2i. Add CBHS Budget Documents/Appendices B-1 through B-14 dated 7/1/2015 to Agreement as amended.**

**2j. Delete Appendix D-Additional Terms and replace in its entirety with Appendix D- Additional Terms dated 7/1/2015 to Agreement as amended.**

**2k. Delete Appendix E-HIPAA Business Associate Agreement and replace in its entirety with Appendix E-HIPAA Business Associate Agreement dated 5/19/2015 to Agreement as amended.**

**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after July 1, 2015.

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



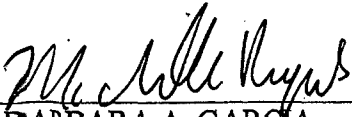
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

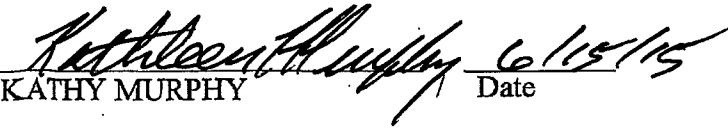
Recommended by:

Edgewood Center for Children &  
Families


  
\_\_\_\_\_  
BARBARA A. GARCIA, / 5/27/15  
MPA. / Date  
Director of Health

Approved as to Form:

DENNIS J. HERRERA  
City Attorney

By   
KATHY MURPHY / 6/15/15  
Deputy City Attorney / Date

Approved:

  
\_\_\_\_\_  
Matt Madaus / 5-21-15  
Chief Executive Officer / Date  
1801 Vicente Street  
San Francisco, California 94116

City vendor number: 06953

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



**1. Identifiers:**

**Program Name:** Counseling Enriched Education Program  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone** (415) 681-3211  
**Facsimile:** (415) 661-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Jennifer Barry, MFT  
**Telephone:** (415) 682-3145  
**Program Code(s):** 8858OP

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

Edgewood Center's Non-Public School/Counseling Enriched Education Program NPS/CEEP (8858OP) is designed to provide intervention and treatment to improve functioning of youth 5-21 years of age so they may transition to a less restrictive school placement and be able to tolerate the demands of more mainstream educational and community settings. To accomplish this goal, the program will focus on the reduction of behavioral health symptoms experienced by the youth and reduction in behaviors that prevent successful integration in a typical classroom

**4. Target Population:**

Edgewood's NPS/CEEP program is designed to serve the following target populations:

- Children and adolescents ages 5-21 that have not been successful in regular school settings and can benefit from a short-term, structured milieu setting.
- Children and adolescents who have been diagnosed with serious emotional disturbance which interferes with daily functioning in the areas of family, school/work, peer relationships and/or personal care, including disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and others often with concurrent substance abuse issues.
- Children and adolescents who are Medi-Cal beneficiaries, living in their community with families, kin, foster home or lower level group home, and authorized to be in NPS/CEEP with the approval of SFUSD through the IEP process and in coordination with SF CBHS.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**6. Methodology:**

**A. Outreach, recruitment, promotion, and advertisement as necessary.**

The Edgewood NPS/CEEP program works collaboratively with families, SFUSD, out of county school districts and other county partners to continuously communicate about openings and coordinate best placements when this intensive level of service is required and authorized.

The appropriateness of the client for the NPS/CEEP is based on the following criteria:

- The primary diagnosis shall indicate moderate to severe psychiatric difficulty, which is not manageable within the child's home, community or public school (i.e. less restrictive settings). Children with IEPS Enter the Edgewood Center through their school district IEP process;
- The child is not physically handicapped to an extent that would restrict participation in the physical activity that is part of the program;
- The child is determined to require assessment, support and stabilization, or long-term treatment; and
- The child's problems are likely to respond to a program of psychosocial, psychiatric, and educational interventions.

Placement in the NPS/CEEP is not appropriate for children whose clinical presentation includes:

- Greater than moderate intellectual disability;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

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

The appropriateness of a child's enrollment in the NPS/CEEP is also based upon age, sex, and type of problem, as they relate to the existing population in the school building under consideration. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the agency. An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate for the NPS/CEEP, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Education records and individual educational plans (IEP's);
- School reports;
- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);
- Medical history; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former school placements, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can

yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve.

Although planned placements are preferred, emergency placements will be considered under very rare circumstances. If a child is accepted in an emergency situation, documents such as treatment agreements, medication consent and immunization records are mandatory prior to admission.

### **C. Service delivery model**

NPS/CEEP services at Edgewood are provided by multidisciplinary staff in the context of the school day in order to connect the mental health support to each child's daily real-world challenges. Services include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; expressive arts and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. The program is based upon Individualized Educational Programs (IEPs) with an emphasis on core academic curriculum modified as needed for the individual student. The program is designed to accelerate their learning by diagnosing their specific learning needs and providing an individualized program to help them move towards grade level standards as quickly as possible.

The Non-Public School/Counseling Enriched Education program is located on Edgewood Center's Campus, 1801 Vicente Street. The program is organized into two settings of up to 60 youth, located in a different multi-room building and serving both boys and girls. The Elementary and Middle School programs operate from 9:00am-3:15pm on Monday, Tuesday, Thursday, and Friday and 9:00am-1:15pm on Wednesday. The High School operates from 8:30am-3:30pm on Monday, Tuesday, Thursday, and Friday and 8:30am-2:05pm on Wednesday.

Treatment is family-focused, strengths-based, and trauma-informed with the goal of helping youth develop the skills necessary to thrive in their relationships and natural environments (e.g., home, school, and workplace).

*Program service components:* Edgewood's services are guided by a core belief that children, youth, and families are best served and supported in the context of their unique family system, culture, and community. The agency is also committed to developing an integrated our services with local partners to ensure that children, youth, and families can become self-reliant.

*Practices/curricula used in program:* The program operates on an extended school year-round calendar, is multi-disciplinary in approach, and provides a range of services including:

#### **Clinical Services**

- Individual Psychotherapy
- Group Psychotherapy
- Family Psychotherapy
- Individual Rehabilitation
- Family Conferences
- Case Management
- Collateral Support
- Crisis Intervention
- Discharge Planning

#### **Medical Services**

- Psychiatric Care
- Medication
- Nursing Services
- Nutritional Counseling

#### **Therapeutic Milieu**

- Community Meetings
- Behavior/Emotional Management
- Therapeutic Arts & Recreation
- Life Skills Coaching
- Rehabilitative Groups
- Community Involvement
- Crisis Intervention

Individualized Treatment Plans of Care (POC) are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making. To meet this end, the following steps are taken for each youth:

*Initial Mental Health Assessment* is completed within the first 30 days. The therapist/care manager utilizes the Child and Adolescent Needs and Strengths (CANS) to complete a full mental health assessment. The CANS is as a multi-purpose tool developed to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The assessment services to establish medical necessity for specialist mental health services. CANS Assessments will be completed for each client on an annual basis; the cycle will be kept in sync with the episode opening date.

*Treatment Plan of Care Development:* An initial *Treatment Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative treatment plan. The Plan of Care is completed prior to providing mental health services. The Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment. Every Treatment Plan of Care after will be due on an annual cycle; however, a Treatment Plan of Care can be created at any time within the year if the plan needs to be altered.

*Treatment Team Meetings:* The Treatment Team is the central component of the service planning process. Treatment Teams structurally put caregivers and families in the center of our work and create a system of collaboration among the family, service providers, and other key stakeholders. Treatment Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, psychiatric nurse, recreation program representative, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first Treatment Team Meeting occurs within the first 45 days of placement. Ongoing Treatment Team meetings occur at minimum every 12 weeks thereafter. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare services.

*Internal Treatment Team Reviews:* Treatment Teams consisting of Treatment Managers and the client's therapist meet on a monthly basis to monitor progress, ensure consistency of milieu-based interventions, and amend treatment actions as needed. Behavior Support and Intervention Plans (BSIPs) developed in these meetings are shared with the child and family.

#### **D. Discharge Planning and exit criteria and process**

*Discharge Planning:* The following two criteria for discharge are expected to be met: a) Child or youth can be safely treated at an alternative level of care; b) Individualized discharge plan with appropriate and timely follow-up care is in place.

In addition to (a) and (b) above, any one or more of criteria must be met:

- Child or adolescent's documented treatment plan goals and objectives have been substantially met or a safe, continuing care program can be arranged and facilitated at an alternate level of care.
- Child or adolescent no longer meets admission criteria, or meets criteria for a less or more intensive level of care.
- Child/adolescent or family member, guardian, or custodians are competent but non-participatory in treatment or in following the program rules and regulations.
- There is non-participation by youth to such a degree that treatment at this level of care is rendered ineffective.
- Consent for treatment is withdrawn, and it is determined that the child or adolescent, parent, or guardian has the capacity to make an informed decision.
- Child or adolescent is not making progress toward treatment goals despite persistent efforts to engage her or him, and there is no reasonable expectation of progress at this level of care; nor is the level of care required to maintain the current level of function.

As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS) and outpatient mental health services. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

#### **E. Describe your programs staffing:**

See corresponding Appendix B Salaries and Benefits page.

#### **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. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

##### **B. Individualized Program Objectives**

Not Applicable.

#### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

#### **9. 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.



**Contractor:** Edgewood Center for Children and Families  
**Program:** Residentially-Based Treatment (RBT)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-2**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Residentially-Based Treatment (RBT)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Lisa Gutierrez-Wang, PhD  
**Telephone:** (415) 682-3286

**Program Code:** 88584

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

3. ☐ New ☐ Renewal ☒ Modification

**4. Goal Statement**

The goal of Edgewood's Residentially-Based Treatment (RBT) is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they may transition to a lower level of care and build permanency.

**5. Target Population**

Edgewood's Residential-Based Treatment (RBT) program is licensed by the State of California Department of Social Services to provide twenty-four-hour-a-day, seven-day-a-week ("24/7") care for children and youth with Serious Emotional Disturbance (SED).

Edgewood's RBT program is designed to serve the following target populations:

- Children and adolescents ages 6-17 that have not been successful in lower levels of care.
- Children and adolescents who have been diagnosed with Serious Emotional Disturbance (SED) which interferes with daily functioning in the areas of family, school/work, peer relationships and/or personal care, including disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and others often with concurrent substance abuse issues.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**7. Methodology**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Edgewood maintains close communication with SF HSA, SF CBHS, SF Probation, and SFUSD and is represented at the weekly San Francisco Multi-Agency Service Team (MAST) meeting. Edgewood also

maintains close communication with all other school districts and social service agencies served through the Residential-Based Treatment program to communicate about openings and coordinate best placements when this intensive level of service is required and authorized.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

*Program Eligibility Criteria:* The appropriateness of the child for the Residentially-Based Treatment is based on the following criteria:

- The primary diagnosis shall indicate moderate to severe psychiatric difficulty, which is not manageable within the child's home, community or public school (i.e. less restrictive settings);
- The child is not physically handicapped to an extent that would restrict participation in the physical activity that is part of the program;
- The child is determined to require assessment, support and stabilization, or long-term treatment; and
- The child's problems are likely to respond to a program of psychosocial, psychiatric, and educational interventions.

Placement in the Residentially-Based Treatment is not appropriate for children whose clinical presentation includes:

- Greater than moderate intellectual disability;
- Diagnosis of Autism with pervasive communication challenges;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Pregnant teens, or teens with babies; and
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

All cases are assessed individually by the Intake Committee to determine the appropriateness of Edgewood Residentially-Based Treatment as a placement option.

*Admission Process:* The appropriateness of a child's enrollment in the Residential Treatment Program is also based upon age, sex, and type of problem, as they relate to the existing population in the cottage under consideration. Fiscal responsibilities are also considered; there must be a guarantee of financial resources sufficient to compensate the cost of treatment before admission can occur. Once a referral is made to Edgewood, the steps to determine eligibility and gather information typically begin within 24 hours of initial contact with the agency.

An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate for residential services, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);
- Medical history;
- Education records and individual educational plans (IEP's);
- School reports; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former caregivers, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve. Since most referrals come from Department of Human Services or Mental Health, fees for services are already agreed upon in their contracts with Edgewood. In the rare case when a referral does not come through one of those agencies, the Intake Department reviews the basic fee schedule with the client/referring source, and then refers them to Edgewood's Contracts and Billing Department.

Although planned placements are preferred, emergency placements will be considered under very rare circumstances. If a child is accepted in an emergency situation, documents such as treatment agreements, medication consent and immunization records are mandatory prior to admission.

*Pre-placement Visit:* A member of the Intake Department meets with the child, family and/or referral person to help the child understand the reasons placement is being sought, as well as to describe the treatment program itself, encouraging and answering questions of all parties. The family is informed that family participation is essential to treatment, that families are made very welcome at Edgewood, and are considered to be an integral component of successful treatment. The child will tour the facility and meet with staff from the prospective cottage to which s/he may be admitted, as well as a visit the non-public school, if relevant. On occasion, because of immediacy of placement need or geographic factors, a child may be scheduled for admission without a pre-placement visit.

*Final Placement Decision Review:* After the visit, information gathered during the admission process is reviewed by the Intake Committee which includes the Medical Director, Intake Director, and Behavioral Health Directors. The Intake Committee then carefully reviews the information and discusses the child's behaviors and the capacity of the program to manage and improve such behaviors given the current client population, staff expertise and the physical environment. When indicated, additional psychological testing, psychiatric evaluation, or other necessary information is requested prior to a final decision to accept a child for placement. Once accepted for admission, a date, time, and other factors in regard to placement are determined, and the family is and/or referral agency are notified in writing.

On occasion, because of specific problems, an evaluation period with the child in residency may be required before placement is confirmed. Evaluation periods, if required, are indicated in an initial assessment report.

*Waiting List Policy:* Edgewood Center strives to provide smooth and timely access to agency program services. On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to Residential Treatment has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

**C. Describe your program's service delivery model**

Edgewood RBT services includes comprehensive mental health services to children and adolescents aged 6-17 who have been unsuccessful in their homes or lower levels of care due to severe behavioral and mental health issues. The program runs twenty-four-hour-a-day, seven-day-a-week ("24/7"). Services are provided by multidisciplinary staff and include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; expressive arts and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. These therapeutic interventions and activities occur throughout the day and night, including afternoons and evenings and over the weekend. Individualized Care Plans are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put families at the center of decision-making.

The general goal of Edgewood's RBT program is to meet the mental health needs of children and youth who face serious emotional challenges, as well as to their families, in order to facilitate successful reintegration into more mainstream community settings and home environments. To meet this end, the following steps are taken:

Individualized Treatment Plans of Care (POC) are developed for each youth and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making. To meet this end, the following steps are taken for each youth:

*Intake Screening and Initial Safety Goals:* At Intake, the Mini-Child and Adolescent Needs and Strengths (CANS) Assessment is completed, along with several screening tools. The Intake Clinician takes this information, and client/parent/legal guardian report, and identifies two initial safety-related goals that will be the focus of treatment until the comprehensive Plan of Care (POC) is developed.

*Plan of Care Development:* An initial *Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative plan. This Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment.

*Care Team Meetings:* The Care Team is the central component of the service planning process. Care Teams structurally put caregivers and families in the center of our work and create a system of collaboration among the family, service providers, and other key stakeholders. Care Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, psychiatric nurse, recreation program representative, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first Care Team Meeting occurs within the first 45 days of placement. Ongoing Care Team meetings occur at minimum every 12 weeks thereafter. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare services.

*Internal Treatment Team Reviews:* Treatment Teams consisting of Treatment Managers and the client's therapist meet on a monthly basis to monitor progress, ensure consistency of milieu-based interventions, and amend treatment actions as needed. Behavior Support and Intervention Plans (BSIPs) developed in these meetings are shared with the child and family.

#### **D. Describe your program's exit criteria and process**

A preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Care Team within 45 days of admission. This plan is assessed on a quarterly basis at minimum throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting. Over the entire duration of a child's treatment, RBT Care Teams meet approximately every three months; however they can occur more frequently based on the acuity of the child's or family's situation, or at the request of any of the treatment team members for any reason.

As a client's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the child and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the child and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other treatment team members in determining how best to adjust in order to remain focused on a successful transition.

Ideally, youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health services and Wraparound care. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

#### **E. Describe your program's staffing:**

See corresponding Appendix B Salaries and Benefits page.

### **8. 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. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

#### **B. Individualized Program Objectives**

Not Applicable.

### **9. Continuous Quality Assurance and Improvement**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

### **9. 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.

**Contractor:** Edgewood Center for Children and Families

**Appendix A-3**

**Program:** School Mental Health Partnership

**Contract Term:** 07/01/2015 through 06/30/2016

**City Fiscal Year:** FY 2015-16

**CMS#:** 6949

**1. Identifiers:**

**Program Name:** School Mental Health Partnership

**Program Address:** #620-3801 3<sup>rd</sup> St.

**City, State, Zip Code:** San Francisco, CA 94124

**Telephone** (415) 681-3211

**Facsimile:** (415) 375-7579

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Robin Acker, MFT

**Telephone:** (415) 682-3102

**Program Code(s):** 8858ED

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The goal of the School Mental Health Partnership (SOAR) is to provide services in the SED Students including the SOAR classroom to assist the students to meet their educational and mental health goals. To collaborate with the SED teachers, paras, parents, caregivers, other outside providers and school admin, staff and community as a whole.

**4. Target Population**

Edgewood will serve clients referred by CBHS and SFUSD and meeting established CBHS criteria. Children served through this program are by definition, SED students; primarily those in the SOAR classroom but also serving those holding IEP's in the public school setting.

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

OP Mental Health Services, OP Case Management Brokerage, OP Medication Support, OS Community Client Services

**6. Methodology:**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Outreach and recruitment is conducted in collaboration between program leadership, i.e. program manager and/or clinical supervisor, SFUSD Special Education including ERMHS department staff and Wellness Centers.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Site needs are assessed in collaboration between the on-site clinician and school staff and services are adjusted and applied accordingly (e.g. individual or group therapy, teacher collaboration, etc.). The Partnership prioritizes the needs of the school's special education students, including SOAR students, ERMHS qualified students, the special education milieu, and special education staff. Once a client is identified as appropriate for individually focused work the caregiver is contacted to initiate consent and an initial assessment.

**C. Describe your program's service delivery model**

Partnership clinicians can provide individual therapy, group therapy, family therapy, collaterals, milieu management, and school staff consultation as indicated. The partnership clinicians generally attend IEP and SST meetings, continuing to assess the level of need for each SED student. The need for a client to receive individual therapy is usually decided between school staff and clinician, and then the caregiver is approached for consent. Individualized services are generally provided onsite with family sessions arranged as indicated. At intake a thorough assessment of problems and needs is conducted utilizing the CANS tool(s), goals are formulated, and these are both reviewed and updated every six months. Appropriate referrals are made as indicated.

**D. Describe your program's exit criteria and process**

Individualized treatment goals are established in conjunction with the client, caregiver, and school team and progress is tracked throughout. Achievement of goals and the discontinuation of individualized services will be decided via collaboration with the client, caregiver, and school team. Step-down service, such as individual to group only, are generally considered.

**E. Describe your program's staffing:**

See corresponding Appendix B Salaries and Benefits page.

**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. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.



## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. 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.



**Contractor:** Edgewood Center for Children and Families

**Appendix A-4**

**Program:** Behavioral Health Outpatient

**Contract Term:** 07/01/2015 through 06/30/2016

**City Fiscal Year:** FY 2015-16

**CMS#:** 6949

**1. Identifiers:**

**Program Name:** Behavioral Health Outpatient

**Program Address:** #620-3801 3<sup>rd</sup> St.

**City, State, Zip Code:** San Francisco, CA 94124

**Telephone** (415) 681-3211

**Facsimile:** (415) 375-7579

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Robin Acker, MFT

**Telephone:** (415) 682-3102

**Program Code(s):** 885814

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The goal of the Behavioral Health Outpatient program is to seek to make outpatient mental health, case management and medication support services more accessible to San Francisco residents.

**4. Target Population:**

Edgewood will serve youth who are in need of a mental health assessment and meet medical necessity for behavioral health services as defined by SF CBHS. Specific target populations addressed by this program include:

- Youth and families ages 0-21 throughout San Francisco including transitional aged youth (TAY) ages 18-21.
- Youth and families in San Francisco's behavioral health, foster care, kinship, and juvenile justice systems.
- Youth and families who are eligible for Medi Cal for behavioral health services.
- Youth and families in which the youth has an Individualized Education Plan (IEP) with educationally related mental health services (ERMHS) approved by SFUSD.
- Youth and families with co-occurring disorders who present with multiple needs.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

## 6. Methodology:

### A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Outreach and recruitment is generally conducted in collaboration between program leadership, i.e. program manager and/or clinical supervisor, SFUSD school staff, and DPH staff (i.e. social workers), though anyone can refer a client for services.

### B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

Upon receiving a referral intake coordinator (generally the program manager) will confirm Medi-cal coverage and/or ERMHS status utilizing an insurance or social security number. Once coverage is confirmed the referral is reviewed for appropriateness, e.g. age of client, needs, etc. Once coverage and needs are determined valid intake coordinator will contact the caregiver to either set up an initial meeting for assessment or relay waiting list status. If a wait is apparent intake coordinator will offer other referral options.

### C. Describe your program's service delivery model

Outpatient clinicians generally provide weekly services at the school, home, or other community location to children and youth 3-21 years of age. The modality will be based on a thorough assessment utilizing the CANS assessment tool and a formulation of goals. Interventions will be age and developmentally appropriate with a family (systemic) focus. Treatment progress is tracked throughout and goals are updated every six months. Collaboration with the family and school staff is consistent throughout the assessment and treatment phase. Appropriate referrals are made as indicated.

### D. Describe your program's exit criteria and process

Individualized treatment goals are established in conjunction with the client, caregiver, and often the school team. Achievement of goals and the discontinuation of services will be decided via collaboration with the clinician, client, and caregiver, and step-down services, such as individual to group only, are generally considered.

### E. Describe your program's staffing:

See corresponding Appendix B Salaries and Benefits page.

## 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. Edgewood Center for Children and Families will comply with all

performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**B. Individualized Program Objectives**

Not Applicable.

**8. Continuous Quality Improvement:**

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff is informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

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CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

**9. 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.



City Fiscal Year: FY 2015-16

CMS#: 6949

**1. Identifiers:**

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

**Program Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Telephone** (415) 681-3211

**Facsimile:** (415) 661-7094

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Robin Acker, MFT

**Telephone:** (415) 682-3102

**Program Code(s):** 885818

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The overall goal of Therapeutic Behavioral Services (TBS) is to reduce the severity, intensity, and frequency of the target behaviors that are jeopardizing a child's ability to successfully step down to and/or remain in a lower level of care.

**4. Target Population:** Edgewood will provide TBS to severely emotionally disturbed children and youth through age 21, including:

- EPSDT Medi-Cal eligible children, youth and TAY (and caretakers when available) at risk of being placed in a residential treatment center level 12 or above
- Youth stepping down from a level 12 or 14 residential placement to a lower level out of home placement or to a caregiver's home.
- Youth, including TAY, who are at risk of psychiatric hospitalization
- Youth who have been psychiatrically hospitalized and continue to be at risk of re-hospitalizations.

- TAY and their families moving from Children's service systems to Adult service systems.

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

OP-TBS, OP-Case Mgt Brokerage

## **6. Methodology:**

### **A. Outreach, recruitment, promotion, and advertisement as necessary.**

TBS manager communicates with the leadership of treatment partners, for example Oakes Children's Center, Family Mosaic Project, Edgewood Intensive and Out Patient Services, to inform them about the service, determine needs and support any TBS referrals that are necessary. TBS manager also regularly consults with the San Francisco County TBS Coordinator to keep them up to date on openings and caseload capacity.

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

TBS referrals for a TBS assessment are generally made by a case manager or therapist. In order to qualify for the assessment client must have full scope Full-scope Medi-Cal, be under the age of 21 and meets medical necessity. Client must also meet TBS class and clinical criteria. Clients are referred to TBS for the following reasons; to prevent placement in a higher level of residential care, to prevent acute psychiatric hospitalization, or to enable client to successfully transition to a lower level residential placement.

### **C. Service delivery model**

TBS is not a standalone service. It is intended to supplement other specialty mental health services by addressing target behaviors or symptoms that endanger the child/youth's current living situation or planned transition to a lower level of placement. Using the well-supported technique of functional behavior analysis, an Edgewood TBS Coach works with children, youth, their families, and their natural and professional supports to:

- Determine the driving forces behind the symptoms and behaviors;
- Examine the different environments and occasions in which the behavior occurs; and



- Analyze the resulting data to understand what the child is attempting to accomplish with the behavior.

The Coach creates a behavior plan that outlines maladaptive target behaviors, teaches youth how to eliminate target behaviors and use more adaptive behaviors, instructs caregivers and professionals what to do when these behaviors arise, and includes culturally appropriate replacement behaviors, benchmarks (i.e. objectives), and a well-supported discharge plan. The behavior plan is discussed with the youth and their Care Team members to promote coordinated care and meaningful discharge planning. Based on results of the functional behavior analysis, the Coach selects appropriate TBS interventions to teach the child or youth adaptive replacement skills and to have natural supports promote these skills. In addition to working with the youth, the Coach also works with the caregiver to provide them with skills to communicate with youth and respond effectively to youth's challenging behavior. Skill sets used by Coaches are directly adopted from various evidence-based practices including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Focused Cognitive Behavioral Therapy.

TBS is a 24/7 home based service and services generally last 3-6 months. TBS collaborates closely with other providers and uses CANS for the purpose of assessment.

**D. Discharge Planning and exit criteria and process**

During the assessment phase a transition plan is developed, when client meets established benchmarks or the service is deemed to be ineffective TBS will close the case after transitioning skills to longer term providers and caregivers.

**E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.**

TBS coach is responsible for assessment of services, collaborating with treatment partners and providing direct service.

**7. Objectives and Measurements:**

**A. Required Objectives**

City Fiscal Year: FY 2015-16

CMS#: 6949

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

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

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CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language**

N/A

**Contractor:** Edgewood Center for Children and Families  
**Program:** Wraparound (WRAP)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-6**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Wraparound (WRAP)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone** (415) 682-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Jennifer Barry, MFT  
**Telephone:** (415) 682-3145  
**Program Code(s):** 885819

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

The goal of Edgewood's Wraparound (WRAP) services program is to provide the skills and support necessary for youth to function in their communities in family and family-like environments. Wrap principles and practices, including youth and family voice and choice, comprehensive assessment and intervention techniques are used for youth at risk or stepping down from RCL level 10-14 programming. Intervention and treatment are comprehensive and focused on permanency planning.

**4. Target Population:**

Children and youth through age 18 who are referred by SF CBHS, SF HSA, SFUSD, and SF Probation. Referred youth will be stepping down from group and residential care or at risk of stepping up into a higher level of care

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**6. Methodology:**

**A. Outreach, recruitment, promotion, and advertisement as necessary.**

Clients for Edgewood's Wraparound (Wrap) are identified via the weekly San Francisco County Multi-Agency Services Team (MAST) meeting. Clients/families are presented by their county case workers and/or probation officer. An Edgewood Behavioral Health Director, along with other SF agencies, are present at the MAST meetings and conduct regular outreach to Human Service Agency (HSA) supervisors to ensure appropriate clients are identified and referred.

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

Once a client is approved for Wrap by MAST, further intake procedure is managed by an assigned Care Coordinator. The Care Coordinator gathers legal consent for services and collects additional information from the Legal Guardian. The Care Coordinator then schedules a meeting time with the client and his/her family to introduce them to Wrap services. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Specialist and Family Partner will often accompany the Care

Coordinator as needed. The family/caregiver is informed that participation is an integral component of the program.

Prior to day of admission:

- Acquire MAST referral packet from partnership with Seneca contact.
- The Clinical Supervisor will assign the case to a Care Coordinator, Family Specialist and Family Partner.
- Care Coordinator will establish contact with legal guardian, day of receiving MAST referral packet. Care Coordinator will schedule meeting time with legal guardian to obtain consent to begin treatment.

Day of admission:

- Care Coordinator will obtain written consent and gather emergency contact forms by the legal guardian.
- Care Coordinator develops and establishes a Coping & Safety Plan with the client/family. The plan gets forwarded to partnership at Seneca Center; they in turn utilize the plan if/when an incident occurs after working hours with Seneca Rapid Response.
- Care Coordinator will obtain all previous and pertinent assessments (i.e. psychological, substance abuse, psycho-educational, medical).
- Obtain provider, family and youth goals for treatment including:
  - strengths and vulnerabilities
  - successful interventions and coping skills utilized in the past
  - family connectedness
  - short term goals
  - long term goals (including discharge options)
- Disseminate necessary information about the youth's case to staff that will be working directly with the youth and family (e.g. psychiatrist, therapist, nursing staff, child care workers, educators).
- Assess and compile a list of individuals involved in the youth's system including, but not limited to, family members, public agency staff, other providers or persons in the community.
- Development and Implementation of a safety plan and initial mental health goals.

Within 30 days of the admission:

- CANS Initial Mental Health Assessment & CANS Treatment Plan or Care are completed.
- A Family Support Team (FST) meeting including family members/caretakers, all pertinent providers, natural supports and resources and program staff will meet to affirm the treatment plan, safety plan, permanency plan, stabilization goals, and discharge plans.

**C. Service delivery model**

SF Wraparound services will be provided to client and families within about a 90 mile radius of San Francisco, at the time and location that best suits their needs. The duration of SF Edgewood Wraparound services usually lasts up to 18 months. There must be a minimum of one face-to-face contact with the client and caregiver per week. However, face-to-face contact usually occurs 2-3 times per week. Services are meant to ensure that foster youth with intensive needs receive medically necessary mental health services 1) in their home, a family setting, or the most homelike setting appropriate to their needs, and 2) in order to facilitate reunification and to meet their needs for safety, permanence, and well-being.

The Engagement phase is the first phase of treatment in Wrap. Key focus areas of the Engagement phase are: introduction and explanation of services; getting consents for treatment signed by legal guardian; gaining

greater understanding from the referral worker of why the referral was made; gaining an understanding from the client/caregiver about their perspective of issues at hand; building rapport and trust; building the team by identifying and engaging with as many of the client/caregivers' natural supports as possible; meeting with the client/caregiver to complete the CANS; developing the initial treatment plan of care; beginning to address any concerns related to connectedness or permanency; completing a safety plan and addressing any immediate safety needs; convening identified team members for an initial Family Support Team meeting.

Care Coordinators, Family Specialists and Family Partner are available during regular business hours of 9:00-5:00pm. San Francisco Edgewood Wrap currently sub-contracts with Seneca Center. In regards to on-call supports to SF Wrap clients, Seneca Center's 24 Rapid Response hotline is an option utilized and included in the safety plan.

For San Francisco Wraparound client's that are deemed, Katie A clients, the following services are delivered: Assessment, Plan Development, Intensive Home Based Services, Intensive Care Coordination and Crisis Intervention. For San Francisco Wraparound client's that are not deemed, Katie A clients, the following services are delivered: Assessment, Plan Development, Collateral, Individual Rehabilitation, Case Management and Crisis Intervention.

#### **D. Discharge Planning and exit criteria and process**

A preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Family Support Team within 30 days of admission. This plan is assessed on a monthly basis throughout the course of treatment to ensure that the Family Support Team members are actively discussing, altering, and amending the plan as needed.

Ideally, clients are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health services, etc. Additionally, the treatment team works diligently to follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include good bye parties, a graduation ceremony, transition scrapbooks chronicling the client's treatment through pictures and quotes, etc.

#### **E. Program staffing (which staff will be involved in what aspects of the service development and delivery). Indicate if any staff position is not funded by DPH.**

See corresponding Appendix B Salaries and Benefits page.

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

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

#### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality

Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

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CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

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

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.

**Contractor:** Edgewood Center for Children and Families  
**Program:** Psychoeducational Assessments  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-7**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Psychoeducational Assessments  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 681-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Lisa Gutierrez-Wang, PhD  
**Telephone:** (415) 682-3286

**Program Code(s):** N/A

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

Edgewood's psychodiagnostic and pschoeducational assessment services will enhance diagnostic evaluations and treatment recommendations, especially for children and youth presenting with complex, multi-systemic challenges. Through a more rigorous and evidence based approach, using standardized and empirically validated testing instruments including neurodevelopmental assessment tools, the team will provide referring parties with a comprehensive diagnostic formulation and stronger, more meaningful treatment recommendations, including the specific client's treatment prognosis and identification of strengths/assets that will benefit interventions. The educational assessment component will ascertain learning difficulties and identify areas for needed skills development, including whether the cause of learning challenges is psychoemotional, neurodevelopmental or due to a paucity of learning opportunities.

**4. Target Population:**

Assessment clients will be referred by CBHS, Child Crisis, HSA-Child Welfare, or by the client's parents/legal guardian.

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

Assessment

**6. Methodology:**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Edgewood will work directly with CBHS and SF Child Crisis to coordinate referrals and promote the service. Outreach will also be extended to HSA (Child Welfare), SFUSD and parents/caregivers.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

SF Child Crisis and SF HSA will have an internal system in place that determines a youth's needs. Once a child is referred, Edgewood will conduct a brief administrative intake process to enroll the youth into the Assessment service. Prior to and during the first assessment session, the youth's current strengths and difficulties, developmental and family history, academic records, health records, prior psychological testing, and other information will be gathered.

**C. Describe your program's service delivery model and how each service is delivered**

The service consists of three levels of assessment: A) a brief screening/assessment to clarify a straightforward referral question (2-4 hours); b) Basic psychodiagnostic evaluation (8-10 hours) to address psychological and academic functioning with recommendations; c) Comprehensive psychodiagnostic/psychoeducational evaluation (10-15 hours) – to fully assess complex, multi-systemic factors that may be impacting the client's functioning, including possible multiple diagnoses, brain injury, developmental delays, substance abuse, history of trauma, family dysfunction, medical issues, etc. All services include consultation with case managers, school personnel, outside health professionals, and feedback session with family/caregivers and written report.

**D. Describe your program's exit criteria and process**

This service is a time limited process. Clients will receive follow up evaluations as needed for adjustments to treatment planning.

**E. Program Staffing**

See corresponding Appendix B Salaries and Benefits page.

**7. Objectives and Measurements:**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY 15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**A. Individualized Program Objectives**

Not Applicable.

**8. Continuous Quality Improvement:**

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**Contractor:** Edgewood Center for Children and Families  
**Program:** Psychoeducational Assessments  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-7**  
**Contract Term:** 07/01/2015 through 06/30/2016

satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. Required Language:**

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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.



Contractor: Edgewood Center for Children and Families  
 Program: Behavior Coaching  
 City Fiscal Year: FY 2015-16  
 CMS#: 6949

Appendix A-8  
 Contract Term: 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Behavior Coaching  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3227  
**FAX:** (415) 375-7613

**Person Completing this Narrative:** Jonathan Weinstock  
**Telephone:** 415-682-3277  
**Email Address:** jonathanw@edgewood.org

**Program Code :** N/A

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

Edgewood School-Based Behavioral Health Services will oversee and support effective implementation of the Behavior Coach position (ER Taylor) to provide direct services to identified (by teachers, parents/caregivers, other school staff) elementary school (grades K-5) students.

**4. Target Population**

Behavior Coaching serves students in grades K-5 who are identified as at-risk for developing more serious school adjustment problems, or are already demonstrating moderate to higher level behavior issues. The coach will work with students on an as-needed basis to support continued enrollment and greater success in the General Education population.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
<b>Wellness Promotion</b> 1.0 FTE x 40 hrs/week x 21 weeks x 90%	756	yy	
<b>Mental Health Consultation</b> 1.0 FTE x 40 hrs/week x 21 weeks x 10%	84	yy	
<b>Total UOS Delivered</b>	840		

**Wellness Promotion**

- Behavior Coaching will help foster the social, emotional, and behavior skills important for school (and life) success, providing on-site early intervention services for K-5<sup>th</sup> grade students with moderate to higher level needs.

The coach works 40 hours/week and will serve at least 12 unduplicated students on an individual and/or small group basis over the course of the second semester of the school year, as well as provide whole class social skills support for at least three classes (approximately 60 students).

The coach will run at least three weekly social skills small groups of 2-4 students, work individually with students as needed, and provide at least monthly whole class social skills lessons (for a minimum of three classes), drawing from the below curriculum sources/approaches for all of these interventions, as appropriate:

- **Second Step**-- which offers "developmentally appropriate ways to teach core social-emotional skills such as empathy, emotion management, and problem solving" (more info at <http://www.cfchildren.org/second-step.aspx>).
- **Behavioral Response to Intervention**—supporting the school-wide and individualized interventions already in place.
- **Restorative Practices**—to resolve conflict and develop social skills.
- **Skillstreaming**-- which "employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential pro-social skills curriculum" (more info at <http://www.skillstreaming.com/>).
- **101 Ways to Teach Children Social Skills** (by Lawrence E. Shapiro, Ph.D.)
- **Solving Problems Collaboratively**-- which provides "a more compassionate and accurate way to understand kids with social, emotional, and behavioral challenges and a more productive way to help them" (more info at: <http://www.livesinthebalance.org/>).

The coach will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving individual or small group Behavior Coaching services.

### **Mental Health Consultation**

- The Behavior Coach will also provide individual support and consultation for classroom teachers whose students are receiving services-- at least two times per month, to work/follow-up on effective intervention strategies for challenging behaviors, build teacher capacity, and check-in around student needs and progress.

## **6. Methodology**

### **Direct Client Services**

- A. All Behavior Coaching services are provided on-site at the school, during school and after school program hours. Administration and the School Social Worker, Climate Facilitator, and Behavior Coach share necessary program info with the teaching staff—via Daily Bulletin, grade level meetings, information to teachers' mailboxes, in-person conversation, staff meetings, and/or other appropriate means, as needed.
- B. The Care Team (or SAP—Student Assistance Program) is responsible for identifying appropriate students for services, with grades K-5 General Education students being eligible. Consent forms are given to parents of selected students, who are then eligible for services upon return of the signed form.
- C. Students receive services for a minimum of ten weeks, and often times for longer. The Care Team, and sometimes parent (as appropriate), will assess/review optimal duration of services, depending on

individual students' needs. For individual and small group interventions, sessions generally occur on a weekly basis for 30-45 minutes, at school. The Behavior Coach will use the information from the pre-services WMS (Walker-McConnell Scale) assessment (completed by the classroom teacher), and other relevant info, to guide intervention strategies and approaches (see section 5 above for additional details on this). The goal is to tailor the interventions to best meet the needs of each student, on an individual and group (as needed) basis. The coach will consult with the teacher to monitor student progress, discuss ongoing and new challenges, and ensure that the interventions being utilized are appropriate and effective.

- D. Students will receive services for a minimum of ten weeks and up to the full second semester, per Care Team recommendation and monitoring. The Behavior Coach will inform and work with students around ending individual and/or small group services, when this timing is known. Ideally the end date will be known at least two weeks in advance, allowing the coach ample time to "close" with the student(s).
- E. The Behavior Coach will use (and develop, as needed) appropriate curricula, resources, and activities to best support the students receiving services—on an individual, small group, and/or whole class basis.
- F. 1) Teachers and parents of students who receive services will have the opportunity—through direct connection with the Behavior Coach and/or School Social Worker-- to offer input around student needs and priority areas of focus. They will also have the opportunity to complete a year-end satisfaction survey, allowing them to share their experiences with the services and offer suggestions for improvements going forward.

**2) *Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.***

The program (and Edgewood as an agency) is committed to hiring staff that have a sufficient level of Cultural Competence, which starts with the interviewing process. Staff is hired based in large part on their attitudes, knowledge, and skills needed to effectively serve a diverse community. This also includes language capacity, especially when working with limited or non-English speaking communities.

Staff also receives relevant training (at Edgewood, and elsewhere, as needed) as well as individual and/or group support around issues of Cultural Competence. The school also helps to educate all staff—SFUSD, Edgewood, etc.—around salient student, family, and community characteristics, backgrounds, needs, etc.

## **7. Objectives and Measurements**

**7a.** All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

- 7b. GOAL: Support students in their ability to receive education in the least restrictive setting possible, and to work with students, teachers, and caregivers to identify student strengths and build student and staff capacity for student success.**

### **Individualized Performance Objective:**

- 1. By the end of the 2015-16 school year, 60% of students served individually and/or in small groups by Behavior Coaching will show an increase— as measured by teacher-completed pre and post-services WMS surveys -- in Teacher-Preferred, Peer- Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 18%.

### **Individualized Performance Objective:**

- 2. By the end of the 2015-16 school year, 65% of teachers will report feeling more successful (than at the beginning of the year) in intervening effectively with challenging student behaviors, and in having

positive relationships with their most “challenging” students, as measured by Edgewood’s Client (School Staff) Satisfaction Survey.

## **8. Continuous Quality Assurance and Improvement**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency’s New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. 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.

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Program: Early Childhood Mental Health Consultation Initiative (ECMHCI) City Fiscal Year: 2015-16	Contract Term: 07/01/2015 through 06/30/2016
CMS#: 6949	

**1. Identifiers:**

Program Name: Early Childhood Mental Health Consultation Initiative (ECMHCI)

Program Address: 1801 Vicente Street

City, State, Zip Code: San Francisco, CA 94116

Telephone: 415 681-3211

Facsimile: 415 682-1065

Contractor Address: 1801 Vicente Street

City, State, Zip Code: San Francisco, CA 94116

Name of Person Completing this Narrative: Jenny McTackett

Telephone: 415 681-3211

Program Code(s):

(Note: CBHS providers, list the relevant program codes as they correspond to Appendix B)

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:** ECMHCI seeks to improve children's readiness to enter kindergarten, to strengthen and support families, and to support continuous quality improvement of high quality early care and education programs.

**4. Target Population:** The target population is staff who care for and educate children (birth to 5 years). The children in their care fit into one or more of the following demographic categories:

- At-risk for developmental delays
- Families who participate in CalWORKs and/or are eligible to receive CalWORKS subsidized early care and education
- Families who participate in Preschool for All sites
- Who receive or are eligible to receive subsidized early care and education
- Reside in homeless or domestic violence shelters
- Whose families receive services and support at one of the Family Resource Centers that are served by the ECMHCI.
- Whose families receive substance abuse treatment and support at designated treatment facilities or programs

Site Name	# Classrooms	# of Children	# of Staff	# of Hours/week	Funding Sources	Site Type
Wu Yee Head Start Hunter's Point	4	66	11	12	DCYF	ECE
Wu Yee Head Start Southeast	2	40	7	10	HSA	ECE

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Wu Yee Head Start Potrero Hill	2	40	7	8	HSA	ECE
CCFC Heritage Home	3	30	10	10	DCYF	ECE
CCFC John King	3	34	10	10	DCYF	ECE
CCFC Leland	4	76	12	16	DCYF	ECE
CCFC Tucker	2	36	6	10	DCYF	ECE
CCFC Mary Lane	2	20	10	10	HSA	ECE
CCFC Glide	1	8	3	10	HSA	ECE
CCFC Bertha Fleming	1	12	3	10	HSA	ECE
CCFC Marcus Garvey	2	34	7	10	HSA	ECE
CCFC Richmond	2	40	10	12	HSA	ECE
SFUSD San Miguel	5	96	16	16	HSA	
SFUSD Charles Drew	5	102	14	16	MHSA	ECE
SFUSD Leola Havard	4	36	12	16	HSA	ECE
SFUSD John McLaren	6	100	15	16	DCYF	ECE
SFUSD Bessie Carmichael	3	36	10	8	DCYF	ECE
SFUSD Raphael Weill	2	24	6	8	HSA	ECE
SFUSD Starr King	1	16	2	8	HSA	ECE
FCCQN	Up to 31	Projected 100+	Projected 31+	16	First 5 PFA	FCC
FCCQN	Up to 31	Projected 100+	Projected 31+	16	HSA	FCC
FranDelJa	5	60	15	10	First 5 PFA	ECE
Visitacion Valley FRC	N/A	N/A	12	8	First 5 SRIP	FRC



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SE Families United FRC	N/A	N/A	10	8	First 5 SRIP	FRC
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##### **5. Modality(s)/Intervention(s):**

**Outreach Svcs Consultation Indiv** - Discussions with a staff member on an individual basis about a child or a group of children. Includes assisting providers and parents in completing the Ages and Stages Questionnaire (ASQ) and/or the Ages and Stages Questionnaire – Social Emotional (ASQ-SE) evidence-based developmental screening tool to obtain baseline information and whether additional supports are necessary. Other strategies include but are not limited to discussions with a staff member on an individual basis about early childhood mental health, child development in general, classroom management strategies, and supporting mental health best practices into program activities and policies. Strategies can also include collaborative work with a parent, such as offering parental guidance involving discussions about child development, concerns about developmental screenings, problem-solving together during case consultation sessions, and exploring referrals to additional supports.

**Outreach Svcs 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. This may include consultation regarding the program as a whole or the design of a particular strategy or intervention. These meetings are also a forum for team development within the provider's staff.

**Outreach Svcs Consultation Observ** - Observing a child, group of children, or entire classroom within a defined setting to inform consultation services to teachers/staff/programs/parents. The purpose of these observations is to help inform the individual and group consultation process and therefore address the behavioral and developmental needs of the children through the enhancement of their primary relationships.

**Outreach Svcs Staff Training** - Provides structured, formal, in-service trainings to a group of three or more individuals comprised of staff of early care and education programs, family resource centers, shelters, etc. to develop their capacity to address the myriad of social-emotional and mental health needs of the children in their care. Topics may include but are not limited to the social-emotional foundations of learning, behavior management techniques/promoting positive behaviors, effective communication strategies, and working with parents.

**Outreach Svcs Parent Trn/Supp Grp** - Provides didactic training on a specific topic or ongoing support to a group of parents. The format and frequency vary from one-time workshops to ongoing support groups for a consistent cohort of parents. Consultants are encouraged to learn about and pilot evidenced parenting programs such as Triple P and Incredible Years.

**Outreach Svcs Early Ref/Linkage, Consultant Train/Supv (10% Cap)** - When the consultant's involvement with parents and child reveals a need for longer-term help and/or adjunct services, the consultant is optimally situated to assist the family in securing appropriate services. When necessary, the consultant will 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. The consultant's established relationship with the family increases the likelihood that the family will trust the recommendation and therefore pursue the referral. The consultant ensures the family's engagement with needed services by remaining involved with the family throughout the process. Once services are in place, the

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consultant can, with the parent's permission, act as a liaison between the new service provider and the early care and education staff; relaying information that enhances the staff's ongoing understanding and work with the particular child. Covers the trainings offered to early childhood mental health consultants as a whole or through individual contractors, which includes the trainings provided by the ECMHCI Training Institute and other required trainings. Also covers supervision of consultants both individually and in groups.

**Outreach Svcs Evaluation (5% Cap)** - 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.

**Outreach Svcs Systems Work (5% Cap)** - Participating on other coordination efforts/teams to expand the capacity of providers who work with young children and their parents to prevent, recognize, and manage the mental health and behavioral issues in children 0 – 5, enhance the development of inclusive practices in early care and education sites, and continuous quality improvement. This includes being a participating member of the Transdisciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.

**Outreach Svcs Early Interv Indiv** - Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. Activities include, but are not limited to: conducting developmental and/or social-emotional screening; individual child interventions, such as 1:1 support or shadowing in the classroom for a child struggling with behavioral or social difficulties who is at risk for expulsion; 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.

**Outreach Svcs Early Interv Group (15% Cap)** - Conducting playgroups/socialization groups involving at least three children. These groups are designed to help children learn social skills such as getting along with others, making friends, handling and expressing frustrations, understanding and modulating feelings, developing reciprocity and compromise with peers, and learning cooperation with peers and adults. 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.

\*Early intervention services do not require a mental health diagnosis of the child. However, the client chart must include a client plan that is informed by a completed Ages and Stages Questionnaire (ASQ) or Ages and Stages Questionnaire – Social Emotional (ASQ-SE). If not already performed, and early intervention services are indicated, then the mental health consultant must ensure the ASQ is completed prior to the onset of services. In their assessment, the mental health consultant may also use the ASQ-SE as a follow-up to the ASQ to further inform the development of interventions. The client plan must reflect the needs identified by the screenings and must include goals and interventions that will help support the child's ability to remain in their current care setting.

**Outreach Svcs MH Services Indv/Family** - Provided for a subset of the most at-risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may

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include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

**Outreach Svcs MH Services Group (5% Cap)** - Provided for a subset of the most at-risk children for whom the indirect involvement of consultation and lower intensity early intervention services are not sufficient to address behavioral concerns. Targeted therapeutic interventions are employed by consultants that focus primarily on symptom reduction as a means to improve functional impairments that a child may be experiencing due to diagnosable mental health concerns. Therapy may be delivered to an individual or group of children and may include family therapy at which the child is present. Decisions about whether this level of care is needed must be decided during consultation sessions where parental consent is obtained. A mental health diagnosis of the child is required, and client charts must include a client treatment plan that is informed by a completed CANS Assessment and may also include the results of developmental or social-emotional screenings. The client plan must include goals and interventions that will help support the child's ability to remain in the current care setting.

## 6. Methodology:

### A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Outreach is targeted at all children, families and staff at all contracted sites. The Edgewood consultant will provide written information regarding services; discuss with the providers their respective roles in consultation; attend staff and parent meetings to introduce the consultant and the services; and provide psycho-educational services for staff and parents/caregivers.

### B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

There is universal eligibility for enrollment at the sites listed above. A written introduction to the MHC and services will be sent in appropriate languages to all families of children at the centers. Passive consent will be obtained to allow the MHC to begin observation and staff consultation. Parent/caregiver consent will be obtained for individual observations and consultations.

### C. Describe your program's service delivery model and how each service is delivered

Edgewood will provide the following services:

- Program Consultation: MHC will conduct consultation groups monthly to develop staff capacity to design and implement developmentally appropriate services;
- Case Consultation: MHC will conduct as needed, within program consultation meetings or in individual consultation with staff; and
- Direct Services: MHC will be to provide as needed to children identified in the case consultation modality.

Service interventions may include collateral parent meetings, therapeutic play groups, social skills groups, parent groups or parent/child psychotherapy. All services will be offered on-site, and parent-child psychotherapy may be provided at the home of the child being served.

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Edgewood Center will adhere to all stipulated CBHS requirements for the completion of Site Agreements for each assigned site and family child care home. Compliance with all stipulations of content and time for completion of these documents as outlined below will be honored.

All ECMHCI contractors are required to establish a Site Agreement with each respective site served (child care, shelter, permanent supportive housing, family resource centers, etc at the beginning of each fiscal or academic year, whichever is most appropriate. Each Site Agreement document should include the following information:

- Site information to which the Site Agreement applies
- The term of the Site Agreement
- Number of on-site consultation hours per week
- Agreed upon services that the consultant will provide
- Agreed upon client/site roles and responsibilities
- Agreed upon day and time for regular group consultation meeting
- Schedule of planned review of Site Agreement document
- Signature lines for Consultant, Site Director/Manager, Contractor Program Director

NOTE: Once the Site Agreement is completed and signed by all parties, a copy of the document will be sent to the ECMHCI Program Director at CBHS. The Site Agreement must be received by CBHS no later than November 15, 2011.

### Standards of Practice (SOP)

All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work: NOTE: The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to permanent supportive housing facilities and family resources centers. In other words, the Standards of Practice do not apply to those settings.

### Program Consultation

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
<b>Program Observation</b>	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
<b>Meeting with Director</b>	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month

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<b>Activity</b>	<b>Small Child Care Center 12-24 children</b>	<b>Medium Child Care Center 25-50 children</b>	<b>Large Child Care Center &gt; 50 children</b>
<b>Meeting with Staff</b>	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
<b>Trainings</b>	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency	As needed and as stipulated in the MOU between the site and the service providing agency

### Case Consultation

Child focused, benefits an individual child by addressing developmental, behavioral, socio-emotional questions or concerns with teachers and/or staff.

<b>Activity</b>	<b>Small Child Care Center 12-24 children</b>	<b>Medium Child Care Center 25-50 children</b>	<b>Large Child Care Center &gt; 50 children</b>
<b>Child Observation</b>	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
<b>Meeting with Director</b>	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
<b>Meeting with Staff</b>	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
<b>Meeting with Parents</b>	3 to 5 times per child	Same as for small center.	Same as for small center.
<b>Referral and Linkage</b>	As needed	Same as for small center	Same as for small center
<b>Systems Work</b>	As needed	Same as for small center	Same as for small center
<b>Parent Training</b>	2-3 times/year	Same as for small center	Same as for small center

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Activity	Small Child Care Center 12-24 children	Medium Child Care Center 25-50 children	Large Child Care Center > 50 children
and Support Groups			

- Direct treatment services occur within the child care center and/or shelter as allowed by the established MOU 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 HIPAA regulations pertaining to the provisions of services and the maintenance of records.
- All direct treatment providers adhere to SFCBHS documentation standards, and all clinicians are credentialed in CANS and Avatar.

#### **D. Describe your program's exit criteria and process**

Program Consultation services and Case Consultation are ongoing and supportive to staff and will not have an exit criteria. Direct Services exit criteria will be successful achievement of Care Plan goals. Aftercare for direct service consumers will be available in ongoing individual consultation. Referrals will be made to community resources when appropriate.

#### **E. Describe your program's staffing:**

See corresponding Appendix B Salaries and Benefits page.

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

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

*DATA SOURCE: Early Childhood Mental Health Consultation Initiative provider and parent surveys to be administered by CBHS during the third quarter of FY 2015-2016 and will be used in the Program Monitoring Report for FY 2015-2016.*

#### **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

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City Fiscal Year: 2015-16	
CMS#: 6 949	

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CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

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City Fiscal Year: 2015-16

Contract Term: 07/01/2015 through 06/30/2016

CMS#: 69-49

1. Identifiers:

Program Name: School-Based Behavioral Health Services

Program Address: 1801 Vicente Street

City, State, Zip Code: San Francisco, CA 94116

Telephone: (415) 682-3227

Facsimile: (415) 375-7613

Program Code: Not Applicable

Person Completing this Narrative: Jonathan Weinstock

Telephone: 415-682-3277 FAX: 415-375-7613

Email Address: jonathanw@edgewood.org

2. Nature of Document:

☐ New ☐ Renewal ☒ Modification

3. Goal Statement:

Edgewood's School-Based Behavioral Health Services at Dr. Charles R. Drew College Preparatory Academy (Charles Drew) will build the capacity of teachers to handle behavioral issues as they arise, the capacity of families to provide the support their children need to succeed, and the capacity of children to deal with issues that may be impeding their academic and social progress.

4. Target Population:

1. The target population is the Charles Drew staff, students, and their families.

2. The school is in the 94124 zip code, which is where the majority of the students and their families live.

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

Units of Service (UOS) Description	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
<b>Outreach and Engagement</b> .5 FTE x 40 hrs/week x 28 weeks x 85%	476	50	
<b>Service Linkage</b> .5 FTE x 40 hrs/week x 28 weeks x 15%	84	15	
<b>Wellness Promotion</b> 1.5 FTE x 40 hrs/week x 40 weeks x 90%	2,160	95	
<b>Mental Health Consultation (Training and Coaching)</b> .7 FTE x 40 hrs/week x 40 weeks x 85%	952	15	
<b>Total UOS Delivered</b>	3672		

Wellness Promotion

- Behavior Coaching will help foster the social, emotional, and behavior skills important for school (and life) success, providing on-site early intervention services for K-5<sup>th</sup> grade students with moderate to higher-level needs.

The coach works 40 hours/week and will serve at least 18 unduplicated students on an individual and/or small group basis over the course of the school year, as well as provide whole class social skills support for at least three classes (approximately 60 students).

The coach will run at least four weekly social skills small groups of 2-8 students, work with at least five students on a weekly individual basis, and provide at least monthly whole class social skills lessons (for a minimum of three classes), drawing from the below curriculum sources, as appropriate.

The coach will also work at the whole class-- leading social skills lessons on and individual levels, also using the following curriculum/approaches,

- **Second Step**-- which offers “developmentally appropriate ways to teach core social-emotional skills such as empathy, emotion management, and problem solving” (more info at <http://www.cfchildren.org/second-step.aspx>).
- **Skillstreaming**-- which “employs a four-part training approach—modeling, role-playing, performance feedback, and generalization—to teach essential pro-social skills curriculum” (more info at <http://www.skillstreaming.com/>).
- **101 Ways to Teach Children Social Skills** (by Lawrence E. Shapiro, Ph.D.)
- **Collaborative Problem Solving**-- which provides “a more compassionate and accurate way to understand kids with social, emotional, and behavioral challenges and a more productive way to help them” (more info at: <http://www.livesinthebalance.org/>).

The coach will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving individual or small group Behavior Coaching services.

- PIP will support K-3 students with more mild to moderate school-adjustment issues, who might not otherwise receive mental/behavioral health support services.

The PIP Child Aide works 20 hours/week and will serve at least 24 unduplicated students on an individual basis, providing up to 16 weekly 30-minute child-centered (nondirective) play sessions (in the PIP playroom at school) for identified (by teachers, administration, the aide, and/or the school Care Team) students.

The aide will distribute to and collect from teachers a pre and post WMS (Walker-McConnell Scale) for all students receiving PIP services.

### **Outreach and Engagement & Service Linkage**

The Family Advocate (formerly Parent Educator) works with Charles Drew’s Parent Liaison to ensure participation by families in support services, to connect the school community with available resources, and to provide the resources available through Edgewood’s Family Engagement Program.

The Family Advocate works 20 hours/week, and will serve at least 50 unduplicated families (with children at the school) over the course of the school year.

The Family Advocate: Holds regular ‘office hours’—a minimum of 8 hours/week-- in the Family/Caregiver Room, which supports casual contact and relationship-building as part of the school community; participates in the city’s existing family-support networks trainings on a monthly basis in order to have current information about available resources; works to ensure that parents receive the support they need to strengthen their families by providing parent education and hosting monthly parent meetings—Parents as Partners (the school’s parent organization that meets once a month to plan activities and fundraisers for the school) and an academic and behavior support group; coordinates with other community agencies (i.e. The Exploratorium) to come to the school for family engagement activities at least twice yearly; provides monthly school newsletter outreach information for other CBOs (i.e. Bayview YMCA, the Asthma Clinic, Urban ED, etc.); and, accompanies parents to parent-teacher meetings, SSTs, and other meetings/activities, as needed.

### **Mental Health Consultation (Training and Coaching )**

- The School Climate Consultant works closely with Charles Drew's administration team to build the capacity of teachers to address behavioral issues that arise in the classroom, and help to foster an overall positive (safe, respectful, supportive of students and teachers, and conducive to high-level teaching and learning) school climate.

The consultant works 28 hours/week, and will serve the 14 classroom teachers on an individual (observation and coaching) and/or group basis (training and facilitation) over the course of the school year.

The primary focus will be on supporting teachers' implementation of PBIS (Positive Behavioral Interventions and Supports) and Behavioral Response to Intervention (RTI)—“Based on a problem-solving model, the RTI approach considers environmental factors as they might apply to an individual student's difficulty, and provides services/intervention as soon as the student demonstrates a need.”

(<https://www.pbis.org/school/rti>)

In particular, the consultant will be providing staff and school-wide support for the “universal” or “primary level” interventions that apply to all students, and are aimed at prevention and early intervention—before behaviors escalate and become more problematic.

The consultant will work individually with teachers in need of more individualized support-- through classroom observations, feedback/coaching, and modeling (as needed). In addition, the consultant will support overall teacher wellness and a positive classroom and overall school climate.

- The Behavior Coach will also provide individual support and consultation for at least 7 classroom teachers at least two times per month, to work/follow-up on effective intervention strategies for challenging behaviors and check-in around and social skills needs and progress.

## **6. Methodology:**

### *Service Delivery*

- A. Since the school itself is considered the client of these services, Charles Drew and Edgewood partner directly in providing all services at the school. Key decision-making partners include the Principal, School Social Worker (formerly known as the LSP—Learning Support Professional), IRF (Instructional Reform Facilitator), Care Team (SAP—Student Assistance Program), Parent Liaison and School Leadership Team (comprised of top administration, teachers, and support staff). Edgewood staff work directly with these partners in identifying and engaging participants, coordinating services, community outreach, ensuring families' access to services (including individual support outside the classroom), and activity design. The Family Advocate meets regularly with Parents as Partners, the primary parent group of the school, to identify fundraising priorities for identified needs and programming. The school community works with the School Climate Consultant to identify staff teaching (and behavior intervention) needs and determine optimal ways to implement CHAMPS (a positive and proactive approach to classroom and behavior management) principles school-wide. All Edgewood activities are assessed for participant feedback either through specific activity (i.e. staff and parent trainings) evaluation or Client Satisfaction Surveys, and this feedback helps guide and improve the work.
- MHSA Vision Components lie at the heart of all Edgewood's services in schools. Understanding the need to build *resilience*-- by increasing the capacity to succeed in school through direct support for students, their families and their teachers, our intention is to empower our clients by providing them with the tools they

need to make *positive and supportive choices* for themselves. We actively seek to engage/employ individuals who have a *deep understanding of the community culture* of the school and its environment. By providing both individual and family services at the school site, we aim to offer a *seamless* experience of resource acquisition for families, staff and students.

- B. Students are identified for PIP and Behavior Coaching services through the school Care Team by teacher and/or parent referral. Consent forms are given to parents of selected students, who are then eligible for services upon completion of this form.  
All teachers and families are able to utilize School Climate Consultation and Family Advocate services, respectively. Parents are able to attend all offered workshops and trainings, as well as receive individual support, as desired.
- C. All services operate during school hours. Family Advocacy services are also available during some evening and occasional weekend hours (for special events and workshops/trainings). Services are delivered on-site at the school, with Parent Education services provided in the community, if needed.  
(Additional services details are included in the previous section.)
- D. All services are available for clients--students, families/parents, teachers-- for the entire school year. For Behavior Coaching, most students receive services for the duration of the school year (once identified for services), unless the SAP team, in conjunction with the teacher and/or parent, decides the goals of the service have been reached. In this case, the Behavior Coach will have a certain number of ending sessions with the student to prepare him/her. For PIP, most students receive one cycle--12 weeks-- of sessions, and are informed about this time-frame at the start of services and reminded as the end of the service approaches. Most students have shown the desired improvement at this point. In some cases, students may receive a second cycle—an additional 12 weeks—based on SAP team and teacher and/or parent input. For School Climate Consultation, services are available for teachers as long as they want them. If a teacher no longer desires services, the consultant and teacher (and sometimes school principal) will discuss this and end accordingly. For Family Advocacy, parents will continue with services for as long as they want, and can inform the Family Advocate at any time when they no longer wish to receive services.
- E. There are four positions—all grant-funded-- at the school this year— a 40 hour/week Behavior Coach, a 28 hour/week School Climate Consultant, and the Family Advocate and PIP Child Aide, each at 20 hours/week.

The Behavior Coach works with identified students with moderate to higher-level social, emotional, behavioral needs on an individual, small group, and class-wide basis, depending on student and classroom needs. The PIP Child Aide works with identified students with mild to moderate social, emotional, behavioral needs on a one-on-one basis using the modality of non-directive (or child-centered) play. The School Climate Consultant works with the school administration to determine best ways to support teachers (and other school staff) on an individual and group basis. And, the Family Advocate, in collaboration with the school Parent Liaison, works with parents on an individual and small group basis.  
The School Climate Consultant, Behavior Coach and Family Advocate will be available to attend weekly Care Team meetings to help determine possible services and interventions for referred students (and their families).

### *Systems Transformation*

The core of Edgewood's team-based activities at Charles Drew is relationships. Edgewood's intensive presence at the school facilitates both the immediacy of available services and the receptivity of the community to access those services. The Family Advocate will gain parents' trust by meeting families where they are most comfortable (at their homes, at school, at community centers), listening to what they say they need rather than telling them what they need, speaking their language (and providing translation services if/as needed) and/or understanding their culture, being available and visible during times when

parents are typically at the school, and attending meetings that parents already attend (PTA, open houses, other school events, etc.). Parents who participate in services are encouraged to complete training/workshop evaluations as well as a year-end Client Satisfaction Survey. And, see the Outreach and Engagement section above, for additional information on this topic.

In addition, all Edgewood staff are introduced to school staff by the Principal at the beginning of the year and included in the school's regular activities (PD's, Care Team meetings, School Site Council, parent/family events) in order to build strong relationships in its work with the school staff. Staff is made aware of the range of services provided and best ways to access these services.

***Providers have the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.***

The program (and Edgewood as an agency) is committed to hiring staff that have a sufficient level of Cultural Competence, which starts with the interviewing process. Staff are hired to work in the positions at Edgewood based in large part on their attitudes, knowledge, and skills needed to effectively serve a diverse community.

Staff also receives relevant training (at Edgewood, and elsewhere, as needed) as well as individual and/or group support around issues of Cultural Competence. The school also helps to educate all staff—school and Edgewood—around salient student, family, and community characteristics, backgrounds, needs, etc.

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

**7a.** All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

### **7b. Individualized Program Objectives**

#### **Satisfaction Objective:**

By the end of the 2015-16 school year, 35 unduplicated parents/caregivers with children (at the school) will report increased self-efficacy with respect to identifying, connecting with, and/or obtaining needed services/activities, as demonstrated through Edgewood's Year-end Client Satisfaction Survey.

**MHSA Goal 6:** Improved capacity among parents and other caregivers (teachers, program staff) to provide appropriate responses to children's behavior.

#### **Individualized Performance Objectives:**

1. By the end of the 2015-16 school year, 70% of teachers will report feeling a positive, healthy, and effective classroom and overall school climate in which to support all of their students, as measured by Edgewood's Client (School Staff) Satisfaction Survey.
2. By the end of the 2015-16 school year, 75% of parents who participate in parent events (including parent meetings/family activities, parent education trainings, and/or Principal Chats) will report feeling more capable of taking action to create health and wellness in their lives, as measured by meeting evaluations and Edgewood's Year-end Client Satisfaction Survey.

**MHSA Goal 10:** Increased problem-solving capacity and responsibility and accountability for one's wellness.

#### **Individualized Performance Objectives:**

1. By the end of the 2015-16 school year, 60% of students served individually and/or in small groups by Behavior Coaching will show an increase— as measured by teacher-completed pre and post-services WMS surveys -- in Teacher-Preferred, Peer- Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 18%.
2. By the end of the 2015-16 school year, 70% of students participating in PIP will show an increase—as measured by teacher-completed pre and post-services WMS surveys-- in Teacher-Preferred, Peer-Preferred, and Classroom Adjustment Behaviors, with an average (mean) cumulative increase of 20%.

**8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels.

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

**9. 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:** Youth Agency Mental Health Consultation (YAMHC)

**Program Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Telephone:** (415) 682-3211

**Facsimile:** (415) 664-7094

**Program Code(s):** N/A

**Contractor Address:** 1801 Vicente Street

**City, State, Zip Code:** San Francisco, CA 94116

**Name of Person Completing this Narrative:** Londa Overbeck, LCSW

**Telephone:** (415) 682-3269

**Email Address:** LondaO@Edgewood.org

**2. Nature of Document:**

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement:**

Youth Agency Mental Health Consultation (YAMHC) will improve the lives of in and at-risk youth by providing direct service (crisis intervention and short-term therapy) and facilitating a sustainable change process within the systems through which youth receive services.

**4. Target Population:**

Mid and low level consultation will be provided to at least 14 agencies throughout San Francisco who serve low income, in and at-risk youth (ages 12-24 years of age) and have 2 or less FTE masters level therapists on staff. The terminology "in and at-risk youth" will be used throughout this document to refer to youth who are in or at risk of mental illness as a result of one of more of the following:

I.Exposure to Trauma/Crisis

II.Exposure to street or familial violence

III.Involvement in foster care/child protective services

IV.Substance abuse

Through our consultative efforts we are attempting to mitigate the effects of the above circumstances on one's mental health, as well as prevent the youth from failing in school, being involved in the juvenile justice system, and or continued engagement in violence and substance abuse.

The target agencies have limited access to mental health resources and may include but are not limited to community centers, violence prevention programs, juvenile justice programs, afterschool programs, and cultural centers. The staff and youth from these agencies represent a diverse spectrum of cultural backgrounds including male, female, inter-generational, LGBTQ, Latino, African-American, Caucasian, and Asian. A subset of the staff we work with live within the communities they serve and

have transitioned from a client to staff role within the agency where we provide consultation. While this service will be offered citywide, a few zip codes to target include 94110, 94114, 94103, 94124, and 94134.

Intensive level consultation will serve staff, youth, and families at Huckleberry Youth Program's CARC and Larkin Street Youth Services. For the direct service component, 150 youth and 25 of their families will participate.

Huckleberry Youth Program's CARC provides an alternative to young people, ages 11-17, who have been arrested for non-violent offenses and who would otherwise be brought directly to Juvenile Hall. Most youth come to CARC from Bayview-Hunter's Point 94124, Visitation Valley 94134, Excelsior 94112, and the Mission 94110—all of which are CBHS-priority, high-need neighborhoods. CARC serves youth from a diverse spectrum of cultural backgrounds including male, female, African-American, Latino, Asian-American, Caucasian, and multi-racial. The majority of the youth served identify as heterosexual, although some youth identify as lesbian, gay, or bisexual.

Larkin Street Youth Services serves youth ages 12 through 24 who are homeless or at imminent risk of homelessness and represent diverse ethnicities, genders, and sexual orientations in the Tenderloin, 94102. Short-term therapy is available to any youth in Larkin Street Youth Services who meet one of these criteria:

- Client is in crisis and is not currently in therapy.
- Client is in the process of waiting for a long-term therapist and needs immediate attention.
- Client is severely mentally ill and highly resistant to therapy.
- Client is not making progress with their treatment plan and staff would like me to meet with them and make recommendations.

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

Units of Service (UOS) Description (add more rows if needed)	Units of Service (UOS)	Number of Clients (NOC)	Unduplicated Clients (UDC)
{mental health consultation} {UOS measurement} 1.75 FTE Edgewood + .33FTE Larkin + .175FTE Huckleberry x 40 hours/week x 48 weeks x 87% LOE	168	6 organizations	
{training and coaching} {UOS measurement} .25FTE Edgewood + .33FTE Larkin B x36 trainings/year x 48 weeks x 87%		36 trainings	
{individual therapeutic services} {UOS measurement} .33FTE Larkin + .55FTE Huckleberry x {UOS measurement}/week x 48 weeks x 87%		150 youth 25 families	
<b>Total UOS Delivered</b>	xxx		
<b>Total UDC Served</b>			zz

**Mental Services Health Consultation Services** (MHSA Activity Category)



This model includes three tiers of intervention.

1. Low Level – monthly trainings (8+ organizations)
2. Mid Level (4+ organizations) – the number of organizations depends upon the level of intensity necessary.
3. Intensive Level (2 organizations)

**Low Level Mental Health Consultation:**

Edgewood will provide biannual trainings to the target population. Additional information is included under Training and Coaching category below.

**Mid Level Mental Health Consultation:**

Edgewood will provide Mental Health Consultation to 4+ agencies, serving approximately at least 40 staff/year, with MHC working 8 hours/week/agency. The MHC will work as a team on each project. The maximum duration of consultation will be 6 months. Staff, other organizational stakeholders, and experts will be involved in the consultation. The consultation model consists of a process of intake, assessment, intervention, and transition and includes these 4 phases:

1. Hear You Out: Consultant(s) will listen to and learn from multiple voices (through focus groups, interviews, observation and surveys) to get a clear picture of your challenges.
2. Connect The Dots: Consultant(s) will share compiled, anonymous stories with community stakeholders, find themes and insights, redefine the challenge, and come up with solutions
3. Try It Out: Consultant(s) and community stakeholders will try out the solutions, see how it works, makes changes, and try again
4. Make It Happen: Consultant (s) and community stakeholders will implement the best solutions

**Intensive Level Mental Health Consultation:**

Huckleberry Youth Program's CARC will provide .73FTE MHC and Larkin Street Youth Services will each provide 1FTE MHC to deliver on-site consultation to staff and direct services to youth and families 5 days per week. The MHC will provide services to clients for a period ranging from one day and 1 year depending on the need. MHC at Larkin Street Youth Services provides .33FTE direct service to youth, .33FTE consultation to staff, .33FTE training to staff. The MHC at Huckleberry Youth Program's CARC will provide 22 hours/week of direct service to youth and 7 hours/week of consultation to staff.

The MHCs will also participate in the following activities:

- Individual/group consultation for staff
- Participation in Monthly Learning Circles
- Administration of assessments and outcome measures
- Outreach: Collaborate with EDGEWOOD to provide outreach to various groups (e.g., Juvenile Justice Providers Association, Youth Justice Initiative), and agencies who do not have masters level clinical staff.

Additionally, the MHC at Larkin Street Youth Services will provide:

- Agency assessment, intervention planning, technical assistance, observation, and coaching
- Training for staff

### **Monthly Learning Circle for MHCs:**

YAMHC MHCs (from Edgewood, Huckleberry Youth Program's CARC, and Larkin Street Youth Services) and MHCs from Edgewood's Early Childhood Mental Health Consultation Program meet monthly for 1 hour to collaboratively support and train MHCs. The Learning Circle is based on Edgewood's Learning Organization model. A learning organization is one that maintains a non-threatening, empowering culture where leadership, management and line staff focus on continuously developing organizational competence. The goal is to allow us to systematically learn from our experience what does and what does not work in order to increase innovation, effectiveness, and performance in delivering services to children and families.

### **Training and Coaching** (MHSA Activity Category)

Trainings will be facilitated by expert trainers in the field as well as by Mental Health Consultants. Topics will be determined by needs identified by agencies participating in consultation. At least 38 trainings/year will reach at least 8 agencies, specifically targeting the following populations:

2. Edgewood will provide 2 trainings/year that are open to staff who serve in and at-risk youth at agencies in San Francisco.
3. Edgewood will provide at least 4 trainings/year to agencies participating in mid-level consultation. Customized trainings will be offered to agency staff, targeting identified goals on an as needed basis. When training needs are shared across agencies participating in consultation, trainings will be offered to these agencies to both build staff capacity and encourage inter-agency collaboration.
1. Larkin Street Youth Services will utilize a .33FTE MHC to facilitate 30 trainings/year for Larkin Street Youth Services staff. Some training topics include Rapport & Relationship Building, Motivational Interviewing, Racism, Active Listening, New Program Staff Training, Strength Based Treatment Planning, Conflict Resolution, and Youth Leadership.

Coaching will be provided by MHCs in the following ways:

1. Provide individual and group support to assist staff in implementing training content into practice.
2. Provide 1 hour, biweekly leadership coaching to primary contact person for mid-level consultation, typically the Program Director. Employee coaching is available to other staff on an as needed basis.

### **Individual Therapeutic Services** (MHSA Activity Category)

Clinicians/Mental Health Consultants from Huckleberry Youth Program's CARC and Larkin Street Youth Services will provide face to face assessment, crisis intervention, and short-term therapy to 150 youth. Of these 150 youth, 85 youth will work with MHC from Larkin Street Youth Services and 65 youth, along with 25 of their families, will work with MHC from Huckleberry Youth Program's CARC. Direct services will be provided by MHC from Larkin Street Youth Services .33 FTE and by MHC from Huckleberry Youth Program's CARC 22 hours/week.

## **6. Methodology:**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Edgewood, Huckleberry and Larkin will partner to provide outreach to various groups (e.g., Juvenile Justice Providers Association, Youth Justice Initiative), and SF agencies who serve in and at-risk youth and do not have masters level clinical staff.

Additionally, Edgewood's team will continue to engage in the following strategies to generate referrals for mid-level consultation:

- Inviting all SF agencies serving the target population to biannual trainings (Low Level Consultation) and recruiting them for the Mid-Level consultation at the trainings.
- Collaborating with trainers
- Receiving referrals from agencies who have participated in mid-level consultation
- Collaborating with funders
- Developing and distributing marketing materials to eligible agencies, including a brochure and webpage link: [www.edgewood.org/whatwedo/training/yamhc.html](http://www.edgewood.org/whatwedo/training/yamhc.html).
- Pitching program to eligible agencies who contact Edgewood's Training Department to seek out trainings.
- Advertising program on Facebook, Linked In, and Edgewood's website.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

**Mid and Low Level Mental Health Consultation:**

These services will be provided to agencies throughout San Francisco who serve low income, in and at-risk youth (ages 12-24 years of age) and have 2 or less FTE masters level therapists on staff.

**Intensive Level Mental Health Consultation:**

Larkin Street offers a full continuum of services to homeless and at-risk youth, including drop-in services, shelters, transitional living programs, education and employment services and others. Youth in need of mental health services gain entry to these services through self-referral, case manager referral, or our collaborative case conferences which are cross functional teams that help direct client service. Upon referral, an intake is prepared by the Mental Health Consultant and all services are recorded in our CMIS.

Youth are brought into the Community Assessment and Resource Center (CARC) by SFPD at the point of arrest. Youth are assessed by case managers who often refer youth to mental health services for issues of crisis intervention, family conflict, mental health and trauma related symptoms. Youth are able to receive on-site free mental health services at any point in their engagement with CARC. Youth and their families are encouraged to take advantage of family counseling when appropriate. In addition, other youth are referred to the CARC therapist and interns through the Counseling Program's referral process.

At Huckleberry Youth Programs all youth between ages 11-21 and their families in San Francisco are eligible for services and are referred from a variety of sources including other Huckleberry programs, community partners, and other providers. The first contact occurs in a couple of ways:

- *An outside referral source/parent or client makes a request for counseling by calling our hotline (415.621.2929). The caller speaks to a residential counselor who gathers*

*demographic information, information about level of risk and presenting problems. This referral is given to the Clinical Director. If the case is assigned immediately the therapist makes first contact within 24 hours. If the case cannot be immediately assigned, the clinical director contacts clients to address issues, offer resources and share the plan.*

- *A need for counseling is identified within another Huckleberry program such as the shelter, health center or juvenile justice program. The client is then connected directly with the on-site therapist for immediate triage.*

**C. Describe your program's service delivery model and how each service is delivered.**

**Low Level Mental Health Consultation:**

Edgewood will provide biannual trainings to San Francisco agencies who serve at-risk youth. Each training takes place at Edgewood and ranges in duration from 3-8 hours.

**Mid Level Mental Health Consultation:**

Edgewood will provide Mental Health Consultation at the organizational client's facility. The consultants work with each agency for up to 6 months and are available from 9a.m.-5p.m. The consultation model consists of a process of intake, assessment, intervention, and transition and includes these 4 phases:

1. Hear You Out: Consultant(s) will listen to and learn from multiple voices (through focus groups, interviews, observation and surveys) to get a clear picture of your challenges.
2. Connect The Dots: Consultant(s) will share compiled, anonymous stories with community stakeholders, find themes and insights, redefine the challenge, and come up with solutions
3. Try It Out: Consultant(s) and community stakeholders will try out the solutions, see how it works, makes changes, and try again
4. Make It Happen: Consultant (s) and community stakeholders will implement the best solutions

**Intensive Level Mental Health Consultation:**

Huckleberry's Community Assessment and Resource Center (CARC) is a collaboration between SF Police Department, SF Juvenile Probation, SF Sheriff's Department, Huckleberry Youth Programs, Community Youth Center, and Instituto Familiar de la Raza. CARC serves as the front end of the juvenile justice system providing community based alternatives to incarceration.

The service delivery model includes a number of phases of treatment including: 1) assessment, 2) plan development, 3) therapy/collateral work, 4) case management, and 5) discharge planning. Services are offered from 9am to 8pm, and clients are seen primarily at CARC but also at school, or home as necessary. Clinicians conduct a CANS assessment and develop a plan of care within the first 60 calendar days. The CANS is both an assessment and an outcome tool, which enables clinicians to identify areas that need to be the focus of treatment. Every content area in the CANS with a score of two or higher is then addressed accordingly in the treatment plan. At the completion of the initial CANS/POC, always prior to the 90 day requirement, clinicians present cases for

PURQC review and are assigned a level of intensity (low, medium or high) based on the level of impairment and treatment plan. PURCQs are reviewed annually.

Treatment services are provided according to the client's individualized treatment plan. After hours, clients are referred to Child Crisis or Mobile Crisis/PES or other 24-hour crisis lines depending on the specific need.

Therapists use a strengths-based, trauma informed, multi-systems approach (e.g., Systems Theory, Psychodynamic, CBT, Bowenian, Strategic Structural, Solution focused) that recognizes the importance of engagement and trust building and the clinician's role as a tool to help the client, family and guardian recognize and build upon what they do well. Working from a strengths-based perspective that incorporates the client's social/cultural experiences into the treatment provided (e.g., race/ethnicity, immigration/relocation status, gender, sexual orientation, socioeconomic status, disability, age), allows the clinician to provide holistic, comprehensive services. By offering a stable, supportive environment for clients, the clinician is able to assist them as they strive to improve their mental health, thereby helping clients restore or improve functioning.

Family therapy is provided with youth and their significant support members in a private office setting. Family therapy is provided to support growth and development of the youth and provide appropriate resources and/or referrals to family members. We provide additional support and prevention services to parents via our six week skills building support group for parents of adolescents called **Parent's Turn**.

Case management services are provided by CARC staff with support from the mental health team.

Larkin Street offers a full continuum of services. We have 24/7 services including crisis intervention and a 1-800 crisis hotline. Some of our services (drop-in, education and employment) are generally available on a 9-5 basis, while our shelters and transitional living programs operate around the clock. We have 13 locations in the city at which we offer services and the length of stay varies according to funding restrictions, from 90 days at our emergency underage shelter to 2 years at our transitional living programs and longer at our permanent housing programs. We offer a fully integrated model of behavioral health, housing and education and employment. Our service delivery model adopts a co-occurring disorders approach with Cognitive Behavioral Therapy.

#### **D. Describe your program's exit criteria and process, e.g. successful completion.**

For agencies participating in mid-level consultation, MHC can provide consultation for up to 6 months. The duration of service will be informed by the scope of work, collaborative participation, and other factors. In the beginning of the consultation, a point person is identified as responsible for overseeing that gains are maintained after the consultation ends. Throughout the consultation, organizational systems and staff capacity are developed to ensure that changes are sustained beyond the duration of consultation. Concrete plans to continue to addressing goals after the consultation ends will be developed collaboratively with staff before termination. Agencies that complete Mid-Level consultation will be offered an optional check-in meeting 3-6 months following termination

to evaluate and adapt sustainability plans as needed. Additionally, they will be encouraged to continue participation in the program through our Low Level consultation model.

Youth and families participating in direct services will be discharged when their treatment goals have been met. For youth and families needing additional or more comprehensive behavioral health services, we will work with ACCESS to refer to existing CBHS services.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant.**

At Larkin Street Youth Services the budgeted staff include:

Clinical Director: oversees Therapist/Mental Health Consultant, provides case conferencing and case file review, responsible for program's day to day operations and planning, develops annual staff training curriculum with input from Mental Health Consultant

Therapist/Mental Health Consultant: provides direct services to youth in the form of individual and group therapy/counseling, coordinates and delivers training curriculum to staff

Chief of Programs: oversees Clinical Director, is responsible for all program planning and integration throughout the agency.

At CARC the budgeted staff include:

Clinical Director: supervises MHC/ therapist to review client caseloads and progress notes. She also schedules regular trainings on issues pertaining to working with at risk and systems-involved youth and their families and ensures that the therapists are trained in administering the CANS assessment and are familiar with reporting requirements.

Program Director manages the day to day operations, coordinating with the MHC, creating reports and interacting with agency partners.

Mental Health Consultant/Therapist is available for providing consults with case managers, assisting with crisis situations on-site with both youth and parents, and maintaining a caseload of individual and/or family counseling clients.

Director of Research and Evaluation is responsible for maintaining our database and generating reports to measure arrests, client demographic and referral information. Additionally she monitors the interaction with government agency data systems including AVATAR and CMS.

**F. MENTAL HEALTH SERVICES ACT PROGRAMS – Additional Required Service**

**Description:**

**1. One of the primary MHSA tenets is consumer participation engagement. Programs must identify how participants and/or families are engaged in the development, implementation and/or evaluation of programs. This can include peer-employees, advisory committees, etc.**

**Low-Level: Edgewood**

The site-specific trainings are developed in response to needs identified by staff during the consultation process. For all trainings, participants complete an evaluation of the training event.

### **Mid-Level Consultation: Edgewood**

Participation of organization staff and other stakeholders is an essential component to effective consultation. The mid-level model approaches consultation with agencies as a collaborative partnership. Directors and/or staff identify agency-specific goals and the consultant facilitates a process through which the goals are achieved. During the intake, the YAMHC Program Manager clearly outlines expectations for staff and other stakeholder participation. When first meeting program staff, the MHC explains and demonstrates this collaborative process, which aids in staff engagement.

Each of the four phases of the mid-level consultation model is structured to support and ensure participation. After the Hear You Out phase, the MHC develops a document that reflects themes, quotations, and insights shared by multiple stakeholders. Next, the MHC strategizes with staff to collaboratively develop, adjust in response to feedback, and implement solutions. Given that the consultation is time limited, the MHC takes steps to ensure that changes are sustained after termination. During the early stages of the project, select staff are designated to take on leadership roles throughout the consultation and are responsible for sustaining change after the consultation ends.

### **Intensive-Level: Larkin Street Youth Services**

At the beginning of intensive consultation work at Larkin Street Youth Services, MHC met with the Chief of Programs, all 22 of the Program Directors and Program Managers, and direct service staff individually and in groups to assess agency, program, staff, and youth needs. The MHC then developed a service plan for each program, based on the data collected from all of these meetings. Verbal feedback from staff both informed the selection of training topics and the overall consultation process. Additionally, a training evaluation is administered at the end of each training. Direct service is strength and harm reduction based, thus all interventions and treatment plans are collaboratively created with the clients.

### **Intensive-Level Consultation: Huckleberry Youth Programs**

Youth attending therapy are engaged in a collaborative treatment planning process. They participate in both establishing goals and assessing progress toward goals. The MHC provides consultation to case managers in a collaborative manner. The consultation is often focused on improving assessment and treatment planning with youth. The MHC and case manager maintain an ongoing dialogue regarding progress towards goals and impact of interventions.

**2. Describe how the program ensures that staff has the attitudes, knowledge and skills needed to understand, communicate with, and effectively serve people across cultures.**

**Larkin Street Youth Services** maintains a broad emphasis on cultural competency throughout the organization. The staff is racially and culturally diverse, represents various sexual orientations, and

receives ongoing training in issues related diversity and cultural competency to ensure effective and responsive service delivery. Positive, youth-focused messages are reinforced continuously through the physical environment, the composition of the staff, services (e.g., we strive to have at least one Spanish-speaking staff member at every program site) and referrals to culturally appropriate services off-site in order to strengthen self-esteem and identity.

Cultural competency is bolstered through an extensive staff training program. All direct service staff are required to take Larkin Street's Core Curriculum, which includes trainings on Creating a Welcoming Environment, Cultural Humility, and other clinical topics with cultural components. Supplemental trainings are also available to all staff, including sessions on Racism, Gangs, Relationship and Rapport Building, and other topics which include cultural components.

Cultural competency at Larkin Street is enhanced by the use of peer staff. Peer staff act as advocates and counselors, as well as providing valuable guidance from the consumer point of view for other program staff. Peer staff share life experiences similar to the client population in terms of experiences of homelessness, being in the TAY age range, being behavioral health consumers, having past or current criminal justice system involvement (including probation or time in custody), and/or experiencing recovery from substance abuse.

**Huckleberry's Community Assessment and Referral Center (CARC)** hires a diverse staff from the communities and cultures that we serve. More than half speak Spanish and we also have Mandarin and Cantonese speakers. Staff are hired with the familiarity of the issues faced by our clients. Youth are assigned to case managers with attention given to gender, culture and language. Weekly client review serves to ensure that case managers benefit from the breadth of experience from fellow workers and managers to better serve our youth.

Program specific trainings are held regularly and are focused on keeping staff current with best practices in working with systems involved and other high risk youth. Recent topics include working with trauma exposed youth, gender identity issues, bullying, substance abuse and cross-cultural sensitivity training. In addition to program specific trainings, HYP offers more generic topics such as emergency preparedness and working with undocumented youth during all agency meetings.

Our management team ensures that staff are well-suited and well-trained to effectively work with the diverse populations we serve. Our Juvenile Justice Programs Director has been at CARC since 1999 and has extensive experience working with diverse populations, in both residential and community-based organizations. CARC Program Director, was formerly the director of Walden House's Adolescent Program, and has familiarity with the complex issues facing juvenile justice involved youth. HYP's Clinical Director has been providing youth and family counseling in San Francisco for fifteen years and specializes in adolescent mental health, parent education and therapist training.

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

### **7A. CBHS Standard Objectives**



All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled CBHS Performance Objectives FY15-16. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

#### **7B. Individualized Program Objectives**

##### **Satisfaction Objective:**

- I. By June 30, 2015 at least 75% of respondents at agencies participating in Mid-Level Consultation will report a 4 or 5 on a 5-point scale on each item of the satisfaction survey as evidenced by satisfaction surveys administered at end of consultation.

**MHSA Goal 1:** Improved capacity among parents and other caregivers (teachers, program staff) to provide appropriate responses to children's behavior.

##### **Individualized Performance Objectives:**

- J. By June 30, 2015, at least 14 agencies serving in and at-risk youth will participate in the Consultation Program ( including low, mid, and intensive levels), as evidenced by subcontracts with Larkin Street Youth Services and Huckleberry Youth Program's CARC, MOU contracts, and training sign-in sheets.
- K. By June 30, 2015 at least 90% of respondents at trainings shall rate the overall usefulness of the training as 3 or higher on a 5-point scale as documented by Edgewood's Course Evaluation Tool.
- L. By June 30, 2015, at least 90% of respondents shall rate the improvement of job related skills as 3 or higher on a 5-point scale as documented by Edgewood's Course Evaluation Tool.
- M. By June 30, 2015, at least 75% of participants in the Learning Circle will report a 7, 8, 9, or 10 on a 10- point scale on each item of the self-efficacy survey as evidenced by the self-efficacy survey administered on an annual basis.

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

##### **Individualized Performance Objectives:**

- N. By June 30, 2015, the Mental Health Consultant at Huckleberry Youth Program's CARC and Larkin Street Youth Services will provide individual and/or group therapeutic services to 150 youth and 25 of their families, as measured by intake form data and individual case files.

**MHSA Goal 3:** Increased ability to manage symptoms and/or achieve desired quality-of-life goals as set by program participants.

- O. By June 30, 2015, 70% of the youth provided with at least 3 sessions of individual therapeutic services by Larkin Street's Mental Health Consultant will show improved functioning, as measured by a mini-mental health status and Global Assessment of Functioning at intake and at discharge or every 6 months.

- P. By June 30, 2015, 70% of the youth provided with at least 3 sessions of individual therapeutic services by Huckleberry Youth Program, CARC's Mental Health Consultant will show improved functioning, as measured by Global Assessment of Functioning at intake and at discharge or every 6 months.

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

## **9. 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.

**Contractor:** Edgewood Center for Children and Families  
**Program:** Crisis, Triage and Assessment Center (CTAC)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-12 through A-12c**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Crisis, Triage and Assessment Center (CTAC)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone** (415) 681-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Jill Anderson, Psy.D  
**Telephone:** (415) 682-3164

**Program Code(s):** 8858H1, 8858H2, 8858CS

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

Edgewood's Crisis, Triage and Assessment Center includes a continuum of care including Crisis Stabilization, Hospital Diversion and Partial Hospitalization. The program offers an intensive service for behavioral health crisis stabilization, assessment and acute intervention. The purpose of this intensive level of care is to avoid psychiatric hospitalization as well as to provide a step-down from inpatient hospitalization to further stabilize symptoms and continue skills development and family/caregiver support.

**4. Target Population**

Edgewood will serve clients referred by Community Behavioral Health Services (CBHS) on an as needed and emergency basis. Referrals will include children between the ages of 6 and 17 that are clinically appropriate for crisis stabilization and acute intensive treatment in a residential unlocked non-hospital setting.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support, 24-Hr Residential Other, Program Development

**6. Methodology**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Edgewood conducts outreach to local county departments, private insurance companies, police, emergency rooms and mental health practitioners to inform them of our current continuum of crisis services (i.e. Crisis Stabilization, Hospital Diversion, and the Partial Hospitalization Program, etc.). Youth experiencing an acute psychiatric crisis will be referred on an emergency basis for evaluation. The Crisis Stabilization Unit accepts admissions 24/7. Admissions into Hospital Diversion and Partial Hospitalization are planned. Interested parties contact the Edgewood Intake Department to learn more about the services; this team, led by the Intake Director, helps navigate them through the authorization and enrollment process. The program employs a multi-disciplinary crisis stabilization, assessment and triage team made up of psychiatrists, nurses, clinicians, crisis stabilization counselors and residential counselors.

**Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Youth are admitted to the Crisis Stabilization Unit on an emergency basis. Referrals are made by Child Crisis. Admissions occur 24/7. Youth must be able to Walk, Eat, Talk and Toilet independently in order to meet admission criteria. Youth experiencing a medical emergency will be redirected to the nearest emergency room.

The screening/referral/intake procedure for Hospital Diversion and Partial Hospitalization are managed by the Edgewood Intake Director. The Intake Team coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met.

There are only two exclusion criteria. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires psychiatric hospitalization or locked facility.
- Requires an immediate medical evaluation or medical care.
- Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Director responds to all requests for admission within one business day. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment progress, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team, who meets weekly. The Admission team is run by the Intake Director and includes the Medical Director, Behavioral Health Directors and Educational Director.

**B. Describe your program's service delivery model and how each service is delivered**

**Contractor:** Edgewood Center for Children and Families  
**Program:** Crisis, Triage and Assessment Center (CTAC)  
**County Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-12 through A-12c**  
**Contract Term:** 07/01/2015 through 06/30/2016

Edgewood's Crisis, Triage and Assessment Programs are specially created for children and adolescents between the ages of 6 and 17. The programs operates 24/7. The program is designed to assess and stabilize a broad range of youth and family challenges including high-risk behavioral and emotional issues resulting in aggressive and/or self-harming behavior. In addition to a short-term stabilization service, Edgewood also offers diagnostic assessment and psychotropic medication evaluation and management, allowing youth to receive acute care outside the confines and cost of a locked inpatient unit. Youth and families are discharged from Edgewood's crisis programs with a thorough and collaborative safety and treatment plan that concretely addresses safety concerns, referral needs and redeems hope and quality of life.

The Edgewood multidisciplinary team takes a strength-based approach with families and other involved professionals to promote safety, assess and teach skills and to develop a realistic treatment plan so that youth can return to their families. Unlike locked inpatient programs, youth at Edgewood have an opportunity to practice skills within a broad community on our six acre campus. Our residential cottages are spacious and strive to feel more like a home away from home than an institution. Program staff include: licensed clinicians, psychiatrists, nursing staff, mental health counselors, crisis counselors, family partner, educational staff, recreational and expressive arts therapists, and psycho-educational instructors.

Discharge planning begins at the time of the initial assessment. Youth are evaluated by a nurse and clinician at admission. Youth admitted to the Crisis Stabilization Unit will be assessed and discharged within 24 hours to the appropriate level of care (hospital diversion, community program or inpatient unit). For youth admitted into the Hospital Diversion or Partial Hospitalization programs, the intake clinician completes an initial assessment and preliminary treatment plan. The assigned clinician then works with the client, family and psychiatrist to solidify treatment goals within the first two days. Individual therapy sessions are provided 2-4 times a week based on clinical need. Family sessions are provided 1-2 times per week as indicated. Typically, youth discharge within 1-2 weeks from hospital diversion and partial hospitalization program.

**C. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.**

A preliminary discharge plan is developed after initial assessment is completed within youth's first 1-2 hours in the program. The clinician and psychiatrist collaborate with the client and family to revise it as needed during the course of treatment. Youth are discharged when they have been stabilized and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on the discharge plan. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), child crisis case management, outpatient mental health services and wraparound care.

**D. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

See corresponding Appendix B Salaries and Benefits page.

## **7. Objectives and Measurements**

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled "Performance Objectives FY 15-16." Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

## **8. Continuous Quality Improvement:**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. 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.

**Contractor:** Edgewood Center for Children and Families

**Appendix A-12 through A-12c**

**Program:** Crisis, Triage and Assessment Center (CTAC)

**Contract Term:** 07/01/2015 *through* 06/30/2016

**CityFiscal Year:** FY 2015-16

**CMS#:** 6949

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.





**Contractor:** Edgewood Center for Children and Families  
**Program:** Residential-Based Services (RBS)/Family  
Connections Program (FCP)  
**City Fiscal Year:** FY 2015-16  
**CMIS#:** 6949

**Appendix A-13**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** Residential-Based Services (RBS)/Family Connections Program (FCP)  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 681-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Lisa Gutierrez-Wang, PhD  
**Telephone:** (415) 682-3286

**Program Code:** 8858FC

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

The goal of Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they are able to ultimately connect or reconnect with family, school and community following placement.

**4. Target Population**

Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) provides behavioral health services under a statewide pilot demonstration project for foster care youth (AB1453 of the Welfare and Institutions Code). The target population for this specific program includes:

- Dependent children referred by SF HSA who are ages 6 through 17
- Currently referred to or placed in an RCL level 12 or higher group home.
- Placement due to child's inability to be managed at home because of serious emotional disturbance, destructive or dangerous behavior.
- Family/caregiver desires child/adolescent to return to home if appropriate treatment, skills and supports can be implemented to support success.
- Most likely cannot accomplish a sustainable permanency plan within the next 6 months unless intensive work is done to resolve difficulties in attachment and to address challenges presented by the child or youth's persistent pattern of dangerous or disruptive behaviors.

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

OP-MH Svcs, OP-Case Mgt Brokerage, OP-Crisis Intervention, OP-Medication Support

**6. Methodology**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Clients for Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) are identified via the weekly San Francisco County Multi-Agency Services Team (MAST) meeting. Clients/families are presented by their county case workers. RBS/FCP Directors, along with the RBS/FCP Project Coordinator, are present at the MAST meetings and conduct regular outreach to Human Service Agency (HSA) supervisors to ensure appropriate clients are identified and referred.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Once a client/family is approved for FCP by MAST, further screening/referral/intake procedure is managed by the Edgewood Intake Director. The Intake Director collects additional information from the Case Worker and schedules for the prospective client and his/her family to visit the campus. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Partner will often accompany the Intake Director as needed. The family/caregiver is informed that participation is an integral component of the program.

Clinical exclusion criteria include:

- Greater than moderate intellectual disability;
- Diagnosis of Autism with pervasive communication challenges;
- Existence of an acute, current psychotic state requiring psychiatric hospitalization;
- Presence of active suicidal behavior;
- Physical, neurological or mental health needs better served in other specialized treatment facilities, or whose at-risk status suggests a hospital setting;
- History of significant sexual predatory behavior;
- Family refusal to engage in ongoing treatment;
- Pregnant teens, or teens with babies(at time of entering Residential component) ; and
- Youth who have alcohol and/or other substance use disorders better treated at a specialized substance use treatment program or specialized co-occurring disorders program.

*Admission Process:* The appropriateness of a child's enrollment is also based upon age, sex, and type of problem, as they relate to the existing population in the cottage under consideration.

An acceptance of a referral for intake evaluation is not equivalent to admission into the program. The referring agency, the family, or Edgewood may terminate the intake at any point should it become clear it would not be feasible to continue.

When a referral appears appropriate, a request is made to the referring agency and/or parent to forward all information that is pertinent to the services being requested including:

- Family, placement, and social history;
- Mental health treatment history;
- Psychological and psychiatric evaluation(s);

- Medical history;
- Education records and individual educational plans (IEP's);
- School reports; and,
- Discharge summaries (from hospitalizations or other placements).

The Intake Department works collaboratively with the referring agency and parents to arrange releases of information necessary to facilitate the intake process and assessment. In particular, the Intake Department collaborates with former caregivers, and whenever possible, the family members, of the child by conducting extensive phone work to obtain information not contained in written reports. Especially when documents lack information on a child's status or whereabouts over a period of time, efforts must be applied to research that period. The absence of records may indicate no one was watching out for the welfare of the child who was left unprotected or otherwise neglected; obviously, tracking down information for such periods can yield background information critical to constructing a comprehensive, rich historical understanding of the child's life experiences.

The Intake Department typically responds to referring agencies regarding acceptance or rejection of referral within a two week period, and if a referral is denied, the reasons are documented in the case record. Where appropriate, Edgewood will give information and referrals for persons it cannot serve.

*Pre-placement Visit:* A member of the Intake Department meets with the child, family and/or referral person to help the child understand the reasons placement is being sought, as well as to describe the treatment program itself, encouraging and answering questions of all parties. The family is informed that family participation is essential to treatment, that families are made very welcome at Edgewood, and are considered to be an integral component of successful treatment. The child will tour the facility and meet with staff from the prospective cottage to which s/he may be admitted, as well as a visit the non-public school, if relevant. On occasion, because of immediacy of placement need or geographic factors, a child may be scheduled for admission without a pre-placement visit.

*Final Placement Decision Review:* After the visit, information gathered during the admission process is reviewed by the Intake Committee which includes the Medical Director, Intake Director, and Behavioral Health Directors. The Intake Committee then carefully reviews the information and discusses the child's behaviors and the capacity of the program to manage and improve such behaviors given the current client population, staff expertise and the physical environment. When indicated, additional psychological testing, psychiatric evaluation, or other necessary information is requested prior to a final decision to accept a child for placement. Once accepted for admission, a date, time, and other factors in regard to placement are determined, and the family is and/or referral agency are notified in writing.

*Waiting List Policy:* Edgewood Center strives to provide smooth and timely access to agency program services. On rare occasions, existing circumstances result in a temporary inability of a program to serve new referrals. When a referral to Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) has been deemed appropriate, yet there is a delay in the program's ability to have the child/youth enter, the Intake Department will provide the referral source a projected entrance date and/or offer to place the child/youth on a wait list. The wait list is maintained by the Intake Department. In general, potential clients are added to the list in ascending order from the earliest date of request for service to the most recent.

**C. Describe your 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, residential bed capacity, etc.**

Edgewood's Residentially-Based Services (RBS)/Family Connections Program (FCP) includes parallel community-based services while the youth is still in residency. These services help the youth, family members and other significant persons in the youth's social ecology prepare for successful integration back to the home. The expected average residential length of stay for participants in this program is 5-7 months, with a total average expected enrollment in the program of two years.

Services are provided by multidisciplinary staff that include Clinical Care Coordinators, Family Specialists, and Family Partners, and include a consistent therapeutic milieu staffed by qualified mental health professionals; individual and family psychotherapy; medical and psychiatric treatment; and comprehensive care management. Individualized Care Plans are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put families at the center of decision-making.

The general goal of Edgewood programs are to meet the mental health and educational needs of children and youth who face serious emotional challenges, as well as to their families, in order to facilitate successful reintegration into more mainstream community settings and home environments. To meet this end, the following steps are taken:

Individualized Treatment Plans of Care (POC) are developed for each youth and family. These plans are developed through a multidisciplinary process that strives to put youth and families at the center of decision-making.

*Intake Screening and Initial Safety Goals:* At Intake, the Mini-Child and Adolescent Needs and Strengths (CANS) Assessment is completed, along with several screening tools. The Intake Clinician takes this information, and client/parent/legal guardian report, and identifies two initial safety-related goals that will be the focus of treatment until the comprehensive Plan of Care (POC) is developed.

*Plan of Care Development:* An initial *Plan of Care* (POC) is completed within the first 30 days. The therapist/care manager incorporates observations of the child in the milieu, information emerging from individual therapy, initial family work, collateral contacts and results of the comprehensive Child and Adolescent Needs and Strengths (CANS) assessment, to develop an integrative plan. This Plan of Care is reviewed and signed by the child, parent/caregiver and legal guardian and is placed in the case record. The plan specifies the overall course of treatment that will lead to successful discharge. It serves as the guiding directive upon which all interventions are based and describes how, and by whom, all services will be provided. A number of goals are developed to address the child's and family's needs and may include areas such as mental health, school behavior functioning, psychiatric needs, and family/community involvement. These goals are linked to shorter-term objectives that are translated into concrete treatment actions in the milieu, educational program, therapies and psychiatric treatment.

*Family Support Team Meetings:* The Family Support Team is the central component of the service planning process. Family Support Teams structurally put caregivers and families in the center of

**Contractor:** Edgewood Center for Children and Families  
**Program:** Residential-Based Services (RBS)/Family  
Connections Program (FCP)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-13**  
**Contract Term:** 07/01/2015 through 06/30/2016

our work and create a system of collaboration among the family, service providers, and other key stakeholders. Teams include the child, her/his family, the clinician/therapist, care manager, treatment manager(s), primary child care worker(s), psychiatrist, teacher, psychiatric nurse, recreation program representative, and external persons involved with the child (e.g., Child Welfare Worker, Court Appointed Special Advocate/CASA, lawyer, etc.). The first Family Support Team Meeting occurs within the first 45 days of placement. Ongoing meetings occur monthly thereafter. These meetings are utilized to monitor the response of the child and family to treatment; to assess, re-define or alter short-or long-term treatment goals; to consider alternative treatment strategies; and to assess the readiness of the child and family for discharge and aftercare services.

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

A preliminary discharge plan is generated at the time of intake. A working discharge plan is then developed in collaboration with the Family Support Team within 30 days of admission. This plan is assessed on a monthly basis throughout the course of treatment to ensure that the Family Support Team members are actively discussing, altering, and amending the plan as needed.

For the FCP program, the first planned transition is from the residential component of the program to a community setting with the family/foster caregiver. The youth continue to receive community-based treatment and care management. If necessary, they can also return to residential placement for a short "crisis stabilization" period, and then transition back home when clinically appropriate.

Ideally, youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health services and Wraparound care. Additionally, the treatment team works diligently to follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, a graduation ceremony, transition scrapbooks chronicling the client's treatment through pictures and quotes, etc.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

See corresponding Appendix B Salaries and Benefits page.

**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. Edgewood Center for Children and Families will comply with all performance objectives with the exception of A6. Due to the severity of clients served Edgewood will be exempt from this performance objective.

**B. Individualized Program Objectives**

**Contractor:** Edgewood Center for Children and Families  
**Program:** Residential-Based Services (RBS)/Family  
Connections Program (FCP)  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-13**  
**Contract Term:** 07/01/2015 through 06/30/2016

As part of the Pilot project Voluntary Agreement, RBS/FCP conducts a yearly Program Review and Self-Evaluation that is submitted to the county for review.

## **8. Continuous Quality Assurance and Improvement**

Edgewood is a CBHS funded provider and will meet the Community Programs Continuous Quality Assurance and Improvement requirements as described in the FY 15-16 Declaration of Compliance.

All staff are introduced into a Continuous Quality Improvement (CQI) environment at the agency's New Hire orientation. At New Hire, CQI concepts are reviewed and staff are informed of their responsibility in the CQI process. While in orientation, opportunities for CQI participation are identified. They can include daily activities such as participating in Peer or Chart Reviews, focus groups, encouraging client/caregiver to complete research measures such as satisfaction surveys, and reporting any activity in their daily activities that could be improved upon. Staff also participates in the debriefing of incidents for the purpose of identifying training, policy or procedure needs or improvements.

Quality Improvement (QI) is a continuous process and occurs across all programs, services, and departments. Quality Assurance (QA) staff work closely with providers and supervisors around areas of documentation, HIPAA, confidentiality, special incidents, client grievances, as well as any other issues or concerns that impact the environment of continuous quality improvement. Program teams and QA staff regularly review and analyze client satisfaction results, outcome data, program productivity, critical incidents, and delivery of culturally competent services to identify areas for improvement and inform changes in agency practice. QA staff identify patterns in documentation and practice and provide timely feedback to providers and supervisors to develop a plan of correction, as needed. Corrective plans are reviewed and monitored until desired results occur. Continuous follow up is required to maintain improved levels

CQI activities are documented in program and QA meeting minutes as well as in formal QA reports and are maintained within program site binders.

## **9. 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.

**Contractor:** Edgewood Center for Children and Families  
**Program:** William's Cottage Renovation  
**City Fiscal Year:** FY 2015-16  
**MS#: 6949**

**Appendix A-14**  
**Contract Term:** 07/01/2015 through 06/30/2016

**1. Identifiers:**

**Program Name:** William's Cottage Renovation  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone (415)** 681-3211  
**Facsimile:** (415) 664-7094

**Contractor Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Name of Person Completing this Narrative:** Jill Anderson, Psy.D  
**Telephone:** (415) 682-3164

**Program Code(s):** N/A

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

☐ New ☐ Renewal ☒ Modification

**3. Goal Statement**

To improve the physical environment and access to 23 hour services for youth including crisis intervention and child protective services.

**4. Target Population**

Youth including infants through age 17 living in San Francisco experiencing a psychiatric crisis or traumatic event requiring immediate intervention up to and including 23 hour stabilization or removal from the current living situation.

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

Construction

**Contractor:** Edgewood Center for Children and Families  
**Program:** William's Cottage Renovation  
**City Fiscal Year:** FY 2015-16  
**CMS#:** 6949

**Appendix A-14**  
**Contract Term:** 07/01/2015 *through* 06/30/2016

## **6. Methodology**

Renovation of the Williams building will include enhancements specific to improving quality of care for SF youth experiencing a current crisis. Construction will commence on January 5th, 2015 and will be in process for approximately 120 days.

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

N/A

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

N/A

**C. Describe your program's service delivery model and how each service is delivered**

N/A

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

N/A

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

N/A

## **7. Objectives and Measurements**

N/A

## **8. Continuous Quality Improvement**

N/A

## **9. Required Language**

N/A



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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA 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-1a & B-1b: Counseling Enriched Education Program
  - Appendix B-2a & B-2b: Residentially-Based Day Treatment and Family Connections Program
  - Appendix B-3: School Mental Health Partnership
  - Appendix B-4: Behavioral Health Outpatient
  - Appendix B-5: Therapeutic Behavioral Services (TBS)
  - Appendix B-6: Wraparound
  - Appendix B-7: Psychoeducational Assessments
  - Appendix B-8: Behavior Coaching
  - Appendix B-9: Early Childhood Mental Health Consultation Initiative
  - Appendix B-10: School-Based Well-Being
  - Appendix B-11: Youth Agency Mental Health Consultation (YAMHC)
  - Appendix B-12 through B-12c: Crisis, Triage and Assessment Center (CTAC)
  - Appendix B-13: Residential-Based Services (RBS)/Family Connections Program (FCP)
  - Appendix B-14: William's Cottage Renovation

### B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Fifty-Six Million Two Hundred Thirty-Four Thousand Five Hundred Eighty-Five Dollars (\$56,234,585)** for the period of **July 1, 2010** through **December 31, 2017**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$2,108,528** 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 (BPHM07000089)	\$1,973,760
July 1, 2010 through June 30, 2011	\$2,867,287
July 1, 2011 through June 30, 2012	\$4,878,105
July 1, 2012 through June 30, 2013	\$5,819,285
July 1, 2013 through June 30, 2014	\$7,080,772
July 1, 2014 through June 30, 2015	\$9,290,521
July 1, 2015 through June 30, 2016	\$9,290,521
July 1, 2016 through June 30, 2017	\$8,449,664
July 1, 2017 through December 31, 2017	<u>\$4,476,142</u>
Sub. Total July 1, 2010 through December 31, 2017	\$54,126,057
Contingency Available	<u>\$2,108,528</u>
Total of July 1, 2010 through December 31, 2017	\$56,234,585

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

(4) CONTRACTOR further understands that, \$1,973,760 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000089 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000089 for the Fiscal Year 2010-11.

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

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may

withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

## CBHS BUDGET DOCUMENTS

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

DMH Legal Entity Number (MH): 00273		Prepared By/Phone #: Melek Totah / 415 682 3222						Fiscal Year: 2015-2016	
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Document Date: 7/1/2015						Appendix B: Summary, Page 1	
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9
Appendix A/Program Name:	Counseling Enriched Education Program	Residentially-Based Treatment	School MH Partnership	Behavioral Health OP	TBS	Wraparound	Psycho Educational Assessments	Behavior Coaching	ECMHCI
Provider Number:	8858	8858	8858	8858	8858	8858	8858	8858	8858
Program Code (formerly Reporting Unit):	8858OP	88584	8858ED	885814	885818	885819	NA	NA	NA
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>									
Salaries & Employee Benefits:	397,476	484,834	105,612	466,313	525,344	553,645	11,144	34,441	471,095
Operating Expenses:	129,803	158,331	34,490	152,282	171,560	180,803	3,639	11,247	153,844
Capital Expenses:	-	-	-	-	-	-	-	-	-
Subtotal Direct Expenses:	527,279	643,165	140,102	618,595	696,904	734,448	14,783	45,688	624,939
Indirect Expenses:	79,092	96,475	21,015	92,789	104,536	110,167	2,217	6,853	93,741
Indirect %:	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15
<b>TOTAL FUNDING USES</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>									
MH FED - SDMC Regular FFP (50%)	290,906	326,055	58,190	338,602	386,760	420,017	-	-	-
MH STATE - EPSDT State Match	240,827	284,449	52,371	297,967	352,084	401,997	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	20,000	-	-	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	17,824	-	-	-
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	341,625
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	-	-	-	214,970
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	85,262
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	17,000	-	-
MH STATE - MHSA - Prop 63 PEI	-	-	-	-	-	-	-	52,541	31,620
MH Realignment	34,944	-	-	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	15,135	41,606	5,819	40,635	34,676	196	-	-	-
MH COUNTY - General Fund (unmatched)	4,559	87,530	44,737	34,180	27,920	4,314	-	-	-
MH Triage Grant	-	-	-	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	-	-	-	-	-	267	-	-	3,137
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>									
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>									
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>
<b>NON-DPH FUNDING SOURCES</b>									
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>606,371</b>	<b>739,640</b>	<b>161,117</b>	<b>711,384</b>	<b>801,440</b>	<b>844,615</b>	<b>17,000</b>	<b>52,541</b>	<b>718,680</b>

## CBHS BUDGET DOCUMENTS

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

DMH Legal Entity Number (MH):		Prepared By/Phone #: Melek Totah / 415 682 3222							Fiscal Year: 2015-2016	
DMH Legal Entity Name (MH)/Contractor Name (SA):		Edgewood Center for Children and F Document Date: 7/1/2015							Appendix B: Summary, Page 2	
Contract Appendix Number:	B-10	B-11	B-12	B-12a	B-12b	B-12c	B-12d	B-13	B-14	
Appendix A/Program Name:	School-Based Behavioral Health Services	YAMHC	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (CSU)	CTAC (CSU)	CTAC (MCT)	FCP (RBS)	William's Cottage Renovation	
Provider Number:	8858	8858	8858	8858	NA	8858	NA	8858	8858	
Program Code (formerly Reporting Unit):	NA	NA	8858H2	8858H1	CR	8858CS	CR	8858FC	NA	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/14-6/30/15	7/1/15-6/30/16	7/1/14-6/30/15	TOTAL
FUNDING USES										
Salaries & Employee Benefits:	103,323	133,411	181,246	286,658	1,480,767	154,368	237,126	274,655	40,000	5,941,458
Operating Expenses:	33,742	254,939	59,189	93,613	12,500	50,411	21,939	89,693	-	1,612,025
Capital Expenses:	-	-	-	-	-	-	-	-	610,000	610,000
Subtotal Direct Expenses:	137,065	388,350	240,435	380,271	1,493,267	204,779	259,065	364,348	650,000	8,163,483
Indirect Expenses:	20,559	58,253	36,065	57,041	224,006	30,717	38,860	54,652	-	1,127,038
Indirect %:	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	-	0.14
TOTAL FUNDING USES	157,624	446,603	276,500	437,312	1,717,273	235,496	297,925	419,000	650,000	9,290,521
BHS MENTAL HEALTH FUNDING SOURCES										
MH FED - SDMC Regular FFP (50%)	-	-	138,250	-	-	117,748	-	209,500	-	2,286,000
MH STATE - EPSDT State Match	-	-	138,250	-	-	117,748	-	188,550	-	2,074,243
MH STATE - Family Mosaic Capitated Medi-Cal	-	-	-	-	-	-	-	-	-	20,000
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	-	-	-	-	17,824
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	-	341,625
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	650,000	650,000
MH WORK ORDER - Dept. Children, Youth & Families	-	-	-	-	-	-	-	-	-	214,970
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	-	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	-	-	-	-	-	-	-	-	-	85,262
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	-	-	-	17,000
MH STATE - MHSA - Prop 63 PEI	157,624	446,603	-	-	-	-	-	-	-	688,388
MH Realignment	-	-	-	-	-	-	-	5,883	-	40,827
MH COUNTY - General Fund (matched)	-	-	-	-	-	-	-	15,067	-	153,134
MH COUNTY - General Fund (unmatched)	-	-	-	437,312	435,850	-	-	-	-	1,076,402
MH Triage Grant	-	-	-	-	1,281,423	-	297,925	-	-	1,579,348
MH COUNTY - General Fund WO CODB	-	-	-	-	-	-	-	-	-	3,404
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	157,624	446,603	276,500	437,312	1,717,273	235,496	297,925	419,000	650,000	9,290,521
BHS SUBSTANCE ABUSE FUNDING SOURCES										
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES										
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	157,624	446,603	276,500	437,312	1,717,273	235,496	297,925	419,000	650,000	9,290,521
NON-DPH FUNDING SOURCES										
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	157,624	446,603	276,500	437,312	1,717,273	235,496	297,925	419,000	650,000	9,290,521

## DPH 6: Contract-Wide Indirect Detail

Page 1 of 1

Contractor Name Edgewood Center for Children and Families

Document Date: 7/1/2015

## 1. SALARIES &amp; BENEFITS

Position Title		
CEO	0.47	103,342.00
CFO	0.32	86,118.00
Director of IT	0.32	67,714.00
IT Administrator	0.32	38,596.00
Administrative Assistant	0.32	20,472.00
HR Director	0.32	49,659.00
HR Generalist	0.32	25,088.00
IT Operations Manager	0.32	38,596.00
HR Assistant	0.32	20,071.00
Controller	0.32	43,421.00
Finance Analyst	0.32	33,772.00
AP Associate	0.32	22,710.00
Payroll Accountant	0.32	24,807.00
Accounting Manager	0.32	31,000.00
Collections Clerk	0.32	22,513.00
Billing Specialist	0.32	28,380.00
Software Engineer	0.32	38,596.00
IT Help Desk	0.32	78,890.00
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
0	0.00	-
EMPLOYEE FRINGE BENEFITS	30.0%	232,124.00
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>1,005,869.00</b>

## 2. OPERATING COSTS

Expenditure Category	Amount
Accounting/Audit Fees	36,786.00
Insurance	27,061.00
Bank/Payroll Fees	36,787.00
Software Fees/Expense	20,535.00
0	-
0	-
<b>TOTAL OPERATING COSTS</b>	<b>121,169.00</b>
<b>TOTAL INDIRECT COSTS</b>	<b>1,127,038.00</b>





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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-1, page 1  
 Document Date: 7/1/2015  
 Fiscal Year: 2015-2016

	Counseling Enriched Education Program	Counseling Enriched Education Program	Counseling Enriched Education Program	Counseling Enriched Education Program		
Program Name:	8858OP	8858OP	8858OP	8858OP		
Program Code (formerly Reporting Unit):	8858OP	8858OP	8858OP	8858OP		
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69		
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support		TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	258,359	7,950	11,924	119,243	-	397,476
Operating Expenses:	84,372	2,596	3,894	38,941	-	129,803
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	342,731	10,546	15,818	158,184	-	527,279
Indirect Expenses:	51,409	1,582	2,373	23,728	-	79,092
TOTAL FUNDING USES:	394,140	12,128	18,191	181,912	-	606,371
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	189,089	5,818	8,727	87,272	290,906
MH STATE - EPSDT State Match	HMHMCP751594	156,537	4,817	7,225	72,248	240,827
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	13,000	400	600	6,000	20,000
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	22,714	699	1,048	10,483	34,944
MH COUNTY - General Fund (matched)	HMHMCP751594	9,837	303	454	4,541	15,135
MH COUNTY - General Fund (unmatched)	HMHMCP751594	2,963	91	137	1,368	4,559
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		394,140	12,128	18,191	181,912	606,371
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
		-	-	-	-	-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
		-	-	-	-	-
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		394,140	12,128	18,191	181,912	606,371
<b>NON-DPH FUNDING SOURCES</b>						
		-	-	-	-	-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		394,140	12,128	18,191	181,912	606,371
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
Units of Service:	151,011	6,004	4,688	37,741	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	Total UDC:
Unduplicated Clients (UDC):	30	10	10	28	0	30

## 1254

Document Date: 7/1/15

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3262  
3401  
0965  
2782  
5112

**Employee Fringe Benefits:**

**TOTAL SALARIES & BENEFITS**

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-1, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund				
	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
Occupancy (Based on Square Feet used)	\$ 2,238.00	2,238	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 334.00	334	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY15 contract 506 hrs @\$40	\$ 20,243.00	20,243	0	0	0	0
0	\$ -	0	0	0	0	0
0		0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Food	\$ 38,281.00	38,281	0	0	0	0
Computer Supplies	\$ 22,278.00	22,278	0	0	0	0
Client Incentives	\$ 14,118.00	14,118	0	0	0	0
Purchased Direct Expense ( QA )	\$ 8,879.00	8,879	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 17,756.00	17,756	0	0	0	0
Purchased Direct Expense (General Research)	\$ 5,676.00	5,676	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$129,803</b>	<b>\$129,803</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-2, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015
Provider Number: 8858					Fiscal Year: 2015-2016
Program Name:	Residentially-Based Treatment	Residentially-Based Treatment	Residentially-Based Treatment	Residentially-Based Treatment	
Program Code (formerly Reporting Unit):	88584	88584	88584	88584	
Mode/SFC (MH) or Modality (SA):	15/10-57, 59	15/01-09	15/70-79	15/60-69	
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	412,109	3,879	9,212	59,634	484,834
Operating Expenses:	134,581	1,267	3,008	19,475	158,331
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	546,690	5,146	12,220	79,109	643,165
Indirect Expenses:	82,004	772	1,833	11,866	96
TOTAL FUNDING USES:	628,694	5,918	14,053	90,975	739,640
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	277,147	2,608	6,195	326,055
MH STATE - EPSDT State Match	HMHMCP751594	241,781	2,276	5,405	284,449
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	35,365	334	790	41,606
MH COUNTY - General Fund (unmatched)	HMHMCP751594	74,401	700	1,663	87,530
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		628,694	5,918	14,053	739,640
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		628,694	5,918	14,053	739,640
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		628,694	5,918	14,053	739,640
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
Units of Service:	240,879	2,930	3,622	18,874	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	2.61	2.02	3.88	4.82	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00
Unduplicated Clients (UDC):	50	50	50	50	0
					Total UDC: 50

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

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

	TOTAL		General Fund HMHMCP751594									
	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries
Position Title	FTE		FTE		FTE		FTE		FTE		FTE	
Nurses	1.02	\$ 69,368.00	1.02	69,368	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.51	\$ 36,300.00	0.51	36,300	0.00	0	0.00	0	0.00	0	0.00	0
Therapist & Care Manager	0.51	\$ 28,015.00	0.51	28,015	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.15	\$ 8,993.00	0.15	8,993	0.00	0	0.00	0	0.00	0	0.00	0
Nursing Supervisor	0.15	\$ 13,770.00	0.15	13,770	0.00	0	0.00	0	0.00	0	0.00	0
Care Coordinator	0.93	\$ 46,739.00	0.93	46,739	0.00	0	0.00	0	0.00	0	0.00	0
Family Specialist	4.59	\$ 161,683.00	4.59	161,683	0.00	0	0.00	0	0.00	0	0.00	0
Intake Director	0.08	\$ 8,081.00	0.08	8,081	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	7.94	\$372,949	7.94	\$372,949	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$	111,885.00	30%	\$111,885	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$484,834**

**\$484,834**

**\$0**

• \$0

**\$0**

**\$0**

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-2, page 3

0

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 14,651.00	14,651	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 13,111.00	13,111	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY15 contract 841 hrs @\$40	\$ 33,652.00	33,652	0	0	0	0
0	\$ -	0	0	0	0	0
0		0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Food	\$ 34,677.00	34,677	0	0	0	0
Computer Supplies	\$ 20,181.00	20,181	0	0	0	0
Client Incentives	\$ 12,789.00	12,789	0	0	0	0
Purchased Direct Expense ( QA )	\$ 7,867.00	7,867	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 18,356.00	18,356	0	0	0	0
Purchased Direct Expense (General Research)	\$ 3,047.00	3,047	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$158,331</b>	<b>\$158,331</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-3, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015
Provider Number: 8858					Fiscal Year: 2015-2016
Program Name:	School MH Partnership	School MH Partnership	School MH Partnership	School MH Partnership	
Program Code (formerly Reporting Unit):	8858ED	8858ED	8858ED	8858ED	
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/60-69	45/20-29	
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Medication Support	OS-Cmmty 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	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	69,862	2,141	4,284	29,325	105,612
Operating Expenses:	22,815	699	1,399	9,577	34,490
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	92,677	2,840	5,683	38,902	140,102
Indirect Expenses:	13,903	426	851	5,835	21
TOTAL FUNDING USES:	106,580	3,266	6,534	44,737	161,117
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
	Index Code/Project Detail/CFDA#				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	53,290	1,633	3,267	58,190
MH STATE - EPSDT State Match	HMHMCP751594	47,961	1,470	2,940	52,371
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	5,329	163	327	5,819
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	44,737	44,737
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		106,580	3,266	6,534	161,117
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	Index Code/Project Detail/CFDA#				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	Index Code/Project Detail/CFDA#				
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		106,580	3,266	6,534	161,117
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		106,580	3,266	6,534	161,117
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
- Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
Units of Service:	63,820	3,024	1,567	658	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2	1	4	68	-
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2	1	4	68	-
Published Rate (Medi-Cal Providers Only):	2	1	4	-	-
Unduplicated Clients (UDC):	30	20	4	28 Classrooms	30

Appendix #: B-3, page 2

Document Date: 7/1/15

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## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-3, page 3

Expenditure Category	TOTAL	General Fund HMMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 15,677.00	15,677	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 733.00	733	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 2,937.00	2,937	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Food	\$ 1,028.00	1,028	0	0	0	0
Telecommunication	\$ 1,762.00	1,762	0	0	0	0
Educational Supplies	\$ 1,468.00	1,468	0	0	0	0
Purchased Direct Expense ( QA )	\$ 2,937.00	2,937	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 6,459.00	6,459	0	0	0	0
Purchased Direct Expense (General Research)	\$ 1,489.00	1,489	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$34,490</b>	<b>\$34,490</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-4, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015
Provider Number: 8858					Fiscal Year: 2015-2016
Program Name:	Behavioral Health OP	Behavioral Health OP	Behavioral Health OP	Behavioral Health OP	
Program Code (formerly Reporting Unit):	885814	885814	885814	885814	
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69	
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support	TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	442,997	20,984	1,166	1,166	466,313
Operating Expenses:	144,667	6,853	381	381	152,282
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	587,664	27,837	1,547	1,547	618,595
Indirect Expenses:	88,149	4,176	232	232	92,789
TOTAL FUNDING USES:	675,813	32,013	1,779	1,779	711,384
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	321,671	15,237	847	338,602
MH STATE - EPSDT State Match	HMHMCP751594	283,068	13,409	745	297,967
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	38,602	1,829	102	40,635
MH COUNTY - General Fund (unmatched)	HMHMCP751594	32,472	1,538	85	34,180
MH Trilage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		675,813	32,013	1,779	711,384
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
Index Code/Project Detail/CFDA#					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		675,813	32,013	1,779	711,384
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		675,813	32,013	1,779	711,384
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
Units of Service:	258,932	15,848	459	369	-
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00
Unduplicated Clients (UDC):	100	10	10	15	0
					Total UDC: 100

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Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

	TOTAL		General Fund HMHMCP751594									
Position Title	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries
Regional Director	0.11	\$ 19,073.00	0.11	19,073	0.00	0	0.00	0	0.00	0	0.00	0
Medical Director	0.13	\$ 26,403.00	0.13	26,403	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.71	\$ 53,377.00	0.71	53,377	0.00	0	0.00	0	0.00	0	0.00	0
Family Support Director	0.18	\$ 20,315.00	0.18	20,315	0.00	0	0.00	0	0.00	0	0.00	0
Clinican	2.68	\$ 155,600.00	2.68	155,600	0.00	0	0.00	0	0.00	0	0.00	0
Administrative Support	0.67	\$ 37,699.00	0.67	37,699	0.00	0	0.00	0	0.00	0	0.00	0
Research Associate	0.25	\$ 18,777.00	0.25	18,777	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.45	\$ 27,458.00	0.45	27,458	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	5.18	\$358,702	5.18	\$358,702	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$	107,611.00	30%	\$107,611	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
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**TOTAL SALARIES & BENEFITS**

**\$466,313**

**\$466,313**

**\$0**

**\$0**

**\$0**

**\$0**

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-4, page 3

Expenditure Category	TOTAL	General Fund HMMHCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 69,204.00	69,204	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 3,140.00	3,140	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 15,144.00	15,144	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 8,308.00	8,308	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 11,992.00	11,992	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 22,486.00	22,486	0	0	0	0
Purchased Direct Expense (General Research)	\$ 4,614.00	4,614	0	0	0	0
Computer Supplies	\$ 5,192.00	5,192	0	0	0	0
Client Incentives/Supplies	\$ 8,740.00	8,740	0	0	0	0
Food	\$ 3,462.00	3,462	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$152,282</b>	<b>\$152,282</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Contract Appendix #: B-5, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

Provider Number: 8858

Fiscal Year: 2015-2016

Program Name:	TBS	TBS				
Program Code (formerly Reporting Unit):	885818	885818				
Mode/SFC (MH) or Modality (SA)	15/58	15/01-09				
Service Description:	OP-TBS	OP-Case Mgr Brokerage				
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	520,091	5,253	-	-	-	525,344
Operating Expenses:	169,844	1,716	-	-	-	171,560
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	689,935	6,969	-	-	-	696,904
Indirect Expenses:	103,491	1,045	-	-	-	104,536
TOTAL FUNDING USES:	793,426	8,014	-	-	-	801,440
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	Index Code/Project Detail/CFDA#					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	382,893	3,867	-	-	386,760
MH STATE - EPSDT State Match	HMHMCP751594	348,563	3,521	-	-	352,084
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MESA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	34,329	347	-	-	34,676
MH COUNTY - General Fund (unmatched)	HMHMCP751594	27,641	279	-	-	27,920
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		793,426	8,014	-	-	801,440
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	Index Code/Project Detail/CFDA#					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	Index Code/Project Detail/CFDA#					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		793,426	8,014	-	-	801,440
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		793,426	8,014	-	-	801,440
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS				
Units of Service:	303,995	3,967	-	-	-	
Unit Type:	Staff Minute	Staff Minute	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	0.00	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	45	45	0	0	0	45

Document Date: 7/1/15

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TOTAL SALARIES & BENEFITS	\$525,344	\$525,344	\$0	\$0	\$0	\$0
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\$0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-5, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 91,875	91,875	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 2,323	2,323	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 10,228	10,228	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 10,766	10,766	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 9,969	9,969	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 19,938	19,938	0	0	0	0
Purchased Direct Expense (General Research)	\$ 2,536	2,536	0	0	0	0
Client Incentives	\$ 5,981	5,981	0	0	0	0
Food	\$ 3,988	3,988	0	0	0	0
Telecommunications	\$ 7,975	7,975	0	0	0	0
Computer Supplies	\$ 5,981	5,981	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$171,560</b>	<b>\$171,560</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #:	B-6, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date:	7/1/2016	
Provider Number: 8858					Fiscal Year:	2015-2016	
Program Name:	Wraparound	Wraparound	Wraparound	Wraparound			
Program Code (formerly Reporting Unit):	885819	885819	885819	885819			
Mode/SFC (MH) or Modality (SA):	15/10-57, 59	15/01-09	15/70-79	15/60-69			
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support			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:	221,458	276,823	27,682	27,682	-	-	553,645
Operating Expenses:	72,321	90,402	9,040	9,040	-	-	180,803
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
Subtotal Direct Expenses:	293,779	367,225	36,722	36,722	-	-	734,448
Indirect Expenses:	44,067	55,083	5,509	5,508	-	-	110
TOTAL FUNDING USES:	337,846	422,308	42,231	42,230	-	-	844,615
BHS-MENTAL HEALTH FUNDING SOURCES:	Index Code/Project Detail/CFDA#						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	168,006	210,009	21,001	21,001	-	420,017
MH STATE - EPSDT State Match	HMHMCP751594	160,799	200,998	20,100	20,100	-	401,997
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	7,130	8,912	891	891	-	17,824
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHFPAPWO	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	78	98	10	10	-	196
MH COUNTY - General Fund (unmatched)	HMHMCP751594	1,726	2,157	216	215	-	4,314
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	107	134	13	13	-	267
TOTAL BHS-MENTAL HEALTH FUNDING SOURCES		337,846	422,308	42,231	42,230	-	844,615
BHS-SUBSTANCE ABUSE FUNDING SOURCES:	Index Code/Project Detail/CFDA#						
TOTAL BHS-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		337,846	422,308	42,231	42,230	-	844,615
NON-DPH FUNDING SOURCES:							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		337,846	422,308	42,231	42,230	-	844,615
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	FFS	
Units of Service:	129,443	209,063	10,884	8,761	-	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	15	15	15	15	0	0	15



Appendix #: B-6, page 2

**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-6, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 72,731.00	72,731	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 3,866.00	3,866	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 51,558.00	51,558	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 12,086.00	12,086	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 31,423.00	31,423	0	0	0	0
Purchased Direct Expense (General Research)	\$ 6,991.00	6,991	0	0	0	0
Food	\$ 2,148.00	2,148	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$180,803</b>	<b>\$180,803</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-7, page 1  
 Document Date: 7/1/2015  
 Fiscal Year: 2015-2016

Program Name:	Psycho Educational Assessments					
Program Code (formerly Reporting Unit):	NA					
Mode/SFC (MH) or Modality (SA):	45/20-29					
Service Description:	Assessment					
FUNDING TERM:	7/1/15-6/30/16					TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	11,144	-	-	-	-	11,144
Operating Expenses:	3,639	-	-	-	-	3,639
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	14,783	-	-	-	-	14,783
Indirect Expenses:	2,217	-	-	-	-	2,217
TOTAL FUNDING USES:	17,000	-	-	-	-	17,000
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
	Index Code/Project Detail/CFDA#					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	17,000	-	-	-	17,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		17,000	-	-	-	17,000
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
	Index Code/Project Detail/CFDA#					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
	Index Code/Project Detail/CFDA#					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		17,000	-	-	-	17,000
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		17,000	-	-	-	17,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS					
Units of Service:	200	-	-	-	-	
Unit Type:	Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	85.00	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	85.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	85.00	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):	35	0	0	0	0	35

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<b>Employee Fringe Benefits:</b>	30%	\$	2,572.00	#DIV/0!	\$0	#DIV/0!	\$0	30%	\$2,572	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$11,144**

**\$0**

**\$0**

**\$11,144**

**\$0**

**\$0**

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-7, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	SB 163 HMHNSB163ACP				
	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
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 637.00	637	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 1,402.00	1,402	0	0	0	0
Purchased Direct Expense (General Research)	\$ 326.00	326	0	0	0	0
Education Supplies	\$ 1,274.00	1,274	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$3,639</b>	<b>\$3,639</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-8, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015
Provider Number: 8858					Fiscal Year: 2015-2016
Program Name:	Behavior Coaching				
Program Code (formerly Reporting Unit):	NA				
Mode/SFC (MH) or Modality (SA):	45/20-29				
Service Description:	OS-Community Client Svcs				
FUNDING TERM:	7/1/15-6/30/16				TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	34,441	-	-	-	34,441
Operating Expenses:	11,247	-	-	-	11,247
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	45,688	-	-	-	45,688
Indirect Expenses:	6,853	-	-	-	6,853
TOTAL FUNDING USES:	52,541	-	-	-	52,541
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>					
	Index Code/Project Detail/CFDA#				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	52,541	-	-	52,541
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		52,541	-	-	52,541
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	Index Code/Project Detail/CFDA#				
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	Index Code/Project Detail/CFDA#				
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		52,541	-	-	52,541
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		52,541	-	-	52,541
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS				
Units of Service:	1,605	-	-	-	-
Unit Type:	Staff Hour	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	32.73	0.00	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	32.73	0.00	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	32.73	0.00	0.00	0.00	0.00
Unduplicated Clients (UDC):	352	0	0	0	352
Total UDC:					352



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Document Date: 7/1/15

TOTAL SALARIES & BENEFITS	\$34,441	\$0	\$34,441	\$0	\$0	\$0
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## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-8, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL		MHSA Prop 63 HMHMPROP63			
	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
Occupancy (Based on Square Feet used)	\$ 3,045.00	0	3,045	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 281.00	0	281	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0		0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Depreciation	\$ 1,991.00	0	1,991	0	0	0
Telecommunications	\$ 2,249.00	0	2,249	0	0	0
Purchased Direct Expense ( QA )	\$ 920.00	0	920	0	0	0
Purchased Direct Expense (Program Admin)	\$ 2,209.00	0	2,209	0	0	0
Purchased Direct Expense (General Research)	\$ 552.00	0	552	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$11,247</b>	<b>\$0</b>	<b>\$11,247</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					



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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #:	B-9, page 1a
Provider Name: Edgewood Center for Children and Families						Document Date:	7/1/2015
Provider Number: 8858						Fiscal Year:	2015-2016
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage	Outreach Svcs Consultant Train/Supv (10% Cap)
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
FUNDING USES							
Salaries & Employee Benefits:	60,037	71,985	110,483	14,889	14,094	28,709	45,209
Operating Expenses:	19,606	23,508	36,080	4,862	4,603	9,376	14,764
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
Subtotal Direct Expenses:	79,643	95,493	146,563	19,751	18,697	38,085	59
Indirect Expenses:	11,947	14,324	21,984	2,963	2,804	5,713	8,331
TOTAL FUNDING USES:	91,590	109,817	168,547	22,714	21,501	43,798	68,969
BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	37,055	46,393	96,344	11,117	13,340	22,233
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	33,359	22,239	48,778	3,336	4,670	12,084
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	6,614	6,074	8,638	1,552	1,350	1,755
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	7,397	28,108	7,397	5,918	1,479	5,918
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	6,678	6,678	6,678	742	594	1,632
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	487	325	712	49	68	176
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		91,590	109,817	168,547	22,714	21,501	43,798
BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#						
TOTAL BHS 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		91,590	109,817	168,547	22,714	21,501	43,798
NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		91,590	109,817	168,547	22,714	21,501	43,798
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	FFS	FFS
Units of Service:	1,221	1,464	2,247	303	287	584	920
Unit Type:	Staff Hour	Staff Hour	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	75.00	75.00
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES):	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	75.00	75.00	75.00	75.00
Unduplicated Clients (UDC):	40	40	40	40	40	40	40

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #: B-9, page 1b
Provider Name: Edgewood Center for Children and Families						Document Date: 7/1/2015
Provider Number: 8858 continued						Fiscal Year: 2015-2016
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Outreach Svcs MH Services Group (5% Cap)
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:	23,100	23,432	35,630	32,577	4,439	6,511
Operating Expenses:	7,543	7,652	11,635	10,639	1,450	2,126
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	30,643	31,084	47,265	43,216	5,889	8,637
Indirect Expenses:	4,597	4,662	7,090	6,482	883	1,296
TOTAL FUNDING USES:	35,240	35,746	54,355	49,698	6,772	9,933
BHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	17,045	10,005	29,644	15,217	3,705
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	10,897	20,757	13,344	21,093	1,484
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	1,957	1,350	3,104	3,959	675
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHFPAPWO	3,698	2,589	6,287	6,509	740
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	1,484	742	1,781	2,612	148
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	159	303	195	308	20
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		35,240	35,746	54,355	49,698	6,772
BHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:					
TOTAL BHS 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		35,240	35,746	54,355	49,698	6,772
NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		35,240	35,746	54,355	49,698	6,772
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	FFS
Units of Service:	470	477	725	452	90	90
Unit Type:	Staff Hour	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	110.00	75.00	110.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	110.00	75.00	110.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	110.00	75.00	110.00
Unduplicated Clients (UDC):	100	50	80	80	100	75

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<b>Employee Fringe Benefits:</b>	30%	\$	108,714.00	30%	\$4,783	30%	\$51,677	30%	\$32,993	30%	\$19,261	#DIV/0!	\$0
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## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-9, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO General Fund HMHMCP751594	Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO	
	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
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 5,745.00	350	3,442	1,447	506	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 12,464.00	700	6,883	3,617	1,264	0
Staff Travel-Local & Out of Town)	\$ 1,873.00	105	1,033	482	253	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
)	\$ -	0	0	0	0	0
)	\$ -	0	0	0	0	0
)		0	0	0	0	0
)	\$ -	0	0	0	0	0
)	\$ -	0	0	0	0	0
)	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Educational Supplies	\$ 7,616.00	455	4,474	1,929	758	0
Computer Purchase	\$ 25,608.00	1,576	15,488	6,269	2,275	0
Telecommunications	\$ 3,746.00	210	2,065	965	506	0
Purchased Direct Expense ( QA )	\$ 24,198.00	1,011	9,936	7,827	5,424	0
Purchased Direct Expense (Program Admin)	\$ 58,075.00	2,426	23,847	18,785	13,017	0
Purchased Direct Expense (General Research)	\$ 14,519.00	607	5,962	4,696	3,254	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$153,844</b>	<b>\$7,440</b>	<b>\$73,130</b>	<b>\$46,017</b>	<b>\$27,257</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-10, page 1  
 Document Date: 7/1/2015  
 Fiscal Year: 2015-2016

Program Name:	School-Based Behavioral Health Services	School-Based Behavioral Health Services				
Program Code (formerly Reporting Unit):	NA	NA				
Mode/SFC (MH) or Modality (SA)	45/10-19	45/20-29				
Service Description:	OS-MH Promotion	OS-Community Client Svcs				TOTAL
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16				
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	775	102,548	-	-	-	103,323
Operating Expenses:	253	33,489	-	-	-	33,742
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>1,028</b>	<b>136,037</b>	-	-	-	<b>137,065</b>
Indirect Expenses:	154	20,405	-	-	-	20
<b>TOTAL FUNDING USES:</b>	<b>1,182</b>	<b>156,442</b>	-	-	-	<b>157,624</b>
<b>BHS-MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	1,182	156,442	-	-	157,624
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS-MENTAL HEALTH FUNDING SOURCES</b>		<b>1,182</b>	<b>156,442</b>	-	-	<b>157,624</b>
<b>BHS-SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL BHS-SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#:</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>1,182</b>	<b>156,442</b>	-	-	<b>157,624</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>1,182</b>	<b>156,442</b>	-	-	<b>157,624</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS				
Units of Service:	43	5,644	-	-	-	
Unit Type:	Staff Hour	Staff Hour	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	27.72	27.72	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	27.72	27.72	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	27.72	27.72	0.00	0.00	0.00	
Unduplicated Clients (UDC):	269	269	0	0	0	269

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**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-10, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

#REF!

Expenditure Category	TOTAL		Prop 63 PEI HMMHPROP63			
	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
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 3,177.00	0	3,177	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 2,650.00	0	2,650	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0		0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Client Supplies and Food	\$ 6,891.00	0	6,891	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 6,242.00	0	6,242	0	0	0
Purchased Direct Expense (Program Admin)	\$ 11,443.00	0	11,443	0	0	0
Purchased Direct Expense (General Research)	\$ 3,339.00	0	3,339	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$33,742</b>	<b>\$0</b>	<b>\$33,742</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					



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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Contract Appendix #: B-11, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

Provider Number: 8858

Fiscal Year: 2015-2016

Program Name:	YAMHC					
Program Code (formerly Reporting Unit):	NA					
Mode/SFC (MH) or Modality (SA)	45/10-19					
Service Description:	Cost Reimburse					
FUNDING TERM:	7/1/15-6/30/16					TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	133,411	-	-	-	-	133,411
Operating Expenses:	254,939	-	-	-	-	254,939
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
Subtotal Direct Expenses:	388,350	-	-	-	-	388,350
Indirect Expenses:	58,253	-	-	-	-	58,253
TOTAL FUNDING USES:	446,603	-	-	-	-	446,603
<b>BHS: MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	446,603	-	-	-	446,603
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH Trilage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		446,603	-	-	-	446,603
<b>BHS: SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		446,603	-	-	-	446,603
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		446,603	-	-	-	446,603
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR					
Units of Service:	5,485	-	-	-	-	
Unit Type:	Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	81.42	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	81.42	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	0.00	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):	500	0	0	0	0	500

Appendix #: B-11, page 2

Document Date: 7/1/15

**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-11, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	Prop 63 PEI HMHMPROP63				
	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
<b>FY2014 Budget</b>						
Occupancy (Based on Square Feet used)	\$ 2,332.00	2,332	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,332.00	2,332	0	0	0	0
Office Supplies, Postage	\$ 933.00	933	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Mileage reimbursement	\$ 700.00	700	0	0	0	0
Staff Training	\$ 9,913.00	9,913	0	0	0	0
computer supplies	\$ 2,799.00	2,799	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
Larkin Street Youth Services FY 2015 contract	\$ 100,583.00	100,583	0	0	0	0
Huckleberry Youth Programs FY2015 contract	\$ 100,584.00	100,584	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Food	\$ 700.00	700	0	0	0	0
Telecommunication	\$ 1,399.00	1,399	0	0	0	0
Purchased Direct Expense ( QA )	\$ 11,662.00	11,662	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 17,493.00	17,493	0	0	0	0
Purchased Direct Expense (General Research)	\$ 3,509.00	3,509	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$254,939</b>	<b>\$254,939</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-12, page 1		
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015		
Provider Number: 8858					Fiscal Year: 2015-2016		
Program Name:	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)			
Program Code (formerly Reporting Unit):	8858H2	8858H2	8858H2	8858H2			
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69			
Service Description:	OP-MH Svcs	OP-Case Mgt Brokerage	OP-Crisis Intervention	OP-Medication Support			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	7/1/15-6/30/16	
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	117,810	3,625	5,437	54,374	-	-	181,246
Operating Expenses:	38,472	1,184	1,776	17,757	-	-	59,189
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
Subtotal Direct Expenses:	156,282	4,809	7,213	72,131	-	-	240,435
Indirect Expenses:	23,442	721	1,083	10,819	-	-	36,065
TOTAL FUNDING USES:	179,724	5,530	8,296	82,950	-	-	276,500
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	89,862	2,765	4,148	41,475	-	138,250
MH STATE - EPSDT State Match	HMHMCP751594	89,862	2,765	4,148	41,475	-	138,250
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		179,724	5,530	8,296	82,950	-	276,500
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#:							
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		179,724	5,530	8,296	82,950	-	276,500
<b>NON-DPH FUNDING SOURCES</b>							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		179,724	5,530	8,296	82,950	-	276,500
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	68,860	2,738	2,138	17,210	-	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	20	20	20	20	0	0	20

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<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$181,246</b>	<b>\$181,246</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
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## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 21,359.00	21,359	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 452.00	452	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 267 hours @\$40	\$ 10,679.00	10,679	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 4,272.00	4,272	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 7,476.00	7,476				
Purchased Direct Expense (General Research)	\$ 1,869.00	1,869	0	0	0	0
Food	\$ 5,874.00	5,874	0	0	0	0
Laundry and Kitchen Expense	\$ 4,005.00	4,005	0	0	0	0
Client Incentives	\$ 3,203.00	3,203	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$59,189</b>	<b>\$59,189</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Contract Appendix #: B-12a, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2015

Provider Number: 8858

Fiscal Year: 2013-2014

Program Name:	CTAC (Hospital Diversion)	CTAC (Hospital Diversion)	CTAC (Partial HD)			
Program Code (formerly Reporting Unit):	8858H1	8858H1	8858H1			
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64	05/60-64			
Service Description:	24-Hr Residential Other	24-Hr Residential Other	24-Hr Residential Other			
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	<b>TOTAL</b>
<b>FUNDING USES:</b>						
Salaries & Employee Benefits:	107,462	153,391	25,805	-	-	<b>286,658</b>
Operating Expenses:	35,094	50,092	8,427	-	-	<b>93,613</b>
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-
<b>Subtotal Direct Expenses:</b>	<b>142,556</b>	<b>203,483</b>	<b>34,232</b>	-	-	<b>380,271</b>
Indirect Expenses:	21,384	30,523	5,134	-	-	<b>57</b>
<b>TOTAL FUNDING USES:</b>	<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	-	<b>437,312</b>
<b>BHS-MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	163,940	234,006	39,366	-	<b>437,312</b>
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL BHS-MENTAL HEALTH FUNDING SOURCES</b>		<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	<b>437,312</b>
<b>BHS-SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
<b>TOTAL BHS-SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>					
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	<b>437,312</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>163,940</b>	<b>234,006</b>	<b>39,366</b>	-	<b>437,312</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS			
Units of Service:	273	250	98	-	-	
Unit Type:	Client Day	Empty bed day	Client Day	Client Day	Client Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	600.00	935.00	400.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	600.00	935.00	400.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	1,285.00	0.00	0.00	0.00	0.00	<b>Total UDC:</b>
Unduplicated Clients (UDC):	20	2	10	0	0	30

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<b>Employee Fringe Benefits:</b>	30%	\$	66,151.00	30%	\$66,151	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
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**\$0**



## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12a, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 33,781.00	33,781	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 715.00	715	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 422 hours @\$40	\$ 16,891.00	16,891	0	0	0	0
Evaluator	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 6,756.00	6,756	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 10,134.00	10,134	0	0	0	0
Purchased Direct Expense (General Research)	\$ 4,645.00	4,645	0	0	0	0
Food	\$ 9,290.00	9,290	0	0	0	0
Laundry and Kitchen Expense	\$ 6,334.00	6,334	0	0	0	0
Client Incentives	\$ 5,067.00	5,067	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$93,613</b>	<b>\$93,613</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-12b, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2015	
Provider Number: 8858				Fiscal Year: 2014-2015	
Program Name:	CTAC	CTAC	CTAC		
Program Code (formerly Reporting Unit):	NA	NA	NA		
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64	05/60-64		
Service Description:	Program Development	Program Development	Assessment		
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	378,986	1,064,281	37,500	-	1,480,767
Operating Expenses:	-	-	12,500	-	12,500
Capital Expenses (greater than \$5,000):	-	-	-	-	-
Subtotal Direct Expenses:	378,986	1,064,281	50,000	-	1,493,267
Indirect Expenses:	56,864	159,642	7,500	-	224,006
<b>TOTAL FUNDING USES:</b>	<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>-</b>	<b>1,717,273</b>
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	435,850	-	-	435,850
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	1,223,923	57,500	1,281,423
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
<b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>		<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>1,717,273</b>
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>				
<b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>Index Code/Project Detail/CFDA#</b>				
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>1,717,273</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>435,850</b>	<b>1,223,923</b>	<b>57,500</b>	<b>1,717,273</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR			
Units of Service:	8,717	24,478	1,150	-	-
Unit Type:	Staff Hour	Staff Hour	Staff Hour	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	50.00	50.00	50.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	50.00	50.00	50.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	50.00	50.00	0.00	0.00	0.00
Unduplicated Clients (UDC):	200	200	200	0	200

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Document Date: 7/1/2015

**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594	HMHMCHGRANTS/HM CH06-1500			
	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
Occupancy	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Operating Supplies	\$ 5,000.00	0	0	5,000	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Non capital equipment purchases	\$ 7,500.00	0	0	7,500	0	0
0		0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Food	\$ -	0	0	0	0	0
Laundry and Kitchen Expense	\$ -	0	0	0	0	0
Client Incentives	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$12,500</b>	<b>\$0</b>	<b>\$0</b>	<b>\$12,500</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Contract Appendix #: B-12c, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 5/19/2015

Provider Number: 8858

Fiscal Year: 2014-2015

Program Name:	CTAC (CSU)	CTAC (CSU)						
Program Code (formerly Reporting Unit):	8858CS	8858CS						
Mode/SFC (MH) or Modality (SA)	10/25-29	15/01-09						
Service Description:	DS-Crisis Stab Urgent Care	OP-Case Mgt Brokerage						TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15						
FUNDING USES:								
Salaries & Employee Benefits:	146,650	7,718	-	-	-	-	-	154,368
Operating Expenses:	47,890	2,521	-	-	-	-	-	50,411
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-	-
Subtotal Direct Expenses:	194,540	10,239	-	-	-	-	-	204,779
Indirect Expenses:	29,182	1,535	-	-	-	-	-	30,717
TOTAL FUNDING USES:	223,722	11,774	-	-	-	-	-	235,496
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	111,861	5,887	-	-	-	-	117,748
MH STATE - EPSDT State Match	HMHMCP751594	111,861	5,887	-	-	-	-	117,748
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		223,722	11,774	-	-	-	-	235,496
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		223,722	11,774	-	-	-	-	235,496
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		223,722	11,774	-	-	-	-	235,496
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	FFS	FFS	
Units of Service:	2,355	5,829	-	-	-	-	-	
Unit Type:	Client Hour	Staff Minute	0	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	95.00	2.02	0.00	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	95.00	2.02	0.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	95.00	2.02	0.00	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):	120	120	0	0	0	0	0	120

Provider Name: Edgewood Center for Children and Families

Appendix #: B-12c, page 2

<b>Employee Fringe Benefits:</b>	30%	\$35,623	30%	\$35,623	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
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**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-12c, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 5/19/15

Expenditure Category	TOTAL	General Fund HMMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 18,190.0	18,190	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 385.0	385	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 227 hours @ \$40	\$ 9,096.0	9,096	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 2,729.0	2,729	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 7,276.0	7,276	0	0	0	0
Purchased Direct Expense (General Research)	\$ 1,592.0	1,592	0	0	0	0
Food	\$ 5,003.0	5,003	0	0	0	0
Laundry and Kitchen Expense	\$ 3,411.0	3,411	0	0	0	0
Client Incentives	\$ 2,729.0	2,729	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$50,411</b>	<b>\$50,411</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-12d, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2015	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:			CTAC			
Program Code (formerly Reporting Unit):			NA			
Mode/SFC (MH) or Modality (SA)			05/60-64			
Service Description:			Mobile Crisis Unit			
FUNDING TERM:			7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16
TOTAL						
<b>FUNDING USES</b>						
Salaries & Employee Benefits:			-	-	237,126	237,126
Operating Expenses:			-	-	21,939	21,939
Capital Expenses (greater than \$5,000):			-	-	-	-
Subtotal Direct Expenses:			-	-	259,065	259,065
Indirect Expenses:			-	-	38,860	38,860
TOTAL FUNDING USES:			-	-	297,925	297,925
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>						
Index Code/Project Detail/CFDA#						
MH FED - SDMC Regular FFP (50%)			HMHMCP751594	-	-	-
MH STATE - EPSDT State Match			HMHMCP751594	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal			HMHMCP8828CH	-	-	-
MH WORK ORDER - Human Services Agency (matched)			HMHMCHMTCHWO	-	-	-
MH WORK ORDER - Human Services Agency			HMHMCHCDHSWO	-	-	-
MH WORK ORDER - Human Services Agency			HMHMCHPBEDWO	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families			HMHMCHDCYFWO	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)			HMHMCHSRIPWO	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)			HMHMCHPFAPWO	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care			HMHMSB163ACP/PMH163	-	-	-
MH STATE - MHSA - Prop 63 PEI			HMHMPROP63/PMHS63-1510	-	-	-
MH Realignment			HMHMCP751594	-	-	-
MH COUNTY - General Fund (matched)			HMHMCP751594	-	-	-
MH COUNTY - General Fund (unmatched)			HMHMCP751594	-	-	-
MH Triage Grant			HMHMCHGRANTS/HMCH06-1500	-	297,925	297,925
MH COUNTY - General Fund WO CODB			HMHMCP751594	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			-	-	297,925	297,925
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
Index Code/Project Detail/CFDA#						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
Index Code/Project Detail/CFDA#						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			-	-	297,925	297,925
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			-	-	297,925	297,925
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):			CR	CR	CR	0
Units of Service:			-	-	5,959	-
Unit Type:			Staff Hour	Staff Hour	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			50.00	50.00	50.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):			50.00	50.00	50.00	0.00
Published Rate (Medi-Cal Providers Only):			50.00	50.00	50.00	0.00
Unduplicated Clients (UDC):			0	0	200	0
Total UDC:						200



Appendix #: B-12d, page 2

Document Date: 7/1/2015

**\$0**

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-12d, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	HMHMCHGRANTS/HM CH06-1500			
	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
Occupancy	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Operating Supplies	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
Evaluator (name TBD) 146 hours @ \$150/hr	\$ 21,939.00	0	21,939	0	0	0
Non capital equipment	\$ -	0	0	0	0	0
0		0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Food	\$ -	0	0	0	0	0
Laundry and Kitchen Expense	\$ -	0	0	0	0	0
Client Incentives	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$21,939</b>	<b>\$0</b>	<b>\$21,939</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families							Contract Appendix #: B-13 pg-1
Provider Name: Edgewood Center for Children and Families							Document Date: 7/1/2015
Provider Number: 8858							Fiscal Year: 2015-2016
Program Name:	FCP (RBS)	FCP (RBS)	FCP (RBS)	FCP (RBS)			
Program Code (formerly Reporting Unit):	8858FC	8858FC	8858FC	8858FC			
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09	15/70-79	15/60-69			
Service Description:	OP-MH Svcs	OP-Crisis Intvt	OP-Crisis Intervention	OP-Medication Support			
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
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	137,328	54,930	27,466	54,931	-	-	274,655
Operating Expenses:	44,846	17,939	8,969	17,939	-	-	89,693
Capital Expenses (greater than \$5,000):	-	-	-	-	-	-	-
Subtotal Direct Expenses:	182,174	72,869	36,435	72,870	-	-	364,348
Indirect Expenses:	27,326	10,931	5,465	10,930	-	-	52
TOTAL FUNDING USES:	209,500	83,800	41,900	83,800	-	-	400
<b>BHS MENTAL HEALTH FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	104,750	41,900	20,950	41,900	-	209,500
MH STATE - EPSDT State Match	HMHMCP751594	94,275	37,710	18,855	37,710	-	188,550
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHPBEDWO	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHMSB163ACP/PMH163	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63/PMHS63-1510	-	-	-	-	-	-
MH Realignment	HMHMCP751594	2,941	1,177	588	1,177	-	5,883
MH COUNTY - General Fund (matched)	HMHMCP751594	7,534	3,013	1,507	3,013	-	15,067
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		209,500	83,800	41,900	83,800	-	419,000
<b>BHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#							
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		209,500	83,800	41,900	83,800	-	419,000
<b>NON-DPH FUNDING SOURCES</b>							
Index Code/Project Detail/CFDA#							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		209,500	83,800	41,900	83,800	-	419,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	80,268	41,485	10,799	17,386	-	-	
Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	20	20	20	20	0	0	20

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Document Date: 7/1/15

61804
32342
24960
8012
12269
41643
144054
7200

TOTAL SALARIES & BENEFITS	\$274,655	\$274,655	\$0	\$0	\$0	\$0
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## DPH 4: Operating Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Appendix #: B-13, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	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
Occupancy (Based on Square Feet used)	\$ 8,547.00	8,547	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 6,119.00	6,119	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ 9,178.00	9,178	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ 3,824.00	3,824	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amount)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement FY2015 490 hours @ \$40	\$ 19,631.00	19,631	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Food	\$ 16,827.00	16,827	0	0	0	0
Computer Supplies	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ 1,530.00	1,530	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ 6,119.00	6,119	0	0	0	0
Purchased Direct Expense (General Research)	\$ 880.00	880	0	0	0	0
Food	\$ -	0	0	0	0	0
Laundry and Kitchen Expense	\$ 17,038.00	17,038	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$89,693</b>	<b>\$89,693</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families							Contract Appendix #: B-14, page-1
Provider Name: Edgewood Center for Children and Families							Document Date: 5/19/2015
Provider Number: 8858							Fiscal Year: 2015-2016
Program Name:		Williams					
Program Code (formerly Reporting Unit):		N/A					
Mode/SFC (MH) or Modality (SA)		N/A					
Service Description:		Renovation					
FUNDING TERM:		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL
FUNDING USES							
Salaries & Employee Benefits:		40,000					40,000
Operating Expenses:		-					-
Capital Expenses (greater than \$5,000):		610,000					610,000
Subtotal Direct Expenses:		650,000	-	-	-	-	650,000
Indirect Expenses:		-	-	-	-	-	-
TOTAL FUNDING USES:		650,000	-	-	-	-	650,000
BHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#					
MH FED - SDMC Regular FFP (50%)		HMHMC751594	-	-	-	-	-
MH STATE - EPSDT State Match		HMHMC751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal		HMHMC8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)		HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency		HMHMCHPBEDWO	650,000	-	-	-	650,000
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		HMHMSB163ACP/PMH163	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI		HMHMPROP63/PMHS63-1510	-	-	-	-	-
MH Realignment		HMHMC751594	-	-	-	-	-
MH COUNTY - General Fund (matched)		HMHMC751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)		HMHMC751594	-	-	-	-	-
MH Triage Grant		HMHMCHGRANTS/HMCH06-1500	-	-	-	-	-
MH COUNTY - General Fund WO CODB		HMHMC751594	-	-	-	-	-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			650,000	-	-	-	650,000
BHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#					
TOTAL BHS 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			650,000	-	-	-	650,000
NON-DPH FUNDING SOURCES							
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			650,000	-	-	-	650,000
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	CR	CR	CR	CR	
Units of Service:		13,000	0	0	0	0	0
Unit Type:		Staff Hour	-	-	-	-	-
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		50.00	-	-	-	-	-
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		50.00	-	-	-	-	-
Published Rate (Medi-Cal Providers Only):		0.00	-	-	-	-	-
Unduplicated Clients (UDC):		13000	0	0	0	0	0
Total UDC:							

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15Appendix #: B-14, page 2[illegible]

<b>Employee Fringe Benefits:</b>	30%	\$	9,231.00	30%	\$9,231	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$40,000**

**\$40,000**

**\$0**

**\$0**

**\$0**

**\$0**

0

## DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-14, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

Expenditure Category	TOTAL					
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
0	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
0	\$ -	0	0	0	0	0
Food	\$ -	0	0	0	0	0
Computer Supplies	\$ -	0	0	0	0	0
Purchased Direct Expense ( QA )	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin)	\$ -	0	0	0	0	0
Purchased Direct Expense (General Research)	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



**DPH 5: Capital Expenses Detail**

Provider Number: 8858

Appendix #: B-14, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/15

**1. Equipment**

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Appliances--built in Kitchen	1	tbd	HMHMCHDCYFWO	10,500	10,500
Reception Desk-built in	1	tbd	HMHMCHDCYFWO	10,500	10,500
Furniture client rooms	6	tbd	HMHMCHDCYFWO	3,000	18,000
Furniture Offices	4	tbd	HMHMCHDCYFWO	2,500	10,000
Office equipment	4	tbd	HMHMCHDCYFWO	1,500	6,000
0	0	0	0	0	-
0	0	0	0	0	-
0	0	0	0	0	-

**Total Equipment Cost****\$55,000****2. Remodeling**

Architect fees	1	tbd	HMHMCHDCYFWO	80,000	80,000
Construction including basement	1	tbd	HMHMCHDCYFWO	385,182	385,182
Dry Rot repair	1	tbd	HMHMCHDCYFWO	15,000	15,000
Contractor Fees	1	tbd	HMHMCHDCYFWO	62,818	62,818
Permits and Fees	1	tbd	HMHMCHDCYFWO	12,000	12,000
0	0	0	0	0	0

**Total Remodeling Cost****\$555,000****Total Capital Expenditure**

(Equipment plus Remodeling Cost)

**\$610,000**

**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**  
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**Business Associate Agreement**

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

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

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

## **RECITALS**

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

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

### **1. Definitions.**

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



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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



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

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

**2. Obligations of Business Associate.**

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



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

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



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



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

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

**3. Termination.**

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





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

**4. Amendment to Comply with Law.**

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

**5. Reimbursement for Fines or Penalties.**

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

**Attachments (links)**

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



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



EDGECEEN-01

SONI01

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/6/2015

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 License # 0H81923  
G2 Insurance Services, LLC  
140 New Montgomery, 21st Floor  
San Francisco, CA 94105

## CONTACT

NAME:

PHONE (A/C, No, Ext): (415) 426-6600

FAX (A/C, No): (415) 426-6601

E-MAIL:

ADDRESS:

## INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: Nonprofits' Insurance Alliance of California (NIAC)

INSURER B: Philadelphia Indemnity Insurance Company 18058

INSURER C:

INSURER D:

INSURER E:

INSURER F:

## INSURED

Edgewood Center for Children and Families  
1801 Vicente Street  
San Francisco, CA 94116

## 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
A	<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"/> PROJECT <input checked="" type="checkbox"/> LOC <input type="checkbox"/> OTHER:	X	201505523NPO	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Prof. Liability \$ 1,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" 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	X	201505523NPO	07/01/2015	07/01/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		201505523UMBNPO	07/01/2015	07/01/2016	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
	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				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	Employee Theft		PHPK1358802	07/01/2015	07/01/2016	Ded. \$10,000 1,200,000

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

The City and County of San Francisco, DPH, CSAS, their officers, agents, and employees are named as additional insured as respects General Liability as required by written contract. 30 days cancellation applies.

## CERTIFICATE HOLDER

## CANCELLATION

City and County of San Francisco \*\*\*  
Department of Public Health  
1380 Howard Street, 4th Floor  
San Francisco, CA 94103

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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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
12/18/2014

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**  
Intercare Insurance Solutions  
5375 Mira Sorrento Place, Ste 400  
San Diego CA 92121

**CONTACT NAME:** Cindy Bane  
**PHONE (A/C, No, Ext):** 858-373-6908 **FAX (A/C, No):**  
**E-MAIL ADDRESS:** cbane@intercaresolutions.com  
**PRODUCER CUSTOMER ID #:** EDGEW-1

**INSURED**  
Edgewood Center for Children  
and Families  
1801 Vicente Street  
San Francisco CA 94116

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Quality Comp Inc.	62
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

## COVERAGES

CERTIFICATE NUMBER: 1237478143

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</b>					<b>EACH OCCURRENCE</b> \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY					<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					<b>MED EXP (Any one person)</b> \$
						<b>PERSONAL &amp; ADV INJURY</b> \$
						<b>GENERAL AGGREGATE</b> \$
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>					<b>PRODUCTS - COMP/OP AGG</b> \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					\$
	<b>AUTOMOBILE LIABILITY</b>					<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> ANY AUTO					<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> ALL OWNED AUTOS					<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> SCHEDULED AUTOS					<b>PROPERTY DAMAGE (Per accident)</b> \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR					<b>EACH OCCURRENCE</b> \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE					<b>AGGREGATE</b> \$
	<b>DEDUCTIBLE</b>					\$
	<b>RETENTION \$</b>					\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>		0150340711	1/1/2015	1/1/2016	<b>E.L. EACH ACCIDENT</b> \$1,000,000
	<input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N				<b>E.L. DISEASE - EA EMPLOYEE</b> \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	N/A				<b>E.L. DISEASE - POLICY LIMIT</b> \$1,000,000

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

This document serves as Evidence of Workers' Compensation only. Employer is a qualified self-insurer thru Quality Comp Inc. per the attached certificate.

## CERTIFICATE HOLDER

City and County of San Francisco  
Department of Public Health  
1380 Howard Street, 4th Floor  
San Francisco CA 94103

## 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

*Pin H. Iyer*

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

FIRST AMENDMENT

THIS AMENDMENT (this "Amendment") is made as of July 1, 2014 in San Francisco, California, by and between **Edgewood Center for Children & Families** ("Contractor"), and the **City and County of San Francisco**, a municipal corporation ("City"), acting by and through its Director of Public Health

RECITALS

WHEREAS, City and Contractor desire to modify the Agreement to increase the Agreement amount.

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

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

**Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by this First Amendment.

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

2.a **Section 2 . Term of the Agreement**

The term of this Agreement shall be from July 1, 2010 through December 31, 2015.

2.b **Section 5. Compensation** 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 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Twenty Nine Million One Hundred Nine Thousand Eighty Nine Dollars (\$29,109,089)**. 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 15th 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 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Thirty Six Million Nine Hundred Fifty Eight Thousand Five Hundred Twenty Eight Dollars (\$36,958,528)**. 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.

**2.C Appendices B, B-1 through B-14 dated July 1, 2014 are hereby added for FY 2014-15.**

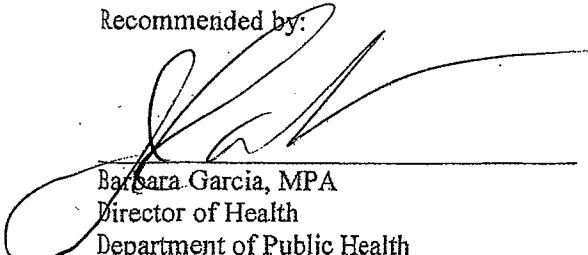
**3. Effective Date.** This Amendment shall be effective on the date of this Amendment.

**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.

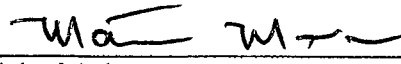
CITY

Recommended by:

  
Barbara Garcia, MPA  
Director of Health  
Department of Public Health

CONTRACTOR

Edgewood Center for Children & Families


  
Matt Madaus  
Chief Executive Officer  
1801 Vicente Street  
San Francisco, California 94116

City vendor number: 06953

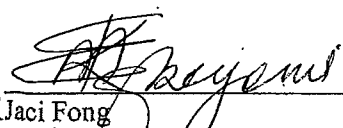
Approved as to Form:

Dennis J. Herrera  
City Attorney

By:

  
Kathy Murphy  
Deputy City Attorney

Approved:

  
Jaci Fong  
Director of the Office of Contract Administration,  
and Purchaser

RECEIVED  
PURCHASING DEPARTMENT  
14 SEP 30 AM 9:11

RECEIVED  
PURCHASING DEPARTMENT  
14 AUG 20 PM 3:22



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

**1. Method of Payment**

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting

Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA 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-1a & B-1b: Community-Based Day Treatment
  - Appendix B-2a & B-2b: Residentially-Based Day Treatment and Family Connections Program
  - Appendix B-3: School Mental Health Partnership
  - Appendix B-4: Behavioral Health Outpatient
  - Appendix B-5: Therapeutic Behavioral Services (TBS)
  - Appendix B-6: Wraparound
  - Appendix B-7: Educational Assessments
  - Appendix B-8: Primary Intervention Program (PIP) Mental Health Consultation
  - Appendix B-9: Early Childhood Mental Health Consultation Initiative
  - Appendix B-10: School-Based Well-Being
  - Appendix B-11: Youth Agency Mental Health Consultation (YAMHC)
  - Appendix B-12: Hospital Diversion Program
  - Appendix B-13: Residential-Based Services (RBS)/Family Connections Program (FCP)
  - Appendix B-14: Crisis Triage

## B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Thirty Six Million Nine Hundred Fifty Eight Thousand Five Hundred Twenty Eight Dollars (\$36,958,528)** for the period of **July 1, 2010 through December 31, 2015**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$434,610** 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	\$ 4,841,047
July 1, 2011 through June 30, 2012	\$ 4,878,105
July 1, 2012 through June 30, 2013	\$ 5,819,285
July 1, 2013 through June 30, 2014	\$ 7,080,772
July 1, 2014 through June 30, 2015	\$ 9,269,806
July 1, 2015 through December 31, 2015	\$ 4,634,903
<b>Total July 1, 2010 through December 31, 2015</b>	<b>\$ 36,523,918</b>

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

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

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

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

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

DMH Legal Entity Number (MH): 00273					Prepared By/Phone #: Richard P. Stone, 415.682.3121			Fiscal Year: 2014-15		
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Document Date: 7/1/2014			Appendix #: B, Page 2		
Contract Appendix Number:	B-9	B-9a	B-9b	B-10	B-11	B-12	B-12a	B-13	B-14	
Appendix A/Program Name:	ECMHCI	ECMHCI	ECMHCI	School-Based Well Being	YAMHC	Hospital Diversion	Hospital Diversion	FCP (RBS)	Crisis Triage	
Provider Number:	8858	8858	8858	8858	8858	8858	8858	8858	8858	
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	8858H2	8858H1	8858FC	NA	
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL
<b>FUNDING USES</b>										
Salaries & Employee Benefits:	92,545	214,997	80,553	100,292	205,916	78,220	192,192	245,372	1,777,362	6,005,139
Operating Expenses:	25,704	41,715	22,374	27,856	219,603	21,726	53,381	91,761	467,451	1,809,734
Capital Expenses:	4,518	28,496	3,932	4,896	16,257	3,818	9,382	16,128	-	234,744
Subtotal Direct Expenses:	122,767	285,208	106,859	133,044	441,776	103,764	254,955	353,261	2,244,813	8,049,617
Indirect Expenses:	18,416	42,781	16,029	19,956	66,266	15,564	38,241	65,739	336,721	1,227,189
Indirect %:	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.19	0.15	0.15
TOTAL FUNDING USES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	2,581,534	9,266,806
Employee Fringe Benefits %:										0.30
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>										
MH FED - SDMC Regular FFP (50%)	-	-	-	-	-	7,000	-	167,000	-	2,212,278
MH STATE - EPSDT State Match	-	-	-	-	-	-	-	226,800	-	2,074,243
MH STATE - Family Mosaic Capitated Medi-Cal	-	-	-	-	-	-	-	-	-	20,000
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	-	-	-	-	17,561
MH WORK ORDER - Human Services Agency	85,265	152,174	63,949	-	-	-	-	-	-	301,388
MH Triage Grant	-	-	-	-	-	-	-	-	1,231,534	1,231,534
MH WORK ORDER - Dept. Children, Youth & Families	55,918	109,468	41,939	-	-	-	-	-	-	207,325
MH WORK ORDER - First Five (SF Children & Family Commission)	-	34,066	8,000	-	-	-	-	-	-	42,066
MH WORK ORDER - First Five (SF Children & Family Commission)	-	18,058	4,000	-	-	-	-	-	-	22,058
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	200,000	-	-	217,000
MH STATE - MHSA	-	12,448	5,000	153,000	433,500	-	-	-	-	654,948
MH Realignment	-	-	-	-	-	-	7,000	5,883	-	47,827
MH COUNTY - General Fund (matched)	-	-	-	-	-	-	-	19,317	1,350,000	1,507,647
MH COUNTY - General Fund (unmatched)	-	-	-	-	-	112,328	86,196	-	-	637,351
MH COUNTY - General Fund CODB	-	-	-	-	74,542	-	-	-	-	74,542
MH COUNTY - General Fund WO CODB	-	1,775	-	-	-	-	-	-	-	1,775
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	2,581,534	9,266,806
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>										
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	2,581,534	9,266,806
<b>NON-DPH FUNDING SOURCES</b>										
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	141,183	327,989	122,888	153,000	508,042	119,328	293,196	419,000	2,581,534	9,266,806

DPH 1: Department of Public Health Contract Budget Summary

DMH Legal Entity Number (MH): 00273		Prepared By/Phone #:								Fiscal Year: 2014-15	
DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Document Date: 7/1/2014								Appendix #: B, Page 1	
Contract Appendix Number:	B-1a	B-1b	B-2a	B-2b	B-3	B-4	B-5	B-6	B-7	B-8	
Appendix A/Program Name:	Community Based Day Treatment DTI	Community Based Day Treatment OP	Residential Day Treatment DTI	Residential Day Treatment OP	MH Partnership	Behavioral Health OP	TBS	Wraparound	Educational Assessments	PIP MH Consultation	
Provider Number:	8858	8858	8858	8858	8858	8858	8858	8858	8858	8858	
Program Code (formerly Reporting Unit):	88585	8858OP	88586	88584	8858ED	885814	885818	885819	NA	NA	
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
FUNDING USES											
Salaries & Employee Benefits:	582,416	99,675	447,909	378,869	105,612	555,130	472,904	330,600	11,144	33,431	
Operating Expenses:	161,766	27,685	124,407	105,231	29,334	154,187	131,349	91,824	3,095	9,285	
Capital Expenses:	28,432	4,866	21,866	18,496	5,156	27,100	23,086	16,139	544	1,632	
Subtotal Direct Expenses:	772,614	132,226	594,182	502,596	140,102	736,417	627,339	438,563	14,783	44,348	
Indirect Expenses:	115,892	19,834	89,127	75,390	21,015	110,463	94,101	65,785	2,217	6,652	
Indirect %:	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	0.15	
TOTAL FUNDING USES	888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000	
						Employee Fringe Benefits %:				0.30	
CBHS MENTAL HEALTH FUNDING SOURCES											
MH FED - SDMC Regular FFP (50%)	342,191	67,360	302,710	264,700	58,190	406,350	346,760	250,017	-	-	
MH STATE - EPSDT State Match	310,071	64,536	272,439	238,230	52,371	365,715	312,084	231,997	-	-	
MH STATE - Family Mosaic Capitated Medi-Cal	15,000	5,000	-	-	-	-	-	-	-	-	
MH WORK ORDER - Human Services Agency (matched)	-	-	-	-	-	-	-	17,561	-	-	
MH WORK ORDER - Human Services Agency	-	-	-	-	-	-	-	-	-	-	
MH Triage Grant	-	-	-	-	-	-	-	-	-	-	
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 PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	-	-	-	-	-	-	-	-	17,000	-	
MH STATE - MHSA	-	-	-	-	-	-	-	-	-	51,000	
MH Realignment	32,120	2,824	-	-	-	-	-	-	-	-	
MH COUNTY - General Fund (matched)	-	-	30,271	26,470	5,819	40,635	34,676	459	-	-	
MH COUNTY - General Fund (unmatched)	189,124	12,340	77,889	48,586	44,737	34,180	27,920	4,051	-	-	
MH COUNTY - General Fund CODB	-	-	-	-	-	-	-	-	-	-	
MH COUNTY - General Fund WO CODB	-	-	-	-	-	-	-	263	-	-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000	
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	888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000	
NON-DPH FUNDING SOURCES											
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	888,506	152,060	683,309	577,986	161,117	846,880	721,440	504,348	17,000	51,000	

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-1a, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:		Community Based Day Treatment DTI				
Program Code (formerly Reporting Unit):		88585				
Mode/SFC (MH) or Modality (SA)		10/85-89				
Service Description:		#REF!				TOTAL
FUNDING TERM:		7/1/14-6/30/15				
<b>FUNDING USES</b>						
Salaries & Employee Benefits:		582,416	-	-	-	582,416
Operating Expenses:		161,766	-	-	-	161,766
Capital Expenses (greater than \$5,000):		28,432	-	-	-	28,432
Subtotal Direct Expenses:		772,614	-	-	-	772,614
Indirect Expenses:		115,892	-	-	-	115,892
TOTAL FUNDING USES:		888,506	-	-	-	888,506
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)		HMHMCP751594	342,191	-	-	342,191
MH STATE - EPSDT State Match		HMHMCP751594	310,071	-	-	310,071
MH STATE - Family Mosaic Capitated Medi-Cal		HMHMCP8828CH	15,000	-	-	15,000
MH WORK ORDER - Human Services Agency (matched)		HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	-	-	-	-
MH Triage Grant		HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI		HMHMPROP63	-	-	-	-
MH Realignment		HMHMCP751594	32,120	-	-	32,120
MH COUNTY - General Fund (matched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)		HMHMCP751594	189,124	-	-	189,124
MH COUNTY - General Fund CODB		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB		HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			888,506	-	-	888,506
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES			-	-	-	-
TOTAL DPH FUNDING SOURCES			888,506	-	-	888,506
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			888,506	-	-	888,506
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS						
Units of Service: 4,389						
Unit Type: #REF! 0 0 0 0						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 202.43 0.00 0.00 0.00 0.00						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 202.43 0.00 0.00 0.00 0.00						
Published Rate (Medi-Cal Providers Only): 202.43 0.00 0.00 0.00 0.00						
Unduplicated Clients (UDC): 30 0 0 0 0						
Total UDC: 30						

DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1a, page 2

Position Title	TOTAL		General Fund HMHMCP751594		Mosaic Medical HMHMCP8828CH							
	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Regional Director	0.12	\$ 24,263.00	0.12	24,263	0.00	0	0.00	0	0.00	0	0.00	0
Medical Director	0.08	\$ 16,096.00	0.08	16,096	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.39	\$ 31,374.00	0.39	31,374	0.00	0	0.00	0	0.00	0	0.00	0
Behavioral Health Director	0.17	\$ 20,436.00	0.17	20,436	0.00	0	0.00	0	0.00	0	0.00	0
Treatment Manager	0.58	\$ 38,215.00	0.58	38,215	0.00	0	0.00	0	0.00	0	0.00	0
Mental Health Specialists	2.23	\$ 95,277.00	1.88	83,738	0.35	11,539	0.00	0	0.00	0	0.00	0
Therapist & Care Manager	2.13	\$ 134,240.00	2.13	134,240	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.23	\$ 16,322.00	0.23	16,322	0.00	0	0.00	0	0.00	0	0.00	0
Relief Staff	0.33	\$ 12,340.00	0.33	12,340	0.00	0	0.00	0	0.00	0	0.00	0
Intake Director	0.13	\$ 14,961.00	0.13	14,961	0.00	0	0.00	0	0.00	0	0.00	0
Administrative Manager	0.17	\$ 11,876.00	0.17	11,876	0.00	0	0.00	0	0.00	0	0.00	0
Administrative Support	0.39	\$ 17,344.00	0.39	17,344	0.00	0	0.00	0	0.00	0	0.00	0
Day Treatment Facilities Manager	0.29	\$ 15,269.00	0.29	15,269	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	7.24	\$448,013	6.89	\$436,474	0.35	\$11,539	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$ 134,403.00	30%	\$130,942	30%	\$3,461	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$582,416

\$567,416

\$15,000

\$0

\$0

\$0

# DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-1a, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 71,860.00	71,860	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 984.00	984	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 935.00	935	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement	\$ 10,525.00	10,525	0	0	0	0
SF Language Bank	\$ 4,210.00	4,210	0	0	0	0
		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 47,008.00	47,008	0	0	0	0
Food	\$ 16,771.00	16,771	0	0	0	0
Computer Supplies	\$ 9,473.00	9,473	0	0	0	0
Client Incentives	\$ -	0	0	0	0	0
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$161,766</b>	<b>\$161,766</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					



# DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1a, page 4

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	25,813	25,813
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$25,813

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,619	2,619
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$2,619

Total Capital Expenditure  
(Equipment plus Remodeling Cost)

\$28,432

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-1b, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	Community Based Day Treatment OP	Community Based Day Treatment OP	Community Based Day Treatment OP	Community Based Day Treatment OP	
Program Code (formerly Reporting Unit):	8858OP	8858OP	8858OP	8858OP	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	
Service Description:	#REF!	#REF!	#REF!	#REF!	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	64,788	1,994	2,990	29,903	99,675
Operating Expenses:	17,994	554	831	8,306	27,685
Capital Expenses (greater than \$5,000):	3,163	97	146	1,460	4,866
Subtotal Direct Expenses:	85,945	2,645	3,967	39,669	132,226
Indirect Expenses:	12,892	397	595	5,950	19,834
TOTAL FUNDING USES:	98,837	3,042	4,562	45,619	152,06
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	43,782	1,348	2,021	67,360
MH STATE - EPSDT State Match	HMHMCP751594	41,948	1,291	1,936	64,536
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	3,250	100	150	5,000
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-
MH Realignment	HMHMCP751594	1,836	56	85	2,824
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	8,021	247	370	12,340
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		98,837	3,042	4,562	152,060
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		98,837	3,042	4,562	152,060
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		98,837	3,042	4,562	152,060
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
Units of Service:	37,869	1,506	1,176	9,465	-
Unit Type:	#REF!	#REF!	#REF!	#REF!	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00
Unduplicated Clients (UDC):	30	10	10	28	30

#REF!

Appendix #: B-1b, page 2

\$0

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1b, page 3

Expenditure Category	TOTAL	General Fund				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 1,353.00	1,353	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 202.00	202	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement	\$ 24,046.00	24,046	0	0	0	0
	\$ -	0	0	0	0	0
		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 2,084.00	2,084	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$27,685</b>	<b>\$27,685</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

## DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1b, page 4

### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	4,418	4,418
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

**\$4,418**

### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	448	448
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

**\$448**

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

**\$4,866**

**0**

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Contract Appendix #: B-2a, page 1	
Provider Name: Edgewood Center for Children and Families		Document Date: 7/1/2014	
Provider Number: 8858		Fiscal Year: 2014-2015	
Program Name:	Residential Day		
Program Code (formerly Reporting Unit):	Treatment DTI		
Mode/SFC (MH) or Modality (SA):	88586		
	10/85-89		
Service Description:	#REF!		
<b>FUNDING TERM:</b>	7/1/14-6/30/15		<b>TOTAL</b>
<b>FUNDING USES</b>			
Salaries & Employee Benefits:	447,909	-	447,909
Operating Expenses:	124,407	-	124,407
Capital Expenses (greater than \$5,000):	21,866	-	21,866
Subtotal Direct Expenses:	594,182	-	594,182
Indirect Expenses:	89,127	-	89,127
<b>TOTAL FUNDING USES:</b>	<b>683,309</b>	-	<b>683,309</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
	Index Code		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	302,710	302,710
MH STATE - EPSDT State Match	HMHMCP751594	272,439	272,439
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-
MH Trilage Grant	HMHMCHGRANTS	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHFPAPWO	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-
MH Realignment	HMHMCP751594	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	30,271	30,271
MH COUNTY - General Fund (unmatched)	HMHMCP751594	77,889	77,889
MH COUNTY - General Fund CODB	HMHMCP751594	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>683,309</b>	<b>683,309</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
	CFDA #		
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>			
	CFDA #		
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>683,309</b>	<b>683,309</b>
<b>NON-DPH FUNDING SOURCES</b>			
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>683,309</b>	<b>683,309</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS		
Units of Service:	3,376	-	-
Unit Type:	#REF!	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	202.43	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	202.43	0.00	0.00
Published Rate (Medi-Cal Providers Only):	202.43	0.00	0.00
Unduplicated Clients (UDC):	12	0	0
			<b>Total UDC:</b>
			12

**DPH 3: Salaries & Benefits Detail**

Provider Number: 8858

Appendix #: B-2a, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

#REFI

	TOTAL		General Fund HMHMCP751594							
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Regional Director	0.08	\$ 16,272.00	0.08	16,272	0.00	0	0.00	0	0.00	0
Medical Director	0.05	\$ 10,120.00	0.05	10,120	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.42	\$ 33,664.00	0.42	33,664	0.00	0	0.00	0	0.00	0
Behavioral Health Director	0.11	\$ 12,848.00	0.11	12,848	0.00	0	0.00	0	0.00	0
Treatment Manager	0.36	\$ 23,655.00	0.36	23,655	0.00	0	0.00	0	0.00	0
Mental Health Specialists	2.16	\$ 96,054.00	2.16	96,054	0.00	0	0.00	0	0.00	0
Therapist & Care Manager	1.39	\$ 87,403.00	1.39	87,403	0.00	0	0.00	0	0.00	0
QA Manager	0.12	\$ 8,210.00	0.12	8,210	0.00	0	0.00	0	0.00	0
Relief Staff	0.20	\$ 7,598.00	0.20	7,598	0.00	0	0.00	0	0.00	0
Intake Director	0.10	\$ 11,059.00	0.10	11,059	0.00	0	0.00	0	0.00	0
Administrative Manager	0.10	\$ 6,788.00	0.10	6,788	0.00	0	0.00	0	0.00	0
Administrative Support	0.52	\$ 23,195.00	0.52	23,195	0.00	0	0.00	0	0.00	0
Day Treatment Facilities Manager	0.14	\$ 7,679.00	0.14	7,679	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0
<b>Totals:</b>	<b>5.75</b>	<b>\$344,545</b>	<b>5.75</b>	<b>\$344,545</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

<b>Employee Fringe Benefits:</b>	<b>30%</b>	<b>\$103,364</b>	<b>30%</b>	<b>\$103,364</b>	<b>#DIV/0!</b>	<b>\$0</b>	<b>#DIV/0!</b>	<b>\$0</b>	<b>#DIV/0!</b>	<b>\$0</b>
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**TOTAL SALARIES & BENEFITS**

**\$447,909**

**\$447,909**

**\$0**

**\$0**

**\$0**

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-2a, page 3

Expenditure Category	TOTAL	General Fund HMMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 52,003.00	52,003	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 679.00	679	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 667.00	667	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement	\$ 7,500.00	7,500	0	0	0	0
SF Language Bank	\$ 3,000.00	3,000	0	0	0	0
		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 37,930.00	37,930	0	0	0	0
Food	\$ 11,600.00	11,600	0	0	0	0
Computer Supplies	\$ 6,750.00	6,750	0	0	0	0
Client Incentives	\$ 4,278.00	4,278	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$124,407</b>	<b>\$124,407</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\$0



### DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-2a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

#### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	19,851	19,851
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

\$19,851

#### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,015	2,015
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

\$2,015

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$21,866

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #:	B-2b, page 1
Provider Name: Edgewood Center for Children and Families					Document Date:	7/1/2014
Provider Number: 8858					Fiscal Year:	2014-2015
Program Name:	Residential Day Treatment OP	Residential Day Treatment OP	Residential Day Treatment OP	Residential Day Treatment OP		
Program Code (formerly Reporting Unit):	88584	88584	88584	88584		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
Service Description:	#REF!	#REF!	#REF!	#REF!		TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	322,038	3,031	7,199	46,601	-	378,869
Operating Expenses:	89,446	843	1,999	12,943	-	105,231
Capital Expenses (greater than \$5,000):	15,722	148	351	2,275	-	18,496
Subtotal Direct Expenses:	427,206	4,022	9,549	61,819	-	502,596
Indirect Expenses:	64,082	603	1,432	9,273	-	75,390
TOTAL FUNDING USES:	491,288	4,625	10,981	71,092	-	577,986
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	224,995	2,118	5,029	32,558	264,700
MH STATE - EPSDT State Match	HMHMCP751594	202,496	1,906	4,526	29,302	238,230
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH Trlage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	22,499	212	503	3,256	26,470
MH COUNTY - General Fund (unmatched)	HMHMCP751594	41,298	389	923	5,976	48,586
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		491,288	4,625	10,981	71,092	577,986
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		491,288	4,625	10,981	71,092	577,986
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		491,288	4,625	10,981	71,092	577,986
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
Units of Service:	188,233	2,290	2,830	14,749	-	
Unit Type:	#REF!	#REF!	#REF!	#REF!	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	Total UDC:
Unduplicated Clients (UDC):	12	12	12	12	0	12

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-2b, page 2

	TOTAL		General Fund HMHMCP751594									
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Nurses	0.80	\$ 54,207.00	0.80	54,207	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.40	\$ 28,366.00	0.40	28,366	0.00	0	0.00	0	0.00	0	0.00	0
Therapist & Care Manager	0.40	\$ 21,892.00	0.40	21,892	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.12	\$ 7,027.00	0.12	7,027	0.00	0	0.00	0	0.00	0	0.00	0
Nursing Supervisor	0.12	\$ 10,761.00	0.12	10,761	0.00	0	0.00	0	0.00	0	0.00	0
Care Coordinator	0.73	\$ 36,524.00	0.73	36,524	0.00	0	0.00	0	0.00	0	0.00	0
Family Specialist	3.59	\$ 126,346.00	3.59	126,346	0.00	0	0.00	0	0.00	0	0.00	0
Intake Director	0.06	\$ 6,315.00	0.06	6,315	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0				

<b>Employee Fringe Benefits:</b>	30%	\$	87,431.00	30%	\$87,431	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$378,869**

**\$378,869**

**\$0**

**\$0**

**\$0**

\$0

Q

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Appendix #: B-2b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

0

Expenditure Category	TOTAL	General Fund HMMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 9,739.00	9,739	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 8,714.00	8,714	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement	\$ 22,366.00	22,366	0	0	0	0
	\$ -	0	0	0	0	0
		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Food	\$ 23,047.00	23,047	0	0	0	0
Computer Supplies	\$ 13,412.00	13,412	0	0	0	0
Client Incentives	\$ 8,500.00	8,500	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 19,453.00	19,453	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$105,231</b>	<b>\$105,231</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

# DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-2b, page 4

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	16,792	16,792
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$16,792

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	1,704	1,704
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$1,704

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$18,496

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-3, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	MH Partnership	MH Partnership	MH Partnership	MH Partnership	
Program Code (formerly Reporting Unit):	8858ED	8858ED	8858ED	8858ED	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/60-69	45/20-29	
Service Description:	#REF!	#REF!	#REF!	#REF!	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	68,923	2,112	4,224	30,353	105,612
Operating Expenses:	19,143	587	1,173	8,431	29,334
Capital Expenses (greater than \$5,000):	3,365	103	206	1,482	5,156
Subtotal Direct Expenses:	91,431	2,802	5,603	40,266	140,102
Indirect Expenses:	13,714	420	841	6,040	21,015
TOTAL FUNDING USES:	105,145	3,222	6,444	46,306	161,117
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
	Index Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	37,975	1,164	2,327	16,724
MH STATE - EPSDT State Match	HMHMCP751594	34,178	1,047	2,095	15,051
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH Trlage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-
MH Reallignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	3,797	116	233	1,673
MH COUNTY - General Fund (unmatched)	HMHMCP751594	29,195	895	1,789	12,858
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		105,145	3,222	6,444	46,306
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	CFDA #				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	CFDA #				
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		105,145	3,222	6,444	46,306
<b>NON-DPH FUNDING SOURCES</b>					
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		105,145	3,222	6,444	46,306
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
Units of Service:	62,961	2,983	1,545	681	
Unit Type:	#REF!	#REF!	#REF!	#REF!	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	1.67	1.08	4.17	68.02	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	1.67	1.08	4.17	68.02	0.00
Published Rate (Medi-Cal Providers Only):	1.67	1.08	4.17	68.02	0.00
Unduplicated Clients (UDC):	30	20	4	28 Classrooms	0
					30

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-3, page 2

	TOTAL		General-Fund HMHMCP751594									
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Clinician	1.31	\$ 73,251.00	1.31	73,251	0.00	0	0.00	0	0.00	0	0.00	0
Behavioral Health Director	0.08	\$ 7,989.00	0.08	7,989	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	1.39	\$81,240	1.39	\$81,240	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30%	\$ 24,372.00	30%	\$24,372	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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TOTAL SALARIES & BENEFITS

\$105,612	\$105,612	\$0	\$0	\$0	\$0
\$0					

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-3, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 13,332.00	13,332	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 623.00	623	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 2,498.00	2,498	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Food	\$ 874.00	874	0	0	0	0
Telecommunication	\$ 1,499.00	1,499	0	0	0	0
Educational Supplies	\$ 1,249.00	1,249	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 9,259.00	9,259	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$29,334</b>	<b>\$29,334</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					



## DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-3, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	4,681	4,681
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

\$4,681

### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	475	475
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

\$475

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$5,156

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #:	B-4, page 1
Provider Name: Edgewood Center for Children and Families					Document Date:	7/1/2014
Provider Number: 8858					Fiscal Year:	2014-2015
Program Name:	Behavioral Health OP	Behavioral Health OP	Behavioral Health OP	Behavioral Health OP		
Program Code (formerly Reporting Unit):	885814	885814	885814	885814		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69		
Service Description:	#REF!	#REF!	#REF!	#REF!		TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	527,373	24,981	1,388	1,388	-	555,130
Operating Expenses:	146,479	6,938	385	385	-	154,187
Capital Expenses (greater than \$5,000):	25,744	1,220	68	68	-	27,100
Subtotal Direct Expenses:	699,596	33,139	1,841	1,841	-	736,417
Indirect Expenses:	104,940	4,971	276	276	-	110,463
<b>TOTAL FUNDING USES:</b>	<b>804,536</b>	<b>38,110</b>	<b>2,117</b>	<b>2,117</b>	-	<b>846,880</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	386,032	18,286	1,016	1,016	406,350
MH STATE - EPSDT State Match	HMHMCP751594	347,430	16,457	914	914	365,715
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH Trilage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	38,602	1,829	102	102	40,635
MH COUNTY - General Fund (unmatched)	HMHMCP751594	32,472	1,538	85	85	34,180
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>804,536</b>	<b>38,110</b>	<b>2,117</b>	<b>2,117</b>	<b>846,880</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
	CFDA #					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
	CFDA #					
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>804,536</b>	<b>38,110</b>	<b>2,117</b>	<b>2,117</b>	<b>846,880</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>804,536</b>	<b>38,110</b>	<b>2,117</b>	<b>2,117</b>	<b>846,880</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS		
Units of Service:	308,251	18,866	546	439	-	
Unit Type:	#REF!	#REF!	#REF!	#REF!	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00	
Unduplicated Clients (UDC):	100	10	10	15	0	100

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14Appendix #: B-4, page 2

**#REF!**

	TOTAL		General Fund HMHMCP751594									
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Regional Director	0.13	\$ 22,706.00	0.13	22,706	0.00	0	0.00	0	0.00	0	0.00	0
Medical Director	0.16	\$ 31,432.00	0.16	31,432	0.00	0	0.00	0	0.00	0	0.00	0
Clinical Supervision	0.85	\$ 63,543.00	0.85	63,543	0.00	0	0.00	0	0.00	0	0.00	0
Family Support Director	0.21	\$ 24,184.00	0.21	24,184	0.00	0	0.00	0	0.00	0	0.00	0
Clinician	3.19	\$ 185,237.00	3.19	185,237	0.00	0	0.00	0	0.00	0	0.00	0
Administrative Support	0.80	\$ 44,880.00	0.80	44,880	0.00	0	0.00	0	0.00	0	0.00	0
Research Associate	0.30	\$ 22,354.00	0.30	22,354	0.00	0	0.00	0	0.00	0	0.00	0
QA Manager	0.53	\$ 32,687.00	0.53	32,687	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	6.17	\$427,023	6.17	\$427,023	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$	128,107.00	30%	\$128,107	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$555,130**

**\$555,130**

**\$0**

**\$0**

**\$0**

**\$0**

0

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-4, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 70,766.00	70,766	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 3,211.00	3,211	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 15,486.00	15,486	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 8,495.00	8,495	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 38,441.00	38,441	0	0	0	0
Computer Supplies	\$ 5,310.00	5,310	0	0	0	0
Client Incentives/Supplies	\$ 8,938.00	8,938	0	0	0	0
Food	\$ 3,540.00	3,540	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$154,187</b>	<b>\$154,187</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\$0

# DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-1, page 1

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	24,603	24,603
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$24,603

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,497	2,497
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$2,497

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$27,100

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-5, page 1  
 Document Date: 7/1/2014  
 Fiscal Year: 2014-2015

Program Name:	TBS	TBS				
Program Code (formerly Reporting Unit):	885818	885818				
Mode/SFC (MH) or Modality (SA)	15/58	15/01-09				
Service Description:	#REF!	#REF!				TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15				
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	468,175	4,729	-	-	-	472,904
Operating Expenses:	130,036	1,313	-	-	-	131,349
Capital Expenses (greater than \$5,000):	22,855	231	-	-	-	23,086
Subtotal Direct Expenses:	621,066	6,273	-	-	-	627,339
Indirect Expenses:	93,160	941	-	-	-	94,101
TOTAL FUNDING USES:	714,226	7,214	-	-	-	721,440
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	343,293	3,467	-	-	346,760
MH STATE - EPSDT State Match	HMHMCP751594	308,963	3,121	-	-	312,084
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	34,329	347	-	-	34,676
MH COUNTY - General Fund (unmatched)	HMHMCP751594	27,641	279	-	-	27,920
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		714,226	7,214	-	-	721,440
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		714,226	7,214	-	-	721,440
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		714,226	7,214	-	-	721,440
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS				
Units of Service:	273,650	3,571	-	-	-	
Unit Type:	#REF!	#REF!	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	0.00	0.00	0.00	
Unduplicated Clients (UDC):	45	45	0	0	0	45

Appendix #: B-5, page 2[illegible]

Employee Fringe Benefits:	30%	\$ 109,132.00	30%	\$109,132	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$472,904</b>		<b>\$472,904</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>		<b>\$0</b>

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-5, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 70,341	70,341	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 1,778	1,778	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 7,831	7,831	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ 8,243	8,243	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
		0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 24,839	24,839	0	0	0	0
Client Incentives	\$ 4,579	4,579	0	0	0	0
Food	\$ 3,053	3,053	0	0	0	0
Telecommunications	\$ 6,106	6,106	0	0	0	0
Computer Supplies	\$ 4,579	4,579	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$131,349</b>	<b>\$131,349</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

46081

1165

5130

5400

16272

3000

2000

4000

3000



## DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-5, page 4

### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	20,959	20,959
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

\$20,959

### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	2,127	2,127
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

\$2,127

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$23,086

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families

Contract Appendix #: B-6, page 1

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/2014

Provider Number: 8858

Fiscal Year: 2014-2015

Program Name:	Wraparound	Wraparound	Wraparound	Wraparound	Wraparound	Wraparound	
Program Code (formerly Reporting Unit):	885819	885819	885819	885819	885819	885819	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	15/07	15/57	
Service Description:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	66,120	33,060	16,531	16,531	66,119	132,239	330,600
Operating Expenses:	18,365	9,182	4,591	4,591	18,365	36,730	91,824
Capital Expenses (greater than \$5,000):	3,227	1,614	807	807	3,228	6,456	16,139
Subtotal Direct Expenses:	87,712	43,856	21,929	21,929	87,712	175,425	438,563
Indirect Expenses:	13,157	6,579	3,289	3,289	13,157	26,314	65,785
<b>TOTAL FUNDING USES:</b>	<b>100,869</b>	<b>50,435</b>	<b>25,218</b>	<b>25,218</b>	<b>100,869</b>	<b>201,739</b>	<b>504,348</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>Index Code:</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	50,003	25,002	12,501	12,501	50,003	25,002
MH STATE - EPSDT State Match	HMHMCP751594	46,399	23,200	11,600	11,600	46,399	23,200
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	3,513	1,756	878	878	3,512	1,756
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	91	46	23	23	92	45
MH COUNTY - General Fund (unmatched)	HMHMCP751594	810	405	203	203	810	405
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	53	26	13	13	53	26
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>100,869</b>	<b>50,435</b>	<b>25,218</b>	<b>25,218</b>	<b>100,869</b>	<b>504,348</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>CFDA #</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>CFDA #</b>						
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>100,869</b>	<b>50,435</b>	<b>25,218</b>	<b>25,218</b>	<b>100,869</b>	<b>504,348</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>100,869</b>	<b>50,435</b>	<b>25,218</b>	<b>25,218</b>	<b>100,869</b>	<b>504,348</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	38,647	24,968	6,499	5,232	49,935	77,295	
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only):	2.61	2.02	3.88	4.82	2.02	2.61	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	2.02	2.61	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	2.02	2.61	
Unduplicated Clients (UDC):	15	15	15	15	15	15	15

Appendix #: B-6, page 2

**\$0**

**\$0**

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Appendix #: B-6, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 36,938.00	36,938	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 1,963.00	1,963	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-Local & Out of Town	\$ 26,184.00	26,184	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 25,648.00	25,648	0	0	0	0
Food	\$ 1,091.00	1,091	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$91,824</b>	<b>\$91,824</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\$0

### DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-6, page 4

#### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	14,652	14,652
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

\$14,652

#### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	1,487	1,487
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

\$1,487

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$16,139

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-7, page 1  
 Document Date: 7/1/2014  
 Fiscal Year: 2014-2015

Program Name:	Educational Assessments					
Program Code (formerly Reporting Unit):	NA					
Mode/SFC (MH) or Modality (SA)	45/20-29					
Service Description:	Assessment					TOTAL
FUNDING TERM:	7/1/14-6/30/15					
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	11,144	-	-	-	-	11,144
Operating Expenses:	3,095	-	-	-	-	3,095
Capital Expenses (greater than \$5,000):	544	-	-	-	-	544
Subtotal Direct Expenses:	14,783	-	-	-	-	14,783
Indirect Expenses:	2,217	-	-	-	-	2,217
TOTAL FUNDING USES:	17,000	-	-	-	-	17,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-				
MH STATE - EPSDT State Match	HMHMCP751594	-				
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-				
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-				
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-				
MH Trilage Grant	HMHMCHGRANTS	-				
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-				
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-				
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	17,000				17,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-				
MH Realignment	HMHMCP751594	-				
MH COUNTY - General Fund (matched)	HMHMCP751594	-				
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-				
MH COUNTY - General Fund CODB	HMHMCP751594	-				
MH COUNTY - General Fund WO CODB	HMHMCP751594	-				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		17,000	-	-	-	17,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		17,000	-	-	-	17,000
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		17,000	-	-	-	17,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS					
Units of Service:	200	-	-	-	-	
Unit Type:	#REF!	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	85.00	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	85.00	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	85.00	0.00	0.00	0.00	0.00	Total UDC:
Unduplicated Clients (UDC):	35	0	0	0	0	35

### DPH 3: Salaries & Benefits Detail

Provider Number: 8858

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-7, page 2

	TOTAL						SB 163 HMHNSB163ACP					
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Education Director	0.16	\$ 3,214.00	0.00	0	0.00	0	0.16	3,214	0.00	0	0.00	
Educational Specialist	0.16	\$ 5,358.00	0.00	0	0.00	0	0.16	5,358	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	0.32	\$8,572	0.00	\$0	0.00	\$0	0.32	\$8,572	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$	2,572.00	#DIV/0!	\$0	#DIV/0!	\$0	30%	\$2,572	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$11,144**

**\$0**

**\$0**

**\$11,144**

**\$0**

**\$0**

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Appendix #: B-7, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	SB 163 HMHNSB163ACP				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ -	0	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 2,011.00	2,011	0	0	0	0
Education Supplies	\$ 1,084.00	1,084	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0

**TOTAL OPERATING EXPENSE**

**\$3,095**

**\$3,095**

**\$0**

**\$0**

**\$0**

**\$0**

**\$0**



# DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-7, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	494	494
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$494

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	50	50
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$50

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$544

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families  
 Provider Name: Edgewood Center for Children and Families  
 Provider Number: 8858

Contract Appendix #: B-8, page 1  
 Document Date: 7/1/2014  
 Fiscal Year: 2014-2015

Program Name:	PIP MH Consultation					
Program Code (formerly Reporting Unit):	NA					
Mode/SFC (MH) or Modality (SA):	45/20-29					
Service Description:	PIP Play Sessions					
FUNDING TERM:	7/1/14-6/30/15					TOTAL
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	33,431	-	-	-	-	33,431
Operating Expenses:	9,285	-	-	-	-	9,285
Capital Expenses (greater than \$5,000):	1,632	-	-	-	-	1,632
Subtotal Direct Expenses:	44,348	-	-	-	-	44,348
Indirect Expenses:	6,652	-	-	-	-	6,652
TOTAL FUNDING USES:	51,000	-	-	-	-	51,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
	Index Code					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-
MH Trlage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	51,000	-	-	-	51,000
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		51,000	-	-	-	51,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
	CPDA#					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
	CPDA#					
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		51,000	-	-	-	51,000
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		51,000	-	-	-	51,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (If applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS					
Units of Service:	1,558	-	-	-	-	
Unit Type:	#REF!	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	32.73	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	32.73	0.00	0.00	0.00	0.00	
Published Rate (Medi-Cal Providers Only):	32.73	0.00	0.00	0.00	0.00	
Unduplicated Clients (UDC):	352	0	0	0	0	352
<b>Total UDC:</b>						

Appendix #: B-8, page 2

	TOTAL				MHSA Prop 63 HMMMPROP63							
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
School Based Programs Manager	0.40	\$ 23,816.00	0.00	0	0.40	23,816	- 0.00	0	0.00	0	0.00	
Regional Manager	0.02	\$ 1,900.00	0.00	0	0.02	1,900	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	0.42	\$25,716	0.00	\$0	0.42	\$25,716	0.00	\$0	0.00	\$0	0.00	\$0

**\$0**

0

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-8, page 3

Expenditure Category	TOTAL		MHSA Prop 63 HMHMPROP63			
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 2,307.00	0	2,307	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 213.00	0	213	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Depreciation	\$ 1,509.00	0	1,509	0	0	0
Telecommunications	\$ 1,704.00	0	1,704	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 3,552.00	0	3,552	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$9,285</b>	<b>\$0</b>	<b>\$9,285</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

# DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-8, page 4

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	1,482	1,482
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

**\$1,482**

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	150	150
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

**\$150**

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

**\$1,632**

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families Provider Name: Edgewood Center for Children and Families Provider Number: 8858						Contract Appendix #: B-9, page 1a Document Date: 7/1/2014 Fiscal Year: 2014-2015
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	15,270	12,216	18,509	2,313	2,036	5,090
Operating Expenses:	4,241	3,393	5,141	643	565	1,414
Capital Expenses (greater than \$5,000):	745	596	904	113	100	248
Subtotal Direct Expenses:	20,256	16,205	24,554	3,069	2,701	6,752
Indirect Expenses:	3,039	2,431	3,683	460	405	1,013
TOTAL FUNDING USES:	23,295	18,636	28,237	3,529	3,106	7,765
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	14,069	11,255	17,053	2,131	1,876
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	9,226	7,381	11,184	1,398	1,230
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	23,295	18,636	28,237	3,529	3,106	7,765
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	23,295	18,636	28,237	3,529	3,106	7,765
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	23,295	18,636	28,237	3,529	3,106	7,765
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS
Units of Service:	311	248	376	47	41	104
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	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	75.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	75.00	75.00	75.00
Unduplicated Clients (UDC):	40	40	40	40	40	40

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #: B-9, page 1b
Provider Name: Edgewood Center for Children and Families						Document Date: 7/1/2014
Provider Number: 8858 continued						Fiscal Year: 2014-2015
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family	Outreach Svcs MH Services Group (5% Cap)
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FUNDING USES</b>						<b>TOTAL</b>
Salaries & Employee Benefits:	4,627	2,776	4,905	8,238	2,776	4,535
Operating Expenses:	1,285	771	1,362	2,288	771	1,260
Capital Expenses (greater than \$5,000):	226	136	239	402	136	221
Subtotal Direct Expenses:	6,138	3,683	6,506	10,928	3,683	6,016
Indirect Expenses:	921	552	977	1,639	552	902
<b>TOTAL FUNDING USES:</b>	<b>7,059</b>	<b>4,235</b>	<b>7,483</b>	<b>12,567</b>	<b>4,235</b>	<b>6,918</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	4,263	2,558	4,518	7,590	2,558
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	2,796	1,677	2,965	4,977	1,677
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>7,059</b>	<b>4,235</b>	<b>7,483</b>	<b>12,567</b>	<b>4,235</b>	<b>6,918</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>7,059</b>	<b>4,235</b>	<b>7,483</b>	<b>12,567</b>	<b>4,235</b>	<b>6,918</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>7,059</b>	<b>4,235</b>	<b>7,483</b>	<b>12,567</b>	<b>4,235</b>	<b>6,918</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS
Units of Service:	94	56	100	114	56	63
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	75.00	75.00	75.00	110.00	75.00	110.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	75.00	75.00	75.00	110.00	75.00	110.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	110.00	75.00	110.00
Unduplicated Clients (UDC):	100	50	80	80	100	75

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

Appendix #: B-9, page 2

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14

	TOTAL		MHSA Prop 63 HMHMPROP63		Work Order #1 HSA HMHMCHCDHSWO		Work Order #2 DCYF HMHMCHDCYFWO		Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO		General Fund CODB HMHMCP751594	
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Behavioral Health Director	0.03	\$ 3,569.00	0.00	0	0.02	2,121	0.01	1,448	0.00	0	0.00	0
Director of Research	0.05	\$ 3,914.00	0.00	0	0.03	2,325	0.02	1,589	0.00	0	0.00	0
Mental Health Consultant	0.17	\$ 9,187.00	0.00	0	0.10	5,458	0.07	3,729	0.00	0	0.00	0
Mental Health Consultant	0.32	\$ 19,156.00	0.00	0	0.20	11,405	0.12	7,751	0.00	0	0.00	0
Clinician	0.32	\$ 17,383.00	0.00	0	0.20	11,004	0.12	6,379	0.00	0	0.00	0
Mental Health Consultant	0.32	\$ 17,979.00	0.00	0	0.20	10,681	0.12	7,298	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	1.21	\$71,188	0.00	\$0	0.75	\$42,994	0.46	\$28,194	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$21,357	#DIV/0!	\$0	30%	\$12,899	30%	\$8,458	#DIV/0!	\$0	#DIV/0!	\$0
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$92,545</b>		<b>\$0</b>		<b>\$55,893</b>		<b>\$36,652</b>		<b>\$0</b>		<b>\$0</b>



**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9, page 3

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Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO	General Fund CODB HMHMCP751594
	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13	7/1/13-10/31/13
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 1,051.00	0	731	320	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 2,261.00	0	1,461	800	0	0
Staff Travel-(Local & Out of Town)	\$ 326.00	0	219	107	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Educational Supplies	\$ 1,377.00	0	950	427	0	0
Computer Purchase	\$ 4,675.00	0	3,288	1,387	0	0
Telecommunications	\$ 651.00	0	438	213	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 15,363.00	0	8,437	6,926	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$25,704</b>	<b>\$0</b>	<b>\$15,524</b>	<b>\$10,180</b>	<b>\$0</b>	<b>\$0</b>
	\$0					

## DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-9, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	2,478	2,478
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	1,624	1,624
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

**\$4,102**

### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	251	251
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	165	165
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

**\$416**

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

**\$4,518**

**0**

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-9a, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Program Development	Program Development	Program Development	Program Development	Program Development
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	8,160	100,914	71,756	22,330	11,837
Operating Expenses:	1,583	19,580	13,923	4,333	2,296
Capital Expenses (greater than \$5,000):	1,082	13,376	9,511	2,959	1,568
Subtotal Direct Expenses:	10,825	133,870	95,190	29,622	15,701
Indirect Expenses:	1,623	20,079	14,278	4,444	2,357
<b>TOTAL FUNDING USES:</b>	<b>12,448</b>	<b>153,949</b>	<b>109,468</b>	<b>34,066</b>	<b>18,058</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	152,174	-	-
MH Trlage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	109,468	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	34,066	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHFPAPWO	-	-	-	18,058
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	12,448	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	1,775	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>12,448</b>	<b>153,949</b>	<b>109,468</b>	<b>34,066</b>	<b>18,058</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>	<b>12,448</b>	<b>153,949</b>	<b>109,468</b>	<b>34,066</b>	<b>18,058</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>	-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>12,448</b>	<b>153,949</b>	<b>109,468</b>	<b>34,066</b>	<b>18,058</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	CR	CR	CR
Units of Service:	113	1,400	995	310	164
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	110.00	110.00	110.00	110.00	110.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	110.00	110.00	110.00	110.00	110.00
Published Rate (Medi-Cal Providers Only):	110.00	110.00	110.00	110.00	110.00
Unduplicated Clients (UDC):	75.00	75.00	75.00	75.00	75.00

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9a, page 2

	TOTAL		MHSA Prop 63 HMHMPROP63		WO#1 HSA / GF CODB HMCHCDHSWO HMMCP751594		Work Order #2 DCYF HMCHDCYFWO		Workorder #3 SFCFC HMCHSRIPW		Workorder #4 SFCFC HMCHFPAPWO	
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Sal
Behavioral Health Director	0.61	\$ 26,509.00	0.02	1006.00	0.29	12445.00	0.21	8848.00	0.06	2751.00	0.03	1459.00
Director of Research	0.06	\$ 2,705.00	0.00	103.00	0.03	1269.00	0.02	903.00	0.01	281.00	0.00	149.00
Supervisors	0.89	\$ 24,048.00	0.03	913.00	0.42	11287.00	0.30	8026.00	0.09	2498.00	0.05	1324.00
Mental Health Consultants	0.43	\$ 12,225.00	0.02	464.00	0.20	5738.00	0.14	4080.00	0.05	1270.00	0.02	673.00
Clinicians	3.57	\$ 96,954.00	0.14	3680.00	1.67	45507.00	1.19	32359.00	0.37	10070.00	0.20	5338.00
HR Specialist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.00
QA Specialist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.00
IT Specialist	0.03	\$ 980.00	0.00	37.00	0.02	460.00	0.01	327.00	0.00	102.00	0.00	54.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
	0.00	\$ -	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Totals:	5.65	\$165,381	0.21	\$6,277	2.67	\$77,626	1.89	\$55,197	0.58	\$17,176	0.30	\$9,105

<b>Employee Fringe Benefits:</b>	30%	\$49,616	30%	\$1,883	30%	\$23,288	30%	\$16,559	30%	\$5,154	30%	\$2,732
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$214,997</b>		<b>\$8,160</b>		<b>\$100,914</b>		<b>\$71,756</b>		<b>\$22,330</b>		<b>\$11,837</b>

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9a, page 3

Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	WO#1 HSA / GF CODB HMHMCHCDHSWO HMHMCP751594	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3 SFCFC HMHMCHSRIPW	Workorder #4 SFCFC HMHMCHPFAPWO		
	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14		
Occupancy (Based on Square Feet used)	\$ 6,342.00	242	2,985	2,125	661	329		
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 4,225.00	161	1,990	1,417	438	219		
Office Supplies, Postage	\$ 736.00	29	355	214	71	67	300	100
Building Maintenance Supplies and Repair	\$ 5,280.00	201	2,487	1,771	547	274		
Printing and Reproduction	\$ -	0	0	0	0	0		
Insurance	\$ -	0	0	0	0	0		
Staff Training	\$ 1,646.00	57	711	534	177	167	750	250
Staff Travel-Local & Out of Town	\$ 255.00	9	107	71	35	33	100	50
Rental of Equipment	\$ -	0	0	0	0	0		
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
Other:		0	0	0	0	0		
Educational Supplies	\$ 705.00	27	332	236	73	37	400	150
Computer Purchase	\$ 6,337.00	241	2,985	2,125	657	329	1300	450
Telecommunications	\$ 5,633.00	215	2,653	1,889	584	292	200	100
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 10,556.00	401	4,975	3,541	1,090	549	6492	4291
	\$ -	0	0	0	0	0		
	\$ -	0	0	0	0	0		
<b>TOTAL OPERATING EXPENSE</b>	<b>\$41,715</b>	<b>\$1,583</b>	<b>\$19,580</b>	<b>\$13,923</b>	<b>\$4,333</b>	<b>\$2,296</b>		
	\$0							

## DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-9a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Computer Equipment - see DPH 7	1	tbd	General Fund	0	
Shared costs - Computer Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Computer Equipment - see DPH 7	1	tbd	MHSA Prop 63/GF CODB	1,045	1,045
Shared costs - Computer Equipment - see DPH 7	1	tbd	Work Order #1 HSA	12,921	12,921
Shared costs - Computer Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	9,188	9,188
Shared costs - Computer Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	2,859	2,859
Shared costs - Computer Equipment - see DPH 7	1	tbd	Workorder #4 SFCFC	1,515	1,515
				0	0

**Total Equipment Cost**

\$27,528

### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	37	37
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	455	455
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	323	323
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	100	100
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #4 SFCFC	53	53

**Total Remodeling Cost**

\$968

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$28,496

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #:
Provider Name: Edgewood Center for Children and Families						Document Date:
Provider Number: 8858						Fiscal Year:
Program Name:	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):	NA	NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:	Outreach Svcs Consultation Indiv	Outreach Svcs Consultation Group	Outreach Svcs Consultation Observ	Outreach Svcs Staff Training	Outreach Svcs Parent Trn/Supp Grp	Outreach Svcs Early Ref/Linkage
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FUNDING USES</b>						
Salaries & Employee Benefits:	13,291	10,633	16,649	2,014	1,772	4,430
Operating Expenses:	3,691	2,953	4,624	559	492	1,230
Capital Expenses (greater than \$5,000):	649	519	813	98	86	217
Subtotal Direct Expenses:	17,631	14,105	22,086	2,671	2,350	5,877
Indirect Expenses:	2,645	2,116	3,312	401	353	881
<b>TOTAL FUNDING USES:</b>	<b>20,276</b>	<b>16,221</b>	<b>25,398</b>	<b>3,072</b>	<b>2,703</b>	<b>6,758</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	10,551	8,441	13,217	1,599	1,407
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	6,920	5,536	8,668	1,048	922
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	1,320	1,056	1,653	200	176
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	660	528	827	100	88
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	825	660	1,033	125	110
MH Realignment	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>20,276</b>	<b>16,221</b>	<b>25,398</b>	<b>3,072</b>	<b>2,703</b>	<b>6,758</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>	<b>20,276</b>	<b>16,221</b>	<b>25,398</b>	<b>3,072</b>	<b>2,703</b>	<b>6,758</b>
<b>NON-DPH FUNDING SOURCES</b>						
<b>TOTAL NON-DPH FUNDING SOURCES</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>	<b>20,276</b>	<b>16,221</b>	<b>25,398</b>	<b>3,072</b>	<b>2,703</b>	<b>6,758</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)	FFS	FFS	FFS	FFS	FFS	FFS
Units of Service:	270	216	339	41	36	90
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	75.00	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	75.00
Published Rate (Medi-Cal Providers Only):	75.00	75.00	75.00	75.00	75.00	75.00
Unduplicated Clients (UDC):	40	40	40	40	40	40

DMH Legal Entity Name (MH)/Contractor Name (SA):		B-9b, page 1a
Provider Name:		7/1/2014
Provider Number:		2014-2015
Program Name:		ECMHCI
Program Code (formerly Reporting Unit):		NA
Mode/SFC (MH) or Modality (SA):		45/10-19
Service Description:		Outreach Svcs Consultant Train/Supv (10% Cap)
FUNDING TERM:		7/1/14-6/30/15
<b>FUNDING USES</b>		
Salaries & Employee Benefits:		8,055
Operating Expenses:		2,237
Capital Expenses (greater than \$5,000):		393
Subtotal Direct Expenses:		10,685
Indirect Expenses:		1,603
TOTAL FUNDING USES:		12,288
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		
	Index Code	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-
MH STATE - EPSDT State Match	HMHMCP751594	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	6,394
MH Trriage Grant	HMHMCHGRANTS	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	4,194
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	800
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	400
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	500
MH Realignment	HMHMCP751594	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-
MH COUNTY - General Fund CODB	HMHMCP751594	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		12,288
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		
CFDA #		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		
CFDA #		
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-
TOTAL DPH FUNDING SOURCES		12,288
<b>NON-DPH FUNDING SOURCES</b>		
TOTAL NON-DPH FUNDING SOURCES		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		12,288
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>		
Number of Beds Purchased (if applicable)		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program		
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS
Units of Service:		164
Unit Type:		#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		75.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		75.00
Published Rate (Medi-Cal Providers Only):		75.00
Unduplicated Clients (UDC):		40



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

DMH Legal Entity Name (MH)/Contractor Name (SA):		Contract Appendix #:				
Provider Name:		Document Date:				
Provider Number: 8858		Fiscal Year:				
Program Name:		ECMHCI	ECMHCI	ECMHCI	ECMHCI	ECMHCI
Program Code (formerly Reporting Unit):		NA	NA	NA	NA	NA
Mode/SFC (MH) or Modality (SA):		45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description:		Outreach Svcs Evaluation (5% Cap)	Outreach Svcs Systems Work (5% Cap)	Outreach Svcs Early Interv Indiv	Outreach Svcs Early Interv Group (15% Cap)	Outreach Svcs MH Services Indiv/Family
FUNDING TERM:		7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FUNDING USES</b>						
Salaries & Employee Benefits:		4,027	2,416	4,269	7,894	2,416
Operating Expenses:		1,119	671	1,186	2,193	671
Capital Expenses (greater than \$5,000):		197	118	208	385	118
Subtotal Direct Expenses:		5,343	3,205	5,663	10,472	3,205
Indirect Expenses:		801	481	850	1,571	481
TOTAL FUNDING USES:		6,144	3,686	6,513	12,043	4,100
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
MH FED - SDMC Regular FFP (50%)		HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match		HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal		HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)		HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	3,197	1,918	3,389	2,134
MH Trilage Grant		HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO	2,097	1,258	2,223	1,399
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHSRIPWO	400	240	424	267
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHPFAPWO	200	120	212	133
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI		HMHMPROP63	250	150	265	167
MH Realignment		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund CODB		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB		HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		6,144	3,686	6,513	12,043	4,100
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		6,144	3,686	6,513	12,043	4,100
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		6,144	3,686	6,513	12,043	4,100
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS	FFS	FFS
Units of Service:		82	49	87	109	37.27
Unit Type:		#REF!	#REF!	#REF!	#REF!	#REF!
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		75.00	75.00	75.00	110.00	110.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		75.00	75.00	75.00	110.00	110.00
Published Rate (Medi-Cal Providers Only):		75.00	75.00	75.00	110.00	110.00
Unduplicated Clients (UDC):		100	50	80	80	75

DMH Legal Entity Name (MH)/Contractor Name (SA):		B-9b, page 1b
Provider Name:		7/1/2014
Provider Number:		2014-2015
Program Name:		
Program Code (formerly Reporting Unit):		
Mode/SFC (MH) or Modality (SA)		
Service Description:		TOTAL
FUNDING TERM:		
<b>FUNDING USES</b>		
Salaries & Employee Benefits:		80,553
Operating Expenses:		22,374
Capital Expenses (greater than \$5,000):		3,932
Subtotal Direct Expenses:		106,859
Indirect Expenses:		16,029
<b>TOTAL FUNDING USES:</b>		<b>122,888</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>		
	Index Code	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-
MH STATE - EPSDT State Match	HMHMCP751594	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	63,949
MH Triage Grant	HMHMCHGRANTS	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	41,939
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	8,000
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPPAPWO	4,000
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	5,000
MH Realignment	HMHMCP751594	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-
MH COUNTY - General Fund CODB	HMHMCP751594	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>122,888</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		
	CFDA #	
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		<b>-</b>
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		
	CFDA #	
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>		<b>122,888</b>
<b>NON-DPH FUNDING SOURCES</b>		
<b>TOTAL NON-DPH FUNDING SOURCES</b>		<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>122,888</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>		
Number of Beds Purchased (if applicable)		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program		
Cost Reimbursement (CR) or Fee-For-Service (FFS):		
Units of Service:		
Unit Type:		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		
Published Rate (Medi-Cal Providers Only):		
Unduplicated Clients (UDC): 0		

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9b, page 2

	TOTAL		MHSA Prop 63 HMHMPROP63		Work Order #1 HSA HMHMCHCDHSWO		Work Order #2 DCYF HMHMCHDCYFWO		Workorder #3 SFCFC HMHMCHSRIPW HMHMCHPFAPWO		General Fund CODB HMHMCP751594	
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Behavioral Health Director	0.71	\$ 10,113.00	0.03	411	0.37	5,264	0.24	3,450	0.07	988	0.00	
Director of Research	0.08	\$ 1,032.00	0.00	42	0.04	537	0.03	352	0.01	101	0.00	0
Supervisors	1.02	\$ 9,173.00	0.04	373	0.53	4,775	0.35	3,129	0.10	896	0.00	0
Mental Health Consultants	0.50	\$ 4,663.00	0.02	190	0.26	2,427	0.17	1,591	0.05	455	0.00	0
Clinician	4.08	\$ 36,983.00	0.17	1,505	2.12	19,251	1.39	12,615	0.40	3,612	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	6.39	\$61,964	0.26	\$2,521	3.32	\$32,254	2.18	\$21,137	0.63	\$6,052	0.00	\$0

Employee Fringe Benefits:	30%	\$18,589	30%	756	30%	\$9,676	30%	\$6,341	30%	\$1,816	#DIV/0!	\$0
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$80,553</b>	<b>\$3,277</b>		<b>\$41,930</b>		<b>\$27,478</b>		<b>\$7,868</b>			<b>\$0</b>

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Appendix #: B-9b, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

0

Expenditure Category	TOTAL	MHSA Prop 63 HMHMPROP63	Work Order #1 HSA HMHMCHCDHSWO	Work Order #2 DCYF HMHMCHDCYFWO	Workorder #3.SFCFC HMHMCHSRIPW HMHMCHPFAPWO	General Fund CODB HMHMCP751594
	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14	5/31/14-6/30/14
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 872.00	43	548	240	41	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 1,883.00	86	1,096	600	101	0
Staff Travel-(Local & Out of Town)	\$ 277.00	13	164	80	20	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Educational Supplies	\$ 1,149.00	56	712	320	61	0
Computer Purchase	\$ 3,881.00	193	2,466	1,040	182	0
Telecommunications	\$ 556.00	26	329	160	41	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 13,756.00	494	6,328	5,195	1,739	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$22,374</b>	<b>\$911</b>	<b>\$11,643</b>	<b>\$7,635</b>	<b>\$2,185</b>	<b>\$0</b>
	\$0					

## DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-9b, page 4

### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	145	145
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	1,857	1,857
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	1,218	1,218
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	349	349
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

**\$3,569**

### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	15	15
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	189	189
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	124	124
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	35	35

**Total Remodeling Cost**

**\$363**

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

**\$3,932**

**0**

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-10, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 7/1/2014	
Provider Number: 8858				Fiscal Year: 2014-2015	
Program Name:	School-Based Well Being	School-Based Well Being			
Program Code (formerly Reporting Unit):	NA	NA			
Mode/SFC (MH) or Modality (SA)	45/10-19	45/20-29			
Service Description:	#REF!	#REF!			
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15			TOTAL
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	752	99,540	-	-	100,292
Operating Expenses:	209	27,647	-	-	27,856
Capital Expenses (greater than \$5,000):	37	4,859	-	-	4,896
Subtotal Direct Expenses:	998	132,046	-	-	133,044
Indirect Expenses:	150	19,806	-	-	19,956
<b>TOTAL FUNDING USES:</b>	<b>1,148</b>	<b>151,852</b>	-	-	<b>153,000</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
	Index Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	1,148	151,852	-	153,000
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>1,148</b>	<b>151,852</b>	-	<b>153,000</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	CFDA #				
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	CFDA #				
<b>TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>1,148</b>	<b>151,852</b>	-	<b>153,000</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>1,148</b>	<b>151,852</b>	-	<b>153,000</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):					
Units of Service:	FFS	FFS			
	41	5,478	-	-	-
Unit Type:	#REF!	#REF!	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	27.72	27.72	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	27.72	27.72	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	27.72	27.72	0.00	0.00	0.00
Unduplicated Clients (UDC):	269	269	0	0	0
					<b>Total UDC:</b>
					269

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-10, page 2

#REF!

	TOTAL				#REF!							
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinician	0.03	\$ 2,123.00	0.00	0	0.03	2,123	0.00	0	0.00	0	0.00	0
Teacher Trainer	0.39	\$ 22,276.00	0.00	0	0.39	22,276	0.00	0	0.00	0	0.00	0
Mental Health Consultant	0.20	\$ 10,928.00	0.00	0	0.20	10,928	0.00	0	0.00	0	0.00	0
Behavioral Coach	0.47	\$ 18,420.00	0.00	0	0.47	18,420	0.00	0	0.00	0	0.00	0
PIP Child Aide	0.32	\$ 9,109.00	0.00	0	0.32	9,109	0.00	0	0.00	0	0.00	0
Family Resource Coordinator	0.39	\$ 14,292.00	0.00	0	0.39	14,292	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	1.80	\$77,148	0.00	\$0	1.80	\$77,148	0.00	\$0	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$	23,144.00	#DIV/0!	\$0	30%	\$23,144	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$100,292**

\$0.

**\$100,292**

**\$0**

**\$0**

**\$0**



**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-10, page 3

#REF!

Expenditure Category	TOTAL		Prop 63 PEI HMHMPROP63			
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ -	0	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 2,623.00	0	2,623	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ 2,188.00	0	2,188	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:		0	0	0	0	0
Client Supplies and Food	\$ 5,689.00	0	5,689	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 17,356.00	0	17,356	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$27,856</b>	<b>\$0</b>	<b>\$27,856</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\$0



# DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-10, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	0	0
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	4,445	4,445
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

Total Equipment Cost

\$4,445

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	451	451
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

Total Remodeling Cost

\$451

Total Capital Expenditure

(Equipment plus Remodeling Cost)

\$4,896

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-11, page 1	
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014	
Provider Number: 8858					Fiscal Year: 2014-2015	
Program Name:		YAMHC				
Program Code (formerly Reporting Unit):		NA				
Mode/SFC (MH) or Modality (SA)		45/10-19				
Service Description:		Cost Reimburse				
FUNDING TERM:		7/1/14-6/30/15				<b>TOTAL</b>
<b>FUNDING USES</b>						
Salaries & Employee Benefits:		205,916	-	-	-	205,916
Operating Expenses:		219,603	-	-	-	219,603
Capital Expenses (greater than \$5,000):		16,257	-	-	-	16,257
Subtotal Direct Expenses:		441,776	-	-	-	441,776
Indirect Expenses:		66,266	-	-	-	66,266
TOTAL FUNDING USES:		508,042	-	-	-	508,042
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
Index Code:						
MH FED - SDMC Regular FFP (50%)		HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match		HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal		HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)		HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency		HMHMCHCDHSWO	-	-	-	-
MH Triage Grant		HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families		HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)		HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		HMHINSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI		HMHMPROP63	433,500	-	-	433,500
MH Realignment		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)		HMHMCP751594	-	-	-	-
MH COUNTY - General Fund CODB		HMHMCP751594	74,542	-	-	74,542
MH COUNTY - General Fund WO CODB		HMHMCP751594	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		508,042	-	-	-	508,042
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
CFDA #						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>						
CFDA #						
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		508,042	-	-	-	508,042
<b>NON-DPH FUNDING SOURCES</b>						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		508,042	-	-	-	508,042
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS):		CR				
Units of Service:		6,240	-	-	-	-
Unit Type:		#REF!	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		81.42	0.00	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		0.00	0.00	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):		0.00	0.00	0.00	0.00	0.00
Unduplicated Clients (UDC):		500	0	0	0	500

### DPH 3: Salaries & Benefits Detail

**Provider Number:**

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-11, page 2

	TOTAL		Prop 63 PEI HMHMPRRP63/ General Fund HMHMCP751594									
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries
Program Manager	0.68	\$ 49,080.00	0.68	49,080	0.00	0	0.00	0	0.00	0	0.00	
Regional Director	0.05	\$ 5,442.00	0.05	5,442	0.00	0	0.00	0	0.00	0	0.00	0
Research Director	0.05	\$ 4,647.00	0.05	4,647	0.00	0	0.00	0	0.00	0	0.00	0
Clinicians	1.21	\$ 66,882.00	1.21	66,882	0.00	0	0.00	0	0.00	0	0.00	0
Mental Health Consultant	0.48	\$ 27,699.00	0.48	27,699	0.00	0	0.00	0	0.00	0	0.00	0
Research Assistant	0.10	\$ 4,647.00	0.10	4,647	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
	0.00	\$ -	0.00	0	0.00	0	0.00	0	0.00	0	0.00	0
Totals:	2.57	\$158,397	2.57	\$158,397	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

<b>Employee Fringe Benefits:</b>	30%	\$	47,519.00	30%	\$47,519	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$205,916**

**\$205,916**

**\$0**

\$0

\$0.

\$0

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Appendix #: B-11, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	Prop 63 PEI HMHMPROP63/ General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FY2014 Budget</b>						
Occupancy (Based on Square Feet used)	\$ 2,000.00	2,000	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 2,000.00	2,000	0	0	0	0
Office Supplies, Postage	\$ 800.00	800	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Mileage reimbursement	\$ 600.00	600	0	0	0	0
Staff Training	\$ 8,500.00	8,500	0	0	0	0
computer supplies	\$ 2,400.00	2,400	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
Larkin Street Youth Services FY 2014 contract	\$ 94,875.00	94,875	0	0	0	0
Huckleberry Youth Programs FY2014 contract	\$ 94,875.00	94,875	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Food	\$ 600.00	600	0	0	0	0
Telecommunication	\$ 1,200.00	1,200	0	0	0	0
	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 11,753.00	11,753	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$219,603</b>	<b>\$219,603</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

# DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-11, page 4

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	2,166	2,166
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	12,593	12,593
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

\$14,759

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	220	220
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	1,278	1,278
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

\$1,498

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$16,257

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families					Contract Appendix #: B-12, page 1
Provider Name: Edgewood Center for Children and Families					Document Date: 7/1/2014
Provider Number: 8858					Fiscal Year: 2014-2015
Program Name:	Hospital Diversion	Hospital Diversion	Hospital Diversion	Hospital Diversion	
Program Code (formerly Reporting Unit):	8858H2	8858H2	8858H2	8858H2	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	
Service Description:	#REF!	#REF!	#REF!	#REF!	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15			
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	50,843	1,565	2,346	23,466	78,220
Operating Expenses:	14,121	435	652	6,518	21,726
Capital Expenses (greater than \$5,000):	2,482	76	115	1,145	3,818
Subtotal Direct Expenses:	67,446	2,076	3,113	31,129	103,764
Indirect Expenses:	10,117	311	467	4,669	15,564
<b>TOTAL FUNDING USES:</b>	<b>77,563</b>	<b>2,387</b>	<b>3,580</b>	<b>35,798</b>	<b>119,328</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,550	140	210	7,000
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-
MH Realignment	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	73,013	2,247	3,370	112,328
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>77,563</b>	<b>2,387</b>	<b>3,580</b>	<b>119,328</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>77,563</b>	<b>2,387</b>	<b>3,580</b>	<b>119,328</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>77,563</b>	<b>2,387</b>	<b>3,580</b>	<b>119,328</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	
Units of Service:	29,718	1,182	923	7,427	-
Unit Type:	#REF!	#REF!	#REF!	#REF!	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	2.61	2.02	3.88	4.82	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	0.00
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	0.00
Unduplicated Clients (UDC):	20	20	20	20	0
					<b>Total UDC: 20</b>

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 7/1/14Appendix #: B-12, page 2[illegible]

<b>Employee Fringe Benefits:</b>	30%	\$	18,051.00	30%	\$18,051	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!
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**TOTAL SALARIES & BENEFITS**

**\$78,220**

**\$78,220**

**\$0**

**\$0**

**\$0**

\$0

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Appendix #: B-12, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	General Fund HMHMCP751594				
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy (Based on Square Feet used)	\$ 7,840.00	7,840	0	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 166.00	166	0	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Resident Services Agreement	\$ 3,920.00	3,920	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 4,998.00	4,998	0	0	0	0
Food	\$ 2,156.00	2,156	0	0	0	0
Laundry and Kitchen Expense	\$ 1,470.00	1,470	0	0	0	0
Client Incentives	\$ 1,176.00	1,176	0	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$21,726</b>	<b>\$21,726</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
	\$0					



### DPH 5: Capital Expenses Detail

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Appendix #: B-12, page 4

#### 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	3,466	3,466
Shared costs - Equipment - see DPH 7	1	tbd	SB163	0	0
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

\$3,466

#### 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	352	352
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

\$352

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

\$3,818

0

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families				Contract Appendix #: B-12a, page 1	
Provider Name: Edgewood Center for Children and Families				Document Date: 4/4/2014	
Provider Number: 8858				Fiscal Year: 2013-2014	
Program Name:	Hospital Diversion	Hospital Diversion			
Program Code (formerly Reporting Unit):	8858H1	8858H1			
Mode/SFC (MH) or Modality (SA)	05/60-64	05/60-64			
Service Description:	Residential Other	Residential Other			
FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14			<b>TOTAL</b>
<b>FUNDING USES</b>					
Salaries & Employee Benefits:	140,096	52,096	-	-	192,192
Operating Expenses:	38,911	14,470	-	-	53,381
Capital Expenses (greater than \$5,000):	6,839	2,543	-	-	9,382
Subtotal Direct Expenses:	185,846	69,109	-	-	254,955
Indirect Expenses:	27,875	10,366	-	-	38,241
<b>TOTAL FUNDING USES:</b>	<b>213,721</b>	<b>79,475</b>	<b>-</b>	<b>-</b>	<b>293,196</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
	Index Code				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-
MH Trlage Grant	HMHMCHGRANTS	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	145,787	54,213	-	200,000
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-
MH Realignment	HMHMCP751594	5,103	1,897	-	7,000
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	62,831	23,365	-	86,196
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		<b>213,721</b>	<b>79,475</b>	<b>-</b>	<b>293,196</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
	CFDA #				
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>		-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>					
	CFDA #				
<b>TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>		<b>213,721</b>	<b>79,475</b>	<b>-</b>	<b>293,196</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>		-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>		<b>213,721</b>	<b>79,475</b>	<b>-</b>	<b>293,196</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS			
Units of Service:	356	85	-	-	-
Unit Type:	Client Day	Empty-bed day	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	600.00	935.00	0.00	0.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	600.00	935.00	0.00	0.00	0.00
Published Rate (Medi-Cal Providers Only):	1,285.00	0.00	0.00	0.00	0.00
Unduplicated Clients (UDC):	20	1	0	0	20

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

**Provider Name:** Edgewood Center for Children and Families

Document Date: 4/4/14

Appendix #: B-12a, page 2

[illegible]

<b>Employee Fringe Benefits:</b>	30%	\$44,352	30%	\$14,098	30%	\$30,254	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$192,192**

0

**\$61,0**

**\$131,101**

**\$0**

**\$0**

**\$0**

**DPH 4: Operating Expenses Detail**

Provider Number: 8858

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14

Appendix #: B-12a, page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	SB 163 HMHNSB163ACP			
	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14
Occupancy (Based on Square Feet used)	\$ 19,263.00	6,123	13,140	0	0	0
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	0	0	0	0	0
Office Supplies, Postage	\$ 408.00	130	278	0	0	0
Building Maintenance Supplies and Repair	\$ -	0	0	0	0	0
Printing and Reproduction	\$ -	0	0	0	0	0
Insurance	\$ -	0	0	0	0	0
Staff Training	\$ -	0	0	0	0	0
Staff Travel-(Local & Out of Town)	\$ -	0	0	0	0	0
Rental of Equipment	\$ -	0	0	0	0	0
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0	0	0	0
UCSF Interns	\$ 9,631.00	3,061	6,570	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
	\$ -	0	0	0	0	0
Other:	\$ -	0	0	0	0	0
Depreciation	\$ -	0	0	0	0	0
Purchased Direct Expense (Program Admin, QA, General Research)	\$ 12,280.00	3,903	8,377	0	0	0
Food	\$ 5,298.00	1,684	3,614	0	0	0
Laundry and Kitchen Expense	\$ 3,612.00	1,148	2,464	0	0	0
Client Incentives	\$ 2,889.00	918	1,971	0	0	0
	\$ -	0	0	0	0	0
<b>TOTAL OPERATING EXPENSE</b>	<b>\$53,381</b>	<b>\$16,967</b>	<b>\$36,414</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

\$0

# DPH 5: Capital Expenses Detail

Provider Number: 8858

Appendix #: B-12a, page 4

Provider Name: Edgewood Center for Children and Families

Document Date: 4/4/14

## 1. Equipment

Item Description	Quantity	Serial #/VIN #	Funding Source [General Fund, Grant (List Title), or Work Order (List Dept.)]	Purchase Cost Each	Total Cost
Shared costs - Equipment - see DPH 7	1	tbd	General Fund	2,707	2,707
Shared costs - Equipment - see DPH 7	1	tbd	SB163	5,810	5,810
Shared costs - Equipment - see DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Workorder #3 SFCFC	0	0
Shared costs - Equipment - see DPH 7	1	tbd	Prop 63 PEI	0	0
				0	0

**Total Equipment Cost**

**\$8,517**

## 2. Remodeling

Shared costs - Facilities Improvements - See DPH 7	1	tbd	General Fund	275	275
Shared costs - Facilities Improvements - See DPH 7	1	tbd	SB163	590	590
Shared costs - Facilities Improvements - See DPH 7	1	tbd	MHSA Prop 63	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #1 HSA	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Work Order #2 DCYF	0	0
Shared costs - Facilities Improvements - See DPH 7	1	tbd	Workorder #3 SFCFC	0	0

**Total Remodeling Cost**

**\$865**

**Total Capital Expenditure**

(Equipment plus Remodeling Cost)

**\$9,382**

**0**

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families						Contract Appendix #: B-13	
Provider Name: Edgewood Center for Children and Families						Document Date: 7/1/2014	
Provider Number: 8858						Fiscal Year: 2014-2015	
Program Name:	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	Residential Day Treatment & FCP OP	
Program Code (formerly Reporting Unit):	8858FC	8858FC	8858FC	8858FC	8858FC	8858FC	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	15/70-79	15/60-69	15/07	15/57	
Service Description:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
<b>FUNDING USES</b>							
Salaries & Employee Benefits:	61,344	24,537	24,537	49,074	24,537	61,343	245,372
Operating Expenses:	22,941	9,176	9,176	18,352	9,176	22,940	91,761
Capital Expenses (greater than \$5,000):	4,031	1,613	1,613	3,226	1,613	4,032	16,128
Subtotal Direct Expenses:	88,316	35,326	35,326	70,652	35,326	88,315	353,261
Indirect Expenses:	16,434	6,574	6,574	13,148	6,574	16,435	65,739
TOTAL FUNDING USES:	104,750	41,900	41,900	83,800	41,900	104,750	419,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	41,750	16,700	16,700	33,400	16,700	167,000
MH STATE - EPSDT State Match	HMHMCP751594	56,700	22,680	22,680	45,360	22,680	226,800
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-	-	-	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-	-	-	-	-
MH Triage Grant	HMHMCHGRANTS	-	-	-	-	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHDCYFWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-	-	-	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHFPAPWO	-	-	-	-	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-	-	-	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPROP63	-	-	-	-	-	-
MH Realignment	HMHMCP751594	1,471	588	588	1,177	588	5,883
MH COUNTY - General Fund (matched)	HMHMCP751594	4,829	1,932	1,932	3,863	1,932	19,317
MH COUNTY - General Fund (unmatched)	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund CODB	HMHMCP751594	-	-	-	-	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-	-	-	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		104,750	41,900	41,900	83,800	41,900	419,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-
<b>OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES</b>							
TOTAL OTHER DPH COMMUNITY PROGRAMS FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		104,750	41,900	41,900	83,800	41,900	419,000
<b>NON-DPH FUNDING SOURCES</b>							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		104,750	41,900	41,900	83,800	41,900	419,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS):	FFS	FFS	FFS	FFS	FFS	FFS	
Units of Service:	48,276	24,950	12,990	20,913	24,950	48,276	
Unit Type:	#REF!	#REF!	#REF!	#REF!	#REF!	#REF!	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	2.61	2.02	3.88	4.82	2.02	2.61	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	2.61	2.02	3.88	4.82	2.02	2.61	
Published Rate (Medi-Cal Providers Only):	2.61	2.02	3.88	4.82	2.02	2.61	Total UDC:
Unduplicated Clients (UDC):	20	20	20	20	20	20	20

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

DMH Legal Entity Name (MH)/Contractor Name (SA): Edgewood Center for Children and Families		Contract Appendix #: B-14, page 1	
Provider Name: Edgewood Center for Children and Families		Document Date: 7/1/2014	
Provider Number: 8858		Fiscal Year: 2014-2015	
Program Name:	Triage	Triage	
Program Code (formerly Reporting Unit):	tbd	tbd	
Mode/SFC (MH) or Modality (SA):	05/60-64	05/60-64	
Service Description:	Program Development	Program Development	TOTAL
FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	
<b>FUNDING USES</b>			
Salaries & Employee Benefits:	847,900	929,462	1,777,362
Operating Expenses:	223,000	244,451	467,451
Capital Expenses (greater than \$5,000):			-
Subtotal Direct Expenses:	1,070,900	1,173,913	2,244,813
Indirect Expenses:	160,634	176,087	336,721
TOTAL FUNDING USES:	1,231,534	1,350,000	2,581,534
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>			
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	-	-
MH STATE - EPSDT State Match	HMHMCP751594	-	-
MH STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	-	-
MH WORK ORDER - Human Services Agency (matched)	HMHMCHMTCHWO	-	-
MH WORK ORDER - Human Services Agency	HMHMCHCDHSWO	-	-
MH WORK ORDER - Human Services Agency CODB	HMHMCP751594	-	-
MH WORK ORDER - Dept. Children, Youth & Families	HMHMCHCDHSWO	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHSRIPWO	-	-
MH WORK ORDER - First Five (SF Children & Family Commission)	HMHMCHPFAPWO	-	-
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	HMHNSB163ACP	-	-
MH STATE - MHSA - Prop 63 PEI	HMHMPPROP63	-	-
MH Triage Grant	HMHMCHGRANTS	1,231,534	1,231,534
MH Realignment	HMHMCP751594	-	-
MH COUNTY - General Fund (matched)	HMHMCP751594	-	-
MH COUNTY - General Fund (unmatched)	HMHMCP751594	1,350,000	1,350,000
MH COUNTY - General Fund CODB	HMHMCP751594	-	-
MH COUNTY - General Fund WO CODB	HMHMCP751594	-	-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		1,231,534	1,350,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			
		-	-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		-	-
<b>OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES</b>			
		-	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		-	-
TOTAL DPH FUNDING SOURCES		1,231,534	1,350,000
<b>NON-DPH FUNDING SOURCES</b>			
		-	-
TOTAL NON-DPH FUNDING SOURCES		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,231,534	1,350,000
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS):	CR	CR	
Units of Service:	24,631	27,000	-
Unit Type:	Staff Hour	Staff Hour	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	50.00	50.00	0.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):	50.00	50.00	0.00
Published Rate (Medi-Cal Providers Only):	50.00	50.00	0.00
Unduplicated Clients (UDC):	200	200	200

### DPH 3: Salaries & Benefits Detail

**Provider Number: 8858**

Appendix #: 14, page 2

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

[illegible]

<b>Employee Fringe Benefits:</b>	30%	\$410,160	30%	\$195,669	30%	\$214,491	#DIV/0!	\$0	#DIV/0!	\$0	#DIV/0!	\$0
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**TOTAL SALARIES & BENEFITS**

**\$1,777,362**

**\$847,900.**

**\$929,462**

**\$0**

**\$0**

**\$0**



# DPH 4: Operating Expenses Detail

Provider Number: 8858

Appendix #: B-14, page 3

Provider Name: Edgewood Center for Children and Families

Document Date: 7/1/14

Expenditure Category	TOTAL	HMHMCHGRANTS	HMHMCP751594			
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Occupancy	\$ 251,542.00	120,000	131,542			
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 25,154.00	12,000	13,154			
Office Supplies, Postage	\$ 2,096.00	1,000	1,096			
Building Maintenance Supplies and Repair	\$ 20,962.00	10,000	10,962			
Printing and Reproduction	\$ 8,385.00	4,000	4,385			
Insurance	\$ 10,481.00	5,000	5,481			
Staff Training	\$ -	0	0			
Staff Travel-(Local & Out of Town)	\$ -	0	0			
Rental of Equipment	\$ 6,289.00	3,000	3,289			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
	\$ -	0	0			
Other:	\$ -	0	0			
Depreciation	\$ -	0	0			
Purchased Direct Expense (Program Admin, QA,	\$ 94,329.00	45,000	49,329			
Food	\$ 31,443.00	15,000	16,443			
Laundry and Kitchen Expense	\$ 6,289.00	3,000	3,289			
Client Incentives	\$ 10,481.00	5,000	5,481			
	\$ -	0	0			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$467,451</b>	<b>\$223,000</b>	<b>\$244,451</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**DPH 6: Contract-Wide Indirect Detail**

Contractor Name Center for Children and Families

Document Date: 7/1/2014

<b>1. SALARIES &amp; BENEFITS</b>	<b>FTE</b>	<b>Total</b>
<b>Position Title</b>		
CEO	0.37	\$ 111,884
CFO	0.32	93,236
Director of IT	0.32	73,311
IT Administrator	0.32	41,786
Administrative Assistant	0.32	22,164
HR Director	0.32	53,763
HR Generalist	0.32	27,161
IT Operations Manager	0.32	41,786
HR Assistant	0.32	21,729
Controller	0.32	47,010
Finance Analyst	0.32	36,563
AP Associate	0.32	24,587
Payroll Accountant	0.32	26,858
Accounting Manager	0.32	33,563
Collections Clerk	0.32	24,374
Billing Specialist	0.32	30,726
Software Engineer	0.32	41,786
IT Help Desk	0.32	85,411
Accountant	0.00	-
	0.00	-
	0.00	-
	0.00	-
	0.00	-
	0.00	-
	0.00	-
EMPLOYEE FRINGE BENEFIT	30.0%	\$ 251,309
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>\$ 1,089,007</b>

**2. OPERATING COSTS**

<b>Expenditure Category</b>	
Accounting/Audit Fees	39,826
Insurance	29,298
Bank/Payroll Fees	39,826
Software Fees/Expense	22,232
	-
	-
<b>TOTAL OPERATING COSTS</b>	<b>\$ 131,182</b>

**TOTAL INDIRECT COSTS**

(Salaries &amp; Benefits + Operating Costs)

**\$ 1,220,189**



# CERTIFICATE OF LIABILITY INSURANCE

 DATE (MM/DD/YYYY)  
 8/14/2014

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).

<b>PRODUCER</b> Commercial Lines - (415) 541-7900 Wells Fargo Insurance Services USA, Inc. - CA Lic#: 0D08408 45 Fremont Street, Suite 800 San Francisco, CA 94105-2259	<b>CONTACT NAME:</b> Susan McDarby <b>PHONE (A/C, No. Ext):</b> (415) 512-3607 <b>FAX (A/C, No):</b> (877) 302-0977 <b>E-MAIL ADDRESS:</b> Susan.McDarby@wellsfargo.com														
<b>INSURED</b> Edgewood Center for Children and Families 1801 Vicente Street San Francisco, CA 94116	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td><b>INSURER A:</b> Nonprofits Insurance Alliance of California</td> <td>11845</td> </tr> <tr> <td><b>INSURER B:</b> Philadelphia Insurance Company</td> <td>23850</td> </tr> <tr> <td><b>INSURER C:</b> Hartford Fire Insurance Company</td> <td>19682</td> </tr> <tr> <td><b>INSURER D:</b></td> <td></td> </tr> <tr> <td><b>INSURER E:</b></td> <td></td> </tr> <tr> <td><b>INSURER F:</b></td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	<b>INSURER A:</b> Nonprofits Insurance Alliance of California	11845	<b>INSURER B:</b> Philadelphia Insurance Company	23850	<b>INSURER C:</b> Hartford Fire Insurance Company	19682	<b>INSURER D:</b>		<b>INSURER E:</b>		<b>INSURER F:</b>	
INSURER(S) AFFORDING COVERAGE	NAIC #														
<b>INSURER A:</b> Nonprofits Insurance Alliance of California	11845														
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<b>INSURER C:</b> Hartford Fire Insurance Company	19682														
<b>INSURER D:</b>															
<b>INSURER E:</b>															
<b>INSURER F:</b>															

**COVERAGES**
**CERTIFICATE NUMBER:** 8056259

**REVISION NUMBER:** See below

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
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	X	PHPK1197884	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" 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		PHPK1197884	7/1/2014	7/1/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		PHPK1197884	7/1/2014	7/1/2015	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$ 4,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
B	<b>Social Service Professional Occurrence Aggregate</b>		201305523NPO	07/01/2014	07/01/2015	\$1,000,000 \$2,000,000

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

Certificate holder is included as additional insured with respect to the operations of the named insured per form attached. Workers Compensation coverage excluded, evidence only.

**CERTIFICATE HOLDER**

 City & County of San Francisco  
 1380 Howard Street  
 San Francisco, CA 94103

**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

**Certificate of Insurance (Con't)****OTHER Coverage**

INSR LTR	TYPE OF INSURANCE	ADDL INSR	WVD SUBR	POLICY NUMBER	EFFECTIVE DATE (MM/DD/YY)	EXPIRATION DATE (MM/DD/YY)	LIMIT
B	Social Service Professional			201305523NPO	07/01/2014	07/01/2015	
	Occurrence						\$1,000,000
	Aggregate						\$2,000,000
C	Employee Theft			00 FA 0228815-14	07/01/2014	07/01/2015	\$1,200,000
	Deductible						\$10,000

Fidelity Bond



POLICY NUMBER: PHPK1197884

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ADDITIONAL INSURED ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE ONLY

In consideration of the premium charged, it is understood and agreed that the following is added as an additional insured:

City and County of San Francisco  
Department of Public Health  
1380 Howard Street, 4th Floor  
San Francisco CA 94103

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

But only as respects a legally enforceable contractual agreement with the Named Insured and only for liability arising out of the Named Insured's negligence and only for occurrences of coverages not otherwise excluded in the policy to which this endorsement applies.

It is further understood and agreed that irrespective of the number of entities named as insureds under this policy, in no event shall the company's limits of liability exceed the occurrence or aggregate limits as applicable by policy definition or endorsement.

POLICY NUMBER: PHPK1197884

COMMERCIAL GENERAL LIABILITY  
CG 20 26 07 04

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED – DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

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



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
4/11/2014

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**  
Intericare Insurance Solutions  
5375 Mira Sorrento Place, Ste 400  
San Diego CA 92121

**CONTACT NAME:** Cindy Bane  
**PHONE (A/C, No, Ext):** 858-373-6908 **FAX (A/C, No):** 858-366-0067  
**E-MAIL:** cbane@intericaresolutions.com  
**PRODUCER CUSTOMER ID #:** EDGEW-1

**INSURED**  
Edgewood Center for Children  
and Families  
1801 Vicente Street  
San Francisco CA 94116

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	Quality Comp Inc.	62
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

**COVERAGES**

CERTIFICATE NUMBER: 2008295807

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</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COM/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<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 type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE						\$
	<input type="checkbox"/> RETENTION \$						\$
X	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			0150340711	1/1/2014	1/1/2015	X <input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$1,000,000
							E.L. DISEASE - POLICY LIMIT \$1,000,000

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

Please find attached additional information.

**CERTIFICATE HOLDER**

City and County of San Francisco  
Department of Public Health  
1380 Howard Street, 4th Floor  
San Francisco CA 94103

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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### **WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS**

**Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.**

This change in coverage, effective 12:01 AM January 1, 2014, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Edgewood Center for Children & Families

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

The additional premium for this change shall be \$250.00.

#### **Schedule**

##### **Person or Organization**

City and County of San Francisco  
Human Services Agency  
P.O. Box 7988  
San Francisco, CA 94120

##### **Job Description**

Provides Mental Health &  
Substance Abuse Services to  
families in San Francisco

Countersigned by

Jacqueline Harris, Program Administrator, Authorized Representative





**THIS DOCUMENT CHANGES THE PARTICIPANT'S LEGAL RIGHTS OF MEMBERSHIP.  
PLEASE READ IT CAREFULLY.**

**Change No. 002**

This change, effective 12:01 AM January 1, 2014

Forms a part of Self-Insured Group No. 4515

Issued to Edgewood Center for Children & Families

Expiration: December 31, 2014

**NOTICE TO MEMBER**

This change modifies coverage provided under this Workers' Compensation and Employer's Liability Self-Insured Group.

Additional contribution due from the member for this change in coverage is: \$250.00

This contribution may be adjusted at final audit.

Jacqueline Harris, Program Administrator, Authorized Representative



**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  
Edgewood Center for Children & Families**

This Agreement is made this 1<sup>st</sup> day of July, 2010, in the City and County of San Francisco, State of California, by and between: Edgewood Center for Children & Families, 1801 Vicente Street, San Francisco, California 94116 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 and 4153-09/10 on 09/25/2009;

Now, THEREFORE, the parties agree as follows:

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

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

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

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

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

5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed **FTwenty Nine Million One Hundred Nine Thousand Eighty Nine Dollars (\$29,109,089)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

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

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

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

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

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

- 1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;
- 2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

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

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

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

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

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

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

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

## **15. Insurance**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## **16. Indemnification**

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

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

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

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

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

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

8. Submitting False Claims; Monetary Penalties.  
10. Taxes  
15. Insurance  
24. Proprietary or confidential information of City  
30. Assignment

37. Drug-free workplace policy,  
53. Compliance with laws  
55. Supervision of minors  
57. Protection of private information  
58. Graffiti removal

And, item 1 of Appendix D attached to this Agreement

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

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

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

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

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

**21. Termination for Convenience**



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

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

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

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

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

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

CMS# 6949

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

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

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

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

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

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

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

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

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

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

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

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

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

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442 San Francisco, California 94103	FAX:	(415) 252-3088
		e-mail:	Elizabeth.apana@sfdph.org
And:	Elizabeth Davis CBHS, Business Office 1380 Howard Street, 5 <sup>th</sup> Floor San Francisco, California 94013	FAX:	(415) 255-3567
		e-mail:	Elizabeth.davis@sfdph.org
To CONTRACTOR:	Edgewood Center for Children & Families 1801 Vicente Street San Francisco, California 94116	FAX:	(415) 681-1065
		e-mail:	jeffda@edgewood.org

Any notice of default must be sent by registered mail.

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

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

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

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

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

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

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

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

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

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

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

**32. Earned Income Credit (EIC) Forms.** Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC CMS# 6949

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,

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 CMS# 6949

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

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

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

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

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

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

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

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

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

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

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

#### 45. First Source Hiring Program

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

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

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

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

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

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

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

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

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

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

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

- 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:
  - (a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and
  - (b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

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

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

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

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

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

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

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

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

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

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

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

CMS# 6949

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

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

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

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

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

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

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

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

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

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

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

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

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

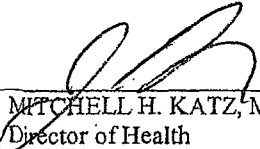
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Edgewood Center for Children & Families

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


11/15/10  
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.

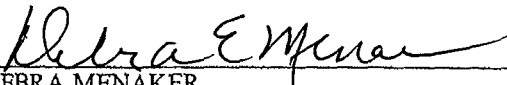
By:   
TERENCE HOWZELL  
Deputy City Attorney

11/15/10  
Date

Approved:

  
NAOMI KELLY  
Director of the Office of  
Contract Administration and  
Purchaser

12/15/10  
Date

  
DEBRA MENAKER  
Chief Financial Officer, Chief Operating Officer  
1801 Vicente Street  
San Francisco, California 94116

Date

City vendor number: 06953

#### 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

I: Privacy Policy Compliance

CMS# 6949

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21 of 21

Edgewood Center For Children & Families  
July 1, 2010

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

**1. Terms**

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

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

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

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

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

**Other Miscellaneous Optional Provisions:**

O. Compliance With Grant Award Notices:

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

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

**2. Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1a: Behavioral Health Outpatient Kinship EPSDT

Appendix A-1b: Behavioral Health Outpatient School Based EPSDT

Appendix A-1c: Behavioral Health Outpatient AB 3632

Appendix A-2a: Early Childhood Mental Health Initiative Start up

Appendix A-2b: Early Childhood Mental Health Initiative Early Childhood Mental Health

Appendix A-3a: Community-Based Day Treatment: Day Treatment DTI

Appendix A-3b1: Community-Based Day Treatment: Outpatient

Appendix A-3b2: Community-Based Day Treatment: MSS Outpatient

Appendix A-4: Primary Intervention Program

Appendix A-5: School-Based Well Being

Appendix A-6: Juvenile Justice Mental Health Consultation & Training Program

Appendix A-7a: Residentially-Based Day Treatment: DTI Residential

Appendix A-7b1 Residentially-Based Day Treatment: MHS Residential

Appendix A-7b2: Residentially-Based Day Treatment: MSS Residential

Appendix A-7bc: Residentially-Based Day Treatment: Residential Supplemental

Appendix A-8a: School Mental Health Partnership MH Partnership

Appendix A-8b: School Mental Health Partnership: MH Partnership

Appendix A-9: Therapeutic Behavioral Services

Appendix A-10: Family Mosaic Wrap Around Services

Appendix A-11: Wrap Around Services

1. **Program Name:** Behavioral Health Outpatient (885813, 885814, 885815)
2. **Program Address:** 1801 Vicente St.  
**City, State, Zip Code:** San Francisco, CA 94116-2923  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 681-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

This program seeks to make outpatient Mental Health, Case Management and Medication Support Services more accessible to San Francisco residents by targeting EPSDT-eligible residents throughout San Francisco communities.

5. **Target Population**

Edgewood will serve youth will Full-Scope Medi-Cal or Healthy Families who are in need of a mental health assessment and meet medical necessity for behavioral health services as defined by CBHS. Specific target populations addressed by this program include:

- Youth ages 1-21 throughout SF County including TAY youth ages 18-21 transitioning out of the child to the adult system of care & LGBTQ youth.
- Youth and families who reside in SF District 10.
- Youth in foster care or Kinship Care systems
- Youth who qualify for AB3632 services in San Francisco
- Youth and families with co-occurring disorders who present with multiple needs.
- Families with young children ages 0-5.
- Juvenile justice involved youth.

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

Pls refer to budget submitted under this proposal.

A. **Modality of Service/Intervention**

**MH Outpatient Modality Description**

B. **Definition of Billable Services**

**Case Management**

"Case Management" services are activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services.

**Crisis Intervention.**

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

**Medication Support Services.**

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental

illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

**Mental Health Services.**

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

**Assessment.**

"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.**

"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 status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Therapy.**

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

**7. Methodology**

The EPSDT program provides much needed mental health, case management and medication support services to children, youth and families in the community. This continuum of services uses evidence-based practices in a youth and family driven system of care. All services are provided by qualified mental health professionals.

The Outpatient Mental Health Program includes the following service components:

1. Individual Therapy
2. Group Therapy
3. Family Therapy
4. Collateral contacts
5. Assessment
6. Plan Development
7. Case Management
8. Medication Support Services

All Mental Health Services provided will be based on the medical and service necessity criteria provided by San Francisco CBHS.

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Our outpatient mental health program receives referrals from many sources including families themselves, the ACCESS Team, Foster Care Mental Health program, public school systems, a variety of community partners including Larkin Street and Huckleberry House, and many of our internal programs including Kinship. We continually do outreach to these agencies to ensure easy access to our services and coordinated care.

In addition, ECCF has a new but central role in the Daisy Wheel, established by the Mayor's Interagency Council. The Daisy Wheel is located in the Bayview/Hunter's Point area at Parent University, another ECCF program. As part of the Daisy Wheel collaboration of services, we recruit youth and families who are in need

of mental health assessment and interventions. We are able to serve those clients close to their home and in partnership with other organizations that might be involved in their care.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Most referrals come to us over the phone. All cases are screened for eligibility. If families seek services with us, but do not have medical, they are referred to an eligibility worker and/or to their own insurance contract provider. All families requesting services may obtain an appointment within 24 hours of their request or at another time, depending on their preference. The location of the intake appointment is based on family request. As part of the intake process, the referral party fills out the following forms to determine the best match for treatment:

- ☐ Referral Form
- ☐ Choose your Therapist Form
- ☐ Introduction to Services Form

All referral packets are screened by the Intake Worker, who will make case assignments or contact the family about available services, should there be a delay in case assignment.

All clinicians are trained and available to conduct intake assessments, depending on need and caseload capacity. Usually, the clinician who completes the initial assessment is also the treating clinician. Depending on the referral request and the size of the family, initial assessments typically take one to four sessions. Ideally, intake assessments are complete within two weeks after a family is first seen. The goal of the intake assessment is to gain a strength-based understanding of the youth within the context of his or her family, community and culture. This assessment must also take into account level of risk, youth and family stated goals and wishes and any presenting mandates by outside agencies.

**C. Describe your program's service delivery model and how each service is delivered.**

Services begin with a strength based, culturally competent and comprehensive assessment which includes observations, clinical interviews with the youth and family members (and natural supports if designated), school personnel and other involved professionals, review of other assessment documents if in existence, the completion of the CRAFT and the completion of the CANS. The initial assessment lasts anywhere from 1-60 days depending on the availability and complexity of information.

The completed initial assessment then leads to a youth and family driven Care Plan that outlines long-term and short-term goals, interventions and a discharge plan. The Care Plan is developed through the use of a Family Conferencing model to ensure that the process is consumer driven and to ensure care coordination. Care Plans are put in place within 60 days of the first appointment.

Services are selected and delivered in accordance with medical necessity and the Care Plan. They often include a variety of modalities and use evidence based practices. Services may be delivered at our clinic or at a variety of locations throughout the San Francisco community such as the family's home, the youth's school or one of our many collaborating agencies. Services are offered at times that are convenient to youth and families.

Services are continued until the Care Plan goals are met. It is best when the entire Care Team agrees to this decision; however there are times when Care Plan goals cannot always be met. For example, if someone is moving out of the area. To monitor treatment goals, clinicians continue to complete the CANS every 6 months, follow all authorization procedures as outlined by CBHS and continue Family Conferencing.

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

Service delivery begins at the creation of the Care Plan and ends at discharge as outlined in the Care Plan. A planned and meaningful discharge occurs when Care Plan goals have been met. As discharge is planned from the inception of the service, the Family Conferencing process continues to monitor progress towards discharge and develops supports that need to be put in place to create a successful discharge including the development of natural support systems and supportive services such as case management, recreation, tutoring, etc.

As discharge approaches, services are often tapered to better meet the current needs of the youth and family improve the transition. In addition, clinicians partner closely with other services that the family and Care Team would like in place-this might include Kinship services, school based counseling or case management. The Psychiatrist remains involved to transition to any primary care provider that may be needed.

#### E. Program Staffing

Please see Appendix B

#### 8. Objectives and Measurements

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

##### A. Performance/Outcome Objectives

*The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. 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.*

Data Source: CBHS Billing Information System - CBHS will compute

*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.*

Date Source: AVATAR(N/A if data not available in AVATAR)

*Edgewood 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 as measured by CANS Certificates of completion with a passing score.*

Data Source: CANS on line database, CBHS will provide

*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.*

Data Source: CANS submitted to CANS database website, summarized by CYF System of Care.

*CYF agency representatives will attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.*

Data Source: SuperUser calls attendance log, summarized by CYF System of Care.

*Outpatient clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*Outpatient clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*During Fiscal Year 2010-11, Edgewood will provide 313,816 units of service (UOS) consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.*

Data Source: CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*70% of treatment episode will show three or more service days of treatment within 30 days of admission.*

Data Source: BIS system data generated by CBHS

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Client record review

*35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.*

Data Source: BIS discharge summary sheet, CBHS will calculate.

*Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.*

Data Source: Site visit, intake packet

*Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.*

Data Source: Quarterly meeting review minutes maintained by program monitor.

#### Program Specific Performance Objectives

*By discharge, 85% of youth will reduce symptoms and behavioral health problems, as measured with Child & Adolescent Needs & Strengths (CANS). CANS will be completed by clinicians at intake and every six months thereafter and entered into the county electronic system.*

*At discharge, 85% children & youth will maintain or step down to a lower level of care as shown by their Restrictiveness of Living Environment Scale (ROLES). Level of care will be collected by clinicians at intake and at discharge and entered into ROLES scoring system on the ECCF portal database. Evaluation staff will analyze the data.*

*85 % of youth and families will be satisfied with services & view their children as having improved, as measured by SF-County required Satisfaction Surveys. These surveys are distributed twice annually and data is collected and analyzed by CBHS.*

#### **C. Other Measurable Objectives**

Please see Work plan submitted in this proposal



## 8. Continuous Quality Improvement

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

City Fiscal Year: 2010-11

1. **Program Name:** Early Childhood Mental Health Consultation Initiative
2. **Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco CA 94116  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 682-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

Edgewood will enhance the capacity of parents, caregivers and early childhood providers to understand child development within a mental health perspective so that they can foster the social, emotional, behavioral cognitive development of each child; build productive partnerships with parents; and implement strategies that enhance learning and school readiness.

5. **Target Population**

The target population is children (birth to 5 years) who are at risk for developmental delays and whose families participate in CalWORKS and/or are eligible to receive CalWORKS subsidized child care, as well as other families who are eligible to receive subsidized child care. The specific target population served will be children attending: Frandelja Enrichment Center, Head Start Alemany and Minerva Aquino Family Day Care Center.

Site Name	Type	Classrooms
SFSU HS Alemany	CCC	3
SFSU HS Southeast	CCC	2
SFSU HS Malcolm X	CCC	1
SFSU HS Hunterspoint at Kirkwood	CCC	1
SFSU HS Potrero Terrace	CCC	2
Frandelja	CCC	6
FCC Bayview Network (on call)	FCC	1
VV Heritage Home	CCC	2
VV John King	CCC	5
VV Leland	CCC	4
VV Tucker	CCC	1
VV FRC	FRC	1
Urban Strategies	FRC	1

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

- A. A written MOU will be established with each site served at the beginning of each fiscal year and signed by all parties. A copy of the document will be sent to the ECMHCI Program Director, Rhea H. Bailey, at CBHS. The MOA will be completed and submitted to CBHS no later than October 1<sup>st</sup> of each fiscal year.
- B. Each consultant will keep and submit a written record of their work and modalities of interventions at each site which service is being provided. Each consultant will additionally receive weekly supervision with the clinical director, who will monitor and insure that the standards of practice are being upheld. Edgewood policies include weekly supervision for all program staff by a licensed mental health professional, and high standards of care, that include strength based services, delivered to clients in a culturally appropriate fashion. Consultants will deliver the following modalities:

**Modalities**

Document Date

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- **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.

**Standards of Practice (SOP)** –All ECMHCI contractors must incorporate the following standards of practice into each of their scopes of work:

**NOTE:** The standards of practice for consultation services that are detailed below are only applicable to early care and education, family child care, and shelter programs, and are NOT directly applicable to services provided to permanent supportive housing facilities and family resources centers.

#### Program Consultation

Center and/or classroom focused (including children's programming in shelter settings), benefits all children by addressing issues impacting the quality of care.

#### Frequency of Activities

	<b>Children's Programs w/in Shelters</b>	<b>Small Child Care Center 12-24 children</b>	<b>Medium Child Care Center 25-50 children</b>	<b>Large Child Care Center &gt; 50 children</b>
<b>Activity</b>				
<b>Program Observation</b>	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 3 times a year per classroom equaling 4 to 6 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 6 to 10 hours per year	Initially upon entering the site and 2 to 4 times a year per classroom equaling 10 to 20 hours per year
<b>Meeting with Director</b>	Monthly 1 hour per month	Monthly 1 hour per month	Monthly 1 to 2 hours per month	Monthly 2 to 3 hours per month
<b>Meeting with Staff</b>	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 hours a month	Bi-monthly with all staff members (usually by classroom) 2 to 4 hours a month	Bi-monthly with all staff members (usually by classroom) 4 to 6 hours a month
<b>Trainings</b>	As needed and as stipulated in the MOU	As needed and as stipulated in the MOU	Same as small center	Same as small center

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	between the site and the service providing agency	between the site and the service providing agency		
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**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**

	<b>Children's Programs w/in Shelters</b>	<b>Small Center 12-24 children</b>	<b>Medium Center 25-50 children</b>	<b>Large Center &gt; 50 children</b>
<b>Activity</b>				
<b>Child Observation</b>	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	2 to 4 times initially for each child and as needed. Recommended 4 to 10 hours per child per year.	Same as for small center	Same as for small center
<b>Meeting with Director</b>	Once per month per child who is the focus of case consultation.	Once per month per child who is the focus of case consultation.	Same as for small center	Same as for small center
<b>Meeting with Staff</b>	Once per month per child for duration of case consultation.	Once per month per child for duration of case consultation.	Same as for small center.	Same as for small center.
<b>Meeting with Parents</b>	3 to 5 times per child	3 to 5 times per child	Same as for small center.	Same as for small center.

- Direct treatment services occur within the child care center and/or shelter as allowed by the established MOU 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.
- Consultant will complete all required paperwork as required by each site, and comply with the procedures and policies of each individual site. Additionally the consultant will work with the Head Start Coordinator to comply with all Head Start Federal requirements at Head Start Sites.

In addition, to those listed above in the SOPs, please specify additional modality(ies) of service/interventions to be provided in the program. If applicable, define billable service unit(s) or deliverables.

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## 7. Methodology

*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 question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

- A. *Describe how your program conducts outreach, recruitment, promotion, and advertisement. Outreach is targeted at all children, families and staff at the three sites. The Edgewood consultant will provide written information regarding services; discuss with the providers their respective roles in consultation; attend staff and parent meetings to introduce the consultant and the services; and provide psycho-educational services for staff and parents/caregivers.*
- B. *Describe your program's admission, enrollment and/or intake criteria and process where applicable. There is universal eligibility for enrollment at the three sites (Frandelja, Alemay Head Start, Minerva Aquino). A written introduction to the MHC and services will be sent in appropriate languages to all families of children at the centers. Passive consent will be obtained to allow the MHC to begin observation and staff consultation. Parent/caregiver consent will be obtained for individual observations and consultations.*
- C. *Describe your 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. Edgewood will provide the following service modalities: Program Consultation: 2-4 staff and consultation groups/month will develop staff capacity to design and implement developmentally appropriate services; Case Consultation: will be conducted as needed, within program consultation meetings or in individual consultation with staff; Direct Services: will be provided as needed to children identified in the case consultation modality. Service interventions may include collateral parent meetings, therapeutic play groups, social skills groups, parent groups or parent/child psychotherapy. All services will be offered on-site, and parent-child psychotherapy may be provided at the home of the child being served.*
- D. *Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning. Program Consultation services and Case Consultation are ongoing and supportive to staff and will not have an exit criteria. Direct Services exit criteria will be successful achievement of Care Plan goals. Aftercare for direct service consumers will be available in ongoing individual consultation. Referrals will be made to community resources when appropriate.*
- E. *Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Exhibit B is sufficient. Staff at the level of a master's level, licensed or license eligible mental health professional, with training and experience in early childhood development and mental health, as well as experience in early childhood group settings and assessment of the social and emotional functioning of young children will provide all services. Staff supervision, oversight of service delivery and service development will be provided by a licensed mental health professional.*

## 7. Objectives and Measurements

### A. Performance/Outcome Objectives (FY 2010/2011)

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

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

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

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

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

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

**Objective #4 (Overall satisfaction)**

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

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

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

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

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

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

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

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

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

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

**B. CBHS Compliance Objectives**

**D.4b. 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. 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. CBHS Privacy Objectives**

**D.**

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.

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- 3) A Privacy Notice that meets the requirements of the FEDERAL Privacy Rule (HIPAA) is written and provided to all patients/clients in their threshold language. If the document is not available in the patient's/client's relevant language, verbal translation is provided.  
**Required Documentation:** Program has evidence in patients'/clients' charts or electronic files that they were "notified" 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)**

**NOTE:** Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

#### **8. Continuous Quality Improvement**

Edgewood Center for Children and Families is actively committed to providing the highest quality services to both its clients and its employees. This commitment is supported and demonstrated through a variety of Continuous Quality Improvement (CQI) activities that occur throughout the agency. Edgewood's activities focus both on the organization as whole and its clients. Examples of organizational activities include strategic planning, annual budget planning, risk management, training evaluation, and ongoing reviews of staffing information (turnover, injuries, complaints and satisfaction). Examples of client activities include outcomes measurement and the ongoing review of client satisfaction, case records, service plans, complaints, high-risk incidents, and service-related improvement projects. In all of these activities, the agency ensures broad participation (e.g., staff, management, clients and the board), and shares findings agency-wide.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name: Community-Based Day Treatment (88585, 8858OP)**

**Program Address: 1801 Vicente St.**

**City, State, Zip Code: San Francisco, CA 94116-2923**

**Telephone: (415) 682-3211**

**Facsimile: (415) 681-1065**

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The goal of Edgewood's Community-Based Day Treatment (CBDT) program is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they may transition to a less restrictive school placement and be able to tolerate the demands of more mainstream educational and community settings.

Day Treatment supplemental services are unbundled mental health services, including medication support services and family therapy, which are provided to youth and families to promote stabilization, symptom reduction and efficient step down to a lower level of care.

4. **Target Population**

Edgewood's CBDT program is designed to serve the following target populations:

- Children & adolescents ages 6-21 that have not been successful in regular school settings and can benefit from a short-term, structured milieu setting.
- Children and adolescents who have disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and others often with concurrent substance abuse issues.
- Children & adolescents who are Medi-Cal beneficiaries, living in their community with families, kin, foster home or lower level group home, & authorized to be in DTI based on the approval of SFUSD through the IEP process and AB 3632 Unit

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

Please refer to budget submitted under this proposal.

A. **Modality of Service/Intervention**

B. **Definition of Billable Services**

**Day Treatment Intensive.**

"Day Treatment Intensive" means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Day Rehabilitation**

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which



provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Mental Health Services**

Family Therapy, crisis intervention services outside DTI hours and group therapy on non-DTI days.

**Crisis Intervention**

Crisis Intervention is not allowed during day treatment hours.

**Day Treatment Supplemental Services:**

**Medication Support Services**

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

**Family Therapy**

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

**6. Methodology**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Edgewood works collaboratively with families, SFCBHS, SFUSD and other San Francisco based Day Treatment Intensive programs to constantly communicate about openings and coordinate best placements when this intensive level of service is required and authorized. Families often call to request this service and our Intake Worker works closely with them and our partners to ensure that this level of service is what is needed and assist the family in walking the often difficult and overwhelming process of obtaining the least restrictive level of care for their child.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

The CBDT screening/referral/intake procedure is managed by the IS Intake Worker. This individual welcomes all families to assist them with their requests and to assist in the often complicated process of navigating public systems such as mental health, social services, the juvenile justice system, and the public school system. The Intake Worker also coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met. The Intake Worker works closely with SFCBHS to develop an initial authorization for services.

There are only two exclusion criteria for IS programs. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires a higher level of care or psychiatric hospitalization.
- Requires an immediate medical evaluation or medical care.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Worker responds to all requests for admission within two business days.

The Intake Worker invites the family and referral person to a pre-placement visit. If a visit to Edgewood is not possible, the Intake Worker will make diligent attempts to meet with the youth in person at their natural setting. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Partner will often accompany the Intake Worker as needed. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment progress, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team, who meets weekly. The Admission team is run by the Intake Coordinator and includes the IS Regional Director, Medical Director, Director of Milieu Management, Associate Clinical Director and Educational Director. Final decisions regarding admission are done by the Medical Director. Again, all intake decisions are made in collaboration with SFCBHS and SFUSD. Initial and ongoing authorizations are discussed with SFCBHS.

Once a youth is accepted into the program, the following occurs:

Prior to or day of admission:

- Acquire all previous and pertinent assessments i.e. psychological, substance abuse, psycho educational, medical.
- Collaborate with SFCBHS for initial authorization.
- Obtain provider, family and youth goals for treatment including:
  - strengths and vulnerabilities
  - successful interventions and coping skills utilized in the past
  - family connectedness
  - short term goals
  - long term goals (including discharge options)
- Disseminate necessary information about the youth's case to staff that will be working directly with the youth and family e.g. psychiatrist, therapist, nursing staff, child care workers, educators.

Within 72 hours of admission:

- Assess and compile a list of individuals involved in the youth's system including, but not limited to, family members, public agency staff, other providers or persons in the community.
- Assign a therapist/care manager to coordinate the assessment and service plan.
- Therapist/care manager develops and establishes safety plan.
- Consent and emergency contact forms are signed by the legal guardian.
- Development and Implementation of a safety plan and initial mental health goals.
- Nursing Assessment is completed.
- Psychiatric evaluation and initial treatment plan will be completed.

Within 30 days of the admission:

- Mental Health Assessment, Care Plan, and individualized Behavior Support & Intervention Plan (BSIP) are completed.
- A Care Team meeting including family member/caretakers, all pertinent providers, natural supports and resources and program staff will meet to affirm the treatment plan, safety plan, permanency plan, stabilization goals, and discharge plans.

**C. Describe your 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.**

Edgewood's Day Treatment Intensive services include comprehensive mental health services to children and adolescents aged 6-2 who has been unsuccessful in public school campuses due to severe behavioral and mental health

issues. The clients are referred to Edgewood by Community Behavioral Health Services (CBHS) program and the public school district.

The Day Treatment services are integrated with the nonpublic school on Edgewood's Vicente campus, and together they comprise Edgewood's CBDT program. The program is organized into three pods of up to 25 children each, each pod located in a different multi-room building and serving both boys and girls. The program operates on a full-day format from 9:00 a.m. to 3:15 pm Monday, Tuesday, Thursday, and Friday. Wednesday's hours are 9:00-1:15.

CBDT services at Edgewood are provided by multidisciplinary staff in the context of the school day in order to connect the mental health support to each child's daily real-world challenges. Services include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; skill building curriculums; Art and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. Individualized care plans are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put families at the center of decision-making.

The general goal of the Edgewood Day Treatment program is to meet the mental health and educational needs of children and youth who face serious emotional challenges, as well as to their families, in order to facilitate successful reintegration into more mainstream community settings. To meet this end, the following steps are taken for each child:

- A. In-depth comprehensive assessment of each child, addressing such areas as mental health, positive behavioral support, education, and medical care. Initial and ongoing outcome measurement is conducted using the CANS. CANS ratings of 2 and 3 are included in ongoing plans of care.
- B. Assessment of family needs in order to best support the child referred to the program.
- C. Design and implementation of a care plan for each child, utilizing the most appropriate education, clinical, and medical services available at Edgewood and/or in the community. This includes:
  - i. A statement of long-term goals and short-term strategies for the child and family;
  - ii. Ongoing preparation of discharge of the child from the program to less restrictive educational and mental health settings (i.e. marked by more community integration and readiness for less intensive mental health services)
    1. This includes re-entry into public school program when appropriate.
  - iii. Plans for stabilizing child and family, and linking families to other service providers for on-going care and support in the community;
- D. Commitment to ongoing family contact and involvement in order to:
  - i. Partner with families to provide the most informed care possible;
  - ii. Ensure unified support for program strategies; and
  - iii. Support the family according to their distinct needs regarding preparing to support their child through the transition out of Edgewood's highly structured services.

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

A discharge plan is developed at intake in collaboration with the Care Team. This plan is assessed on a quarterly basis, at minimum, throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting. CANS completion is conducted every three months and directly related to plans of care, the authorization process and discharge planning.

Over the entire duration of a child's treatment, Care Teams meet approximately every three months; however meetings can occur more frequently based on the acuity of the child's or family's situation, or at the request of any of the treatment team members for any reason. Discharge planning is a focal point of the discussion in each meeting as it greatly influences the status of progress and goal-setting to ensure that what is being assessed, measured, and monitored matches the ultimate plan for the child's next step after this level of intensive care. Throughout these

discussions and the course of a child's treatment, connections to community and family are continually established and built to promote a comprehensive treatment plan that transitions a child from intensive services.

As a client's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the child and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the child and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other treatment team members in determining how best to adjust in order to remain focused on a successful transition.

Ideally, youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health service and Wrap-Around Care. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Please see Appendix B submitted in this proposal.

## **7. Objectives and Measurements**

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

*The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. 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.*

Data Source: CBHS Billing Information System - CBHS will compute

*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.*

Date Source: AVATAR (N/A if data not available in AVATAR)

*Edgewood 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 as measured by CANS Certificates of completion with a passing score.*

Data Source: CANS on line database, CBHS will compute

*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.*

Data Source: CANS submitted to CANS database website, summarized by CYF System of Care.

*CYF agency representatives will attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.*

Data Source: SuperUser calls attendance log, summarized by CYF System of Care.

*Day Treatment clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the three-month anniversary of their episode opening date, and every three months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the three-month anniversary and every three months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*During Fiscal Year 2010-11, Edgewood will provide 45,631 units of service (UOS) consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.*

Data Source: CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*70% of treatment episode will show three or more service days of treatment within 30 days of admission.*

Data Source: BIS system data generated by CBHS

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Client record review

*35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.*

Data Source: BIS discharge summary sheet, CBHS will calculate.

*Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.*

Data Source: Site visit, intake packet

*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.*

Data Source: Nursing records kept at ECCF.

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Case Record Review

*Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.*

Data Source: Quarterly meeting review minutes maintained by program monitor.

#### Program Specific Performance Objectives

*At discharge, 85% of children & youth receiving CBDT services will transition to a lower level of care (i.e. to public school system or outpatient MH care as needed) as tracked in Edgewood's database, discharge field. Evaluation staff will analyze the data.*

*85% of children & adolescents will show signs of improved functioning quarterly as measured by the Child & Adolescent Needs & Strengths (CANS). Clinicians will enter CANS information into the county online CANS system. Data will be provided by CBHS and analyzed by ECCF Evaluation staff.*

*80% of children will show improved subscale scores from intake to follow up on the Child Health Questionnaire-PF28 (CHQ-PF28) and the Behavioral & Emotional Rating Scale-2 (BERS-2). Both the CHQ-PF28 and the BERS-2 will be completed at intake and quarterly. Evaluation staff will enter this data into a secure data base system and analyze the data.*

*85% of caregivers/guardians will be satisfied that their child's functioning has improved as a result of CBDT services, to where placement in a less restrictive community setting (e.g. public school) would benefit their child's development as measured by SF-required client satisfaction surveys administered twice yearly. SF client satisfaction measures are administered twice a year and that data is collected and analyzed by SFCBHS.*

**B: Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work Plan submitted with this proposal.

**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.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name:** Primary Intervention Program/School Consultation
2. **Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 681-3211  
**Facsimile:** (415) 681-3205

San Francisco Unified School District Sites Served\*:

PIP Consultation

Sanchez

El Dorado

Alvarado

Argonne

Cesar Chavez

Monroe

Spring Valley

Hillcrest

Mira Loma

Sunnyside

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

The primary goal of Edgewood Center for Children and Families is to serve children in the most appropriate, least restrictive environment possible. Edgewood believes in collaboration with members of the larger network of community services. This allows Edgewood to be a part of the continuum of care and to effectively transition youth between treatment levels. Edgewood's treatment philosophy is client-centered, strength-based and community oriented. Treatment is individualized based on each client's clinical needs. Our focus is on building strengths while alleviating symptoms, allowing clients to lead productive lives in the least restrictive environment appropriate for their needs.

*Within the context of the goals of the integrated System of Care, Edgewood's specific program goals for the Primary Intervention Project and School Consultation program are to help children with mild to moderate school adjustment difficulties get a good start in school by fostering a healthy sense of self and developing social skills. PIP is shown to improve school adjustment and minimize the need for more intensive and costly services later. The requirements of the model are:*

- Services are provided to children in kindergarten through third grade who are experiencing mild to moderate school adjustment difficulties. PIP is not therapy. They are not intended to meet the needs of "high risk" students.
- Services are school-based and low-cost.
- Services are provided to appropriate students from low-income families, those in out-of-home placement, and those who are at-risk for out-of-home placement.
- Services are provided in a culturally competent manner.
- Recipients of the services are students identified by a systematic and collaborative selection process.
- Services are provided by trained Child Aides supervised by mental health professionals as part of the Early Mental Health Consultation model.
- Services are provided in collaboration with a cooperating mental health entity.
- Parents and teachers are encouraged to build alliances to promote the mental health and social and emotional adjustment of students.

5. **Target Population**

Edgewood will serve clients referred by SFCBHS and meeting established SFCBHS criteria. The target population for the Primary Intervention Project is primary grade (K-3) children in the SFUSD who are identified as at-risk of developing serious school adjustment problems.

The target population for Mental Health Consultation is elementary grade children in the SFUSD who are identified as requiring mental health interventions; their teachers and their families.

## 6. Modality(ies)/Interventions

### A. Modality of Service/Intervention

Refer to CRDC

### B. Definition of Billable Services

#### Outreach Services/Consultation Services

"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 skills of human services agency staff to handle the mental health problems of particular clients.

## 7. Methodology

The Primary Intervention Project is designed to identify young children who are at risk of developing serious school adjustment problems. In the PIP, all Kindergarten, first, second and third graders will be screened for signs of potential school maladjustment using the WSI, standardized mass screening instruments used by SFCBHS. The teacher will complete the Walker Screening Instrument (WSI) in early October, following a meeting with project professionals who will describe the screening measures. The WSI will be completed by teachers within 3 days and returned to PIP staff for scoring.

The main components of the PIP are:

### 1. Play Sessions

Individual play sessions will be held in the playroom with a Child Aide. The playroom will be equipped with many of the following materials and equipment that encourage children's involvement and creative / expressive play: a dollhouse and dollhouse furniture, a small doll family, puppets, crayons, paints, clay, paper, scissors, glue, clothes for dressing up, blocks, playing cards, board games, legos, etc. The Child Aide will see children individually in sessions 30 minutes long. In cases where a child's goals from a previous session indicate need for socialization, a child will be assigned to a group play session.

### 2. Exit Conferences

Upon a child's completion of 12 play sessions the PIP Team (Child Aide, Teacher, Mental Health Consultant, and Principal) will meet to discuss the child's progress in PIP. At this time, the teacher will complete a post Walker-McConnell Scale; the Mental Health Consultant may also complete a Professional Summary Report to reflect the child's PIP experience. For a child who has not reached the expected adjustment to school, an extended time in PIP or an alternative intervention will be considered.

The Edgewood Director of School Based Services, or designee, and MH Case Consultant may also participate in the Exit Conferences. Teachers are released from their classroom to facilitate this process and provide an opportunity for thoughtful, collaborative discussion about the child.

### 3. PIP Support

In addition to the activities mentioned above, PIP Aides:

- Perform systematic screening and observations of all students in K-3 in order to correctly identify those children who would most benefit from PIP services.
- Outreach to parents and caregivers to inform them of PIP and inform them of progress made by their child in PIP
- Training and orientation for teachers around appropriate referrals for PIP.
- Two conferences per year with each participating teacher and also attended by a mental health professional, to discuss progress made in PIP and any indicators for referral to more intensive services such as therapy, educational testing or psychological evaluation.
- At least once monthly consultation with teachers regarding participating students and possible referrals.



- Systematic evaluation activities, including a survey of every K-3 student; a pre/post assessment of participating students; a demographic survey of participating students; principal, teacher and parent/caregiver satisfaction surveys.

#### 4. PIP Consultation

PIP consultation provides weekly ongoing case consultation for students who are participating in the Primary Intervention Program, and facilitates the referral of students and families who require services beyond the scope of PIP. Consultation occurs in weekly individual or small group meetings with PIP Child Aides. The consultant is also available for as-needed consultation with PIP Aides. The consultant, who is a masters level mental health professional, also assists in the selection of children for the Primary Intervention Program, and attends exits conferences at the end of each PIP cycle to discuss progress made in PIP and to facilitate further referrals.

#### 5. School Mental Health Consultation

MHC relies on a systems model that introduces a limited (10 hours a week) amount of professional mental health support to a school. The MHC is encouraged to help meet some of the limited mental health needs of students, but more importantly to work with school staff to identify and master new ways to work effectively with challenging students. Services generally include one-on-one help for teachers to develop in-class strategies for high-need children; home, school, and classroom observations of students referred for special services; resource referral and short-term case management; and consultation to the school's principal. A limited amount of short term individual and group therapy may also be provided.

### 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

Each objective should be followed by a section for evaluation which addresses the following elements:

#### A. Performance/Outcome Objectives

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served. These objectives should be specific, measurable, achievable, realistic and time-framed (SMART objectives). State the objective, how it will be measured, whom it is applicable to, clients included, and data source.

**Objective:** 75% of students participating in PIP will have an increase in their teacher-preferred, peer-preferred, and overall school adjustment by the end of the school year.

**Data Source:** ECCF will gather and summarize teacher-completed Walker-McConnell Surveys. These surveys are completed for all children pre- and post-service.

#### B. Other Measurable Objectives

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

### 8. Continuous Quality Improvement

Edgewood Center for Children and Families is actively committed to providing the highest quality services to both its clients and its employees. This commitment is supported and demonstrated through a variety of Continuous Quality Improvement (CQI) activities that occur throughout the agency. Edgewood's activities focus both on the organization as whole and its clients. Examples of organizational activities include strategic planning, annual budget planning, risk management, training evaluation, and ongoing reviews of staffing information (turnover, injuries, complaints and satisfaction). Examples of client activities include outcomes measurement and the ongoing review of client satisfaction, case records, service plans, complaints, high-risk incidents, and service-related improvement projects. In all of these activities, the agency ensures broad participation (e.g., staff, management, clients and the board), and shares findings agency-wide.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

Contractor: Edgewood Center for Children and Families  
Program: School-Based Well Being  
City Fiscal Year: 2010-11

Appendix A-5  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

1. **Program Name:** School-Based Well-Being
2. **Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 681-1065

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

Edgewood Center for Children and Families proposes to implement Edgewood School-Based Well-Being at Charles Drew College Preparatory Academy to build the capacity of teachers to handle behavioral issues as they arise, the capacity of families to provide the support their children need to succeed, and the capacity of children to deal with issues that may be impeding their academic and social progress.

5. **Target Population**

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The program will serve the entire Charles Drew student body, which is 76% African American, 7% Latino, 5% Pacific Islander, 4% Multi-Racial or no response, 3% Asian, 3% White, 1% Filipino, and 1% Native American. Eighty-five percent will qualify for free or reduced-price lunches. Only 4% will be English Language Learners, speaking Spanish, Samoan, or Tagalog. The majority of students will live in Bayview-Hunter's Point.

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

Specify the modality(ies) of service/interventions to be provided in the program (*for CBHS-MH, CRDC is sufficient*). If applicable, define billable service unit(s) or deliverables.

Edgewood School-Based Well-Being will provide the following services/interventions:

**Healthy Development Prevention Services**

- Mental Health Consultation (multi-dimensional assessment; service coordination; time limited 1:1 student contact to address specific issues, screen for larger behavioral health issues, and link as appropriate to other ongoing services)
- Family Resource Center (outreach and family workshops)
- Teacher Training/CHAMPS (school climate improvement activities, school-wide behavior systems/models)

*\*\*Detailed information on number of students and frequency/duration of services are listed in the outcome objectives section.*

**Early Intervention Services**

- Behavior Coaching (time limited 1:1 intervention and linkage to services as needed and short-term individual, group, and family counseling)
- Primary Intervention Program (PIP)

*\*\*Detailed information on number of students and frequency/duration of services are listed in the outcome objectives section.*

## 7. Methodology

*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 question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

*\*\*Note: Detailed information on number of students and frequency/duration of services are listed in the outcome objectives section.*

Drew school has a fulltime Learning Support Professional (LSP)/ Social Worker who has the responsibility to coordinate all agency services at the school site. To ensure collaboration with Drew, the Edgewood MHC will participate in the weekly onsite Student Assistance Program meeting to discuss the needs of students and families, and to help direct Edgewood services as needed.

Using a three-tier approach, Edgewood services give students, families and staff preventative universal access to services, mid-level early interventions, and targeted longer interventions as needed. Specifically,

### Universal Access:

#### **Multi-dimensional Assessment**

- a. To assess the current strengths, needs, and gaps among the Charles Drew community, the Edgewood Mental Health Consultant (MHC) will administer Edgewood's School-Based Well-Being Assessment to Charles Drew staff October 1 – October 31 and to Charles Drew parents by during the month of December.
- b. The Research Associate and MHC will present the preliminary staff results to school administration during the first week of November. The presentation of the final results including parent/caregiver input will be presented by January 15. The MHC will work with administration to begin prioritizing results during this period.
- c. Beginning in October, the MHC will work with the school's Learning Support Professional to coordinate prevention and early intervention services to meet the needs highlighted in the survey results.

#### **Mental Health Consultation**

- a. The MHC will provide short-term counseling beginning in January to meet the needs of children who will need more intensive intervention as determined by the Student Assistance Program (SAP) team, which consists of school staff, CBOs, the Child Aide, the Behavior Coach, and other resources working at the school site.

#### **Family Resource Center**

- a. To ensure participation by families in the survey and in support services, the Outreach/Family Resource Center Coach will outreach to families beginning November 1 (to include home visits as needed), and co-host an open house in January.
- b. To ensure parents receive the support they need to strengthen their families, the Outreach/Family Resource Center Coach will host weekly parent meetings in the form of coffee chats (or other regularly scheduled times that may already be on the calendar at the school) beginning January 15, and monthly parent education workshops beginning in January.

#### **Teacher Training**

- a. To build the capacity of teachers to address behavioral issues that arise in the classroom, the Teacher Trainer will host a CHAMPS presentation before November 1 for all Charles Drew teachers, begin the presentation of the five modules in January, and host de-escalation trainings as needed beginning in January. During that six-month period, the MHC will also host a training for teachers to help destigmatize mental illness among the school community.

### Mid-Level Access

#### **Behavior Coaching**

- a. To increase the social and emotional skills important for the successful development of thinking and learning activities of students, Behavior Coaches will provide on-site early intervention services at the classroom, group, and individual level using Second Step curriculum. This will include determining the level of intervention appropriate, identifying students (via the SAP team between November 1 and December 15), starting small groups (following the Second Step curriculum) in January, and beginning to implement Functional Behavior Assessments (FBA) and behavior plans, also in January.

#### **PIP**

- a. Between October 1 and 15, the School-Based Program Manager will identify and prepare a playroom to be used for PIP.
- b. Beginning November 1, The Child Aide will distribute the **Walker Survey Instrument (WSI)** to all teachers to identify PIP-appropriate students. Between November 15 and December 15, WSI scores will be assessed, and identified students will be further assessed by the SAP team.
- c. Once students likely to benefit from PIP have been identified and selected, the Child Aide will provide the teachers with the Walker-McConnell Scale (WMS).
- d. Child Aides will work 20 hours/week to conduct nondirective play sessions with 14-16 students per cycle and two cycles per year.

#### **A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

The School-Based Well-Being Outreach Coach will gain parents' trust by meeting families where they are most comfortable (at their homes, at school, at community centers), listening to what they say they need rather than telling them what they need, speaking their language and/or understanding their culture, being available and visible early in the morning when they are dropping children off, and attending meetings that parents already attend (PTA, open houses). The FRC/Outreach Coach will host an open house for families and weekly coffee chats or other regularly scheduled times that may already be on the calendar at the school.

#### **B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

All teachers are eligible to participate in Teacher Training and Behavior Coaching. Students will be selected for Behavior Coaching, PIP, and mental health counseling via SAP meetings.

#### **C. Describe your 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.**

The Edgewood School-Based Well-Being delivery model is based on the mental health consultation model we have piloted and modified to meet the new SFUSD strategic plan requirements. This model includes the modalities listed in #5 above (as well as PIP)—all of which are provided to schools with frequencies and durations dependent upon the individual school-based program and the results of the School-Based Well-Being Gap Assessment.

#### **D. Describe your program's exit criteria and process, e.g. successful completion, step-down process to less intensive treatment programs, aftercare, discharge planning.**

N/A

#### **E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Edgewood school-based has a management system that supports programs at the school site. The Behavior Coach, Family Resource Coordinator and Teacher Trainer reports to a School-Based Program Manager, the MHC reports to the School-Based Clinical Manager, and the PIP child aide reports directly to the PIP Program Manager. The program managers report directly to the Director, which is not listed here or in the budget. The MHC will be the lead coordinator for services, but each position reports to a manager who has weekly supervision at the school site.

The Mental Health Consultant (.5 FTE) will administer Edgewood's Youth Need Gap Survey, consult with designated members of the school community (usually the principal, counseling staff, and members of the faculty) to prioritize needs based on survey results, and discuss services based on those priorities provided to school staff, students, and families. The MHC will also provide short-term individual counseling and support students, with the objective of connecting to long-term supportive services. He or she will also be responsible for connecting the community (students, staff, and families) to appropriate Edgewood and other community resources. The MHC will also develop, research, adopt and provide psycho-educational programs to meet the needs of school. Services provided require approval from the Edgewood Director of School-Based Programs and school administration.

Two Behavior Coaches (each at .5 FTE) will support teachers to develop effective behavioral interventions for identified high-risk students for whom class-wide strategies are not effective; create individual behavior plans and model behavior management strategies with up to 25 children in a school year in a 1:1 setting in collaboration with the Teacher Trainer; facilitate social skills groups for students identified as needing additional support; assist schools in developing positive proactive strategies for behavior management in the classroom, schoolyard, cafeteria, and hallways; and collect data for evaluation purposes.

The role of the Outreach/FRC Coach (.8 FTE) at Drew is to create and maintain a warm and welcoming space at the Family Resource Center, a space where parents, students, and teachers feel comfortable and supported within their school community. He or she will provide relevant and culturally appropriate referrals and connect families with services they need; coordinate and facilitate workshops that enrich parenting skills, pro-active behavior management, and ESL; and offer extra-curricular activities such as music, arts and crafts, and drama classes to provide an outlet for family members. The Outreach/FRC Coach will also provide outreach to students and families, coordinate Family Conferencing, make scheduled home visits, investigate requests for and coordinate financial assistance, and coordinate collaboration when multiple services are being rendered by Edgewood simultaneously.

The Teacher Trainer (.5 FTE) will develop, plan, and deliver teacher training curriculum based on Classroom Management Systems to designated school staff; provide ongoing individual assessment, observation, feedback, and coaching to participating teachers around implementation of the CHAMPS curriculum, behavior management, and de-escalation of students; collaborate with school administrators to facilitate school-wide climate reform based on the assessment, implementation of school-wide interventions, and collecting outcome data for program; oversee the work of behavior coaches to plan and coordinate services for identified at-risk or high-risk students in the school setting; develop, plan, and implement other teacher trainings as identified by the MHC and program staff; and conduct trainings to parents and caregivers on topics of behavior management.

Research Associate (.05 FTE), Scott Collier, will participate in administering the Edgewood School-Based Well-Being Assessment, produce outcomes based on the assessment, and assist in designing the tools necessary to evaluate each of the programs listed.

The School-Based Program Manager (.2 FTE), Jonathan Weinstock, will be responsible for the day-to-day management and oversight for each program staff at Drew. Jonathan will be the direct contact with the school administration for any needs that may need tending to at the school.

As the Director of School-Based Programs (.05 FTE, **not funded by the grant**), David Mulig will be responsible for the planning, development, and effective operation of all program, personnel, research, and other program requirements. David will also regularly communicate with the school to ensure that Edgewood's program is both meeting the needs of the school and of this proposal.

## 8. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

### Teacher Training

Objective 1) Train 80% of the teachers and support these trained teachers in the CHAMPS model by the end of the school year.

Objective 2) Guide 80% of the teachers through the process of thorough assessment of behavior and help them understand how to analyze chronic behavior challenges by the end of the school year.

Objective 3) Assist 35% of the teachers in selecting effective intervention strategies based on student strengths and abilities by the end of the school year.

Objective 4) Model intervention strategies and work with 35% of the teachers to learn and practice intervention strategies by the end of the year.

Data Source: ECCF will administer a pre/post Teacher Training Self-Efficacy Measure and analyze the results.

### Behavior Coaching:

Objective 1) Problem-solving strategies/conflict skills, anger management strategies, and empathy will increase by 40% among students served in small groups and individually.

Data Source: Teachers will complete pre/post Walker-McConnell Surveys for all students who participate in behavior coaching. ECCF will compile and summarize the results.

### Outreach and Family Resource Center Services:

Objective 1) Provide family support and parent education to promote school success for 90 families with children attending a school by the end of the school year.

Data Source: Parents enrolled in care management will respond to questions in the Family Needs Scale at their first visit and again at the end of the school year. This instrument asks families to rate how well they are doing in meeting a number of tasks critical to their families' well-being.

ECCF staff will analyze and summarize the data.

### PIP:

Objective 1) 75% of students participating in PIP will have an increase in their teacher-preferred, peer-preferred, and overall school adjustment by the end of the school year.

Data Source: Teachers will complete pre/post Walker-McConnell Surveys for each student served. ECCF staff will compile and summarize the results.

### Mental Health Consultation:

Objective 1) Teachers and staff will have a 50% increase in their confidence regarding their ability to recognize potential clinical issues and in their ability to find resources for those students and families.

Data Source: School staff will complete GAP surveys between Oct. 1 and Dec 31 and again in May. ECCF will compile and summarize the results.

1. **Program Name:** Juvenile Justice Mental Health Consultation and Training Program
2. **Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA, 94116  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 681-1065

3. **Nature of Document**

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

4. **Goal Statement**

Provide a brief and general statement (preferably one sentence) that describes what the program is aiming to accomplish through its contract.

Edgewood's Youth Mental Health Consultation and Training Program will build the capacity of providers to assess and meet the behavioral health needs of at-risk and system-involved youth they serve—thus improving the overall quality of the support they provide and preventing young people's future involvement with the juvenile justice and/or behavioral health care systems.

5. **Target Population**

Describe the target population to be served by the program. If you target a specific problem, geographic area, group, age, etc. please specify. For example: women of childbearing age; youth between the ages of thirteen and nineteen years; Asian/Pacific Islander gay and bisexual men; African American males residing in the Tenderloin.

The Consultation and Training Program will provide on-site mental health consultation to at least 20 providers who serve at-risk youth who may benefit from mental health consultation. These agencies will be recruited from San Francisco agencies that currently serve youth involved in the Juvenile Justice system and agencies who serve youth who are at risk of becoming involved in the Juvenile Justice system.

The 200 youth receiving short-term early intervention and direct services will be enrolled at Huckleberry Youth Programs, including Community Assessment & Referral Center (CARC), Larkin Street Youth Services, and agencies enrolled in the Mid Level consultation portion of the program. Huckleberry's CARC provides an alternative to 600 young people, ages 11-17, who have been arrested for non-violent offenses and who would otherwise be brought directly to Juvenile Hall. Most youth come to CARC from Bayview-Hunter's Point, Visitation Valley, Excelsior, and the Mission—all of which are CBHS-priority, high-need neighborhoods. Larkin Street will target justice system involved youth ages 12-24 from throughout its programs, with services provided from their Tenderloin location.

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

Specify the modality(ies) of service/interventions to be provided in the program (*for CBHS-MH, CRDC is sufficient*). If applicable, define billable service unit(s) or deliverables.

The Consultation and Training Program will provide three types of services: Mental Health Consultation Services (including Intensive, Mid Level and Low Level Consultation Services), Direct Services to Youth and Families, and a Learning Circle:

**Mental Services Health Consultation Services**

This model includes three tiers of intervention.

1. Low Level – monthly trainings (8+ organizations)
2. Mid Level (6-12+ organizations) – the number of organizations depends upon the level of intensity necessary. The longer the intervention for agencies, the less number we can support. We expect a range of shorter to longer interventions.
3. Intensive Level (2 organizations)



Intensive Level: Huckleberry House and Larkin Street will each have one Mental Health Consultant(MHC) to provide on-site consultation services. Intensive MHC will participate in the following activities:

- Agency assessment, intervention planning, technical assistance, observation, and coaching
- Individual/group consultation and training for staff
- Attendance at weekly case consultation/case review meetings
- Site-based targeted workshops that build knowledge and skills
- Learning Circle Participation
- Monthly Trainings
- Model Development Trainings

Mid-Level Services:

Agencies interested in mid-level consultation will apply for consideration. Our application process will determine the level of intensity at an organization's site. The advisory group will meet to score applications and determine level of intervention. If selected, the least intervention is 4 hrs/wk for 3 months. For the application, some of the criteria may include:

- Size of agency / staff working with youth
- # of youth to participate in the Youth Needs Assessment
- Interviews to determine need
- "Case management" based on assessment results and a clear intervention strategy based on highest gaps.
- Commitment of staff to the minimum requirements for participation (4 hr/wk – 3 months)
- Family Involvement
- Level of knowledge in mental health issues.

Low Level Consultation (Large Trainings): Monthly trainings will be provided in areas related to youth and families at risk for the juvenile justice system. Group trainings for staff will include topics on assessing, understanding and responding to behavior health issues, the impact of trauma, anger management and social justice. These trainings will be open to all SF organizations providing services to our target population. Participation in this level of consultation may also encourage agencies to apply for Mid Level consultation.

Monthly Learning Circle for Program MHCs and Collaborative Staff from Edgewood, Larkin, and Huckleberry

Monthly meetings will focus on supporting and training MHCs and link them to other successful consultation projects including Early Childhood MH providers and the after-school consultation project (both run by Edgewood). It is proposed that, quarterly, the Learning Circle invite MHCs from other consultation initiatives so that model development can occur.

The Learning Circle will also review evaluation data for CQI. The Learning Circle will be based on Edgewood's Learning Organization model. A learning organization is one that maintains a non-threatening, empowering culture where leadership, management and line staff focus on continuously developing organizational competence. The goal is to allow us to systematically learn from our experience what does and what does not work in order to increase innovation, effectiveness, and performance in delivering services to children and families.

Quarterly, we plan to hold an EMC learning circle to include the Edgewood School-Based EMC and the ECMHC programs. The goal of this learning circle is to review our consultation program and to work collaboratively to increase our performance in each program.

**6. Methodology**

*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 question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

A large outreach effort will be developed to invite all agencies providing service to our target population. Edgewood, Huckleberry and Larkin will partner to provide outreach to the following groups and collaboratives:

- o Juvenile Justice Providers Association (60 active agencies)
- o Subcontracts of Huckleberry House including CYC Brothers Against Guns, Instituto
- o Sunset Youth
- o Mission Neighborhood Center
- o Youth Justice Initiative
- o Youth Commission
- o Bayview HP Foundation
- o Mo-Magic and B-Magic
- o TAY Task Force(lead by Larkin)
- o CBOs operating in targeted public schools

All SF agencies serving the target population will continue to be invited to monthly trainings (Low Level Consultation) and will continue to be recruited for the Mid Level consultation model.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

Larkin and Huckleberry House have already been selected as our partners and will be provided Intensive Consultation services. Mid Level consultation agencies will be recruited and apply as explained earlier in this document. All agencies are eligible for Low Level Consultation.

Direct services to youth and families will be provided by MHCs at Intensive and Mid Level Consultation sites. At Huckleberry House, these youth will be referred by CARC case managers and be eligible for short-term direct services. At Larkin Street, youth and families from any of their programs can be referred to MHCs by their case manager and again will be provided with short-term services. Mid Level sites will have staff refer to MHCs for direct service needs. All requests for direct services will begin with an assessment of the youth and family. Should short-term services be indicated and consented to, an initial CANS for youth receiving services for more than 30 days will be conducted to complete an assessment and guide a treatment plan.

**C. Describe your 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.**

The Consultation and Training Program will provide three types of services: Mental Health Consultation Services (including Intensive, Mid-Level and Low-Level Consultation Services), Direct Services to Youth and Families, and a Learning Circle. The service delivery model for each is below:

**Mental Health Consultation**

**Intensive and Mid Level:** All consultation services will be delivered on-site. Intensive services will last the entire year and will have a MHC on site five days a week. Mid Level will last 3 months to 1 year with a minimum MHC presence of ½ day a week. The intervention will begin with an assessment (GAP survey) which will lead to an action plan to guide the focus of consultation. The post-GAP survey will be completed at the end of the action plan to assess the impact of the consultation. A satisfaction measure will occur about half way through the consultation action plan and at the end to assess satisfaction with the service. Direct services at these sites will range from 1 day to one year, depending on need. Short-term services over 30 days will include a CANS assessment and treatment plan development. CANS will continue to be conducted at 6-month intervals to assess treatment progress.

**Low Level:** Monthly trainings will be provided to all SF agencies serving our target population. These trainings will occur at Edgewood and other sites throughout the city. Following each training, evaluations will be completed.

**Learning Circle:** Monthly Learning Circles will occur at Edgewood. The focus of this group is to support and train MHCs in their work. Other JJMCH staff will join the group as needed. As Edgewood is involved in several other consultation

initiatives (i.e., Early Childhood Mental Health and School-Based), we would like to propose that the Learning Circle, quarterly, incorporate key staff from all consultation programs in order for us to focus on consultation model development and dissemination. Participants on the Learning Circle will be given a self-efficacy measure to assess the effectiveness of the Learning Circle in their work.

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

All agencies participating in consultation services will be given a GAP Survey to assess their needs. This assessment will guide the development of an action plan and a length and activity of service. At the end of the action plan a post-GAP survey will be administered and a discharge plan developed and implemented. Agencies that complete Mid Level consultation will be encouraged to continue participation in the program through our Low Level consultation model.

Youth and families participating in direct services will be discharged when their treatment goals have been met. For youth and families needing additional or more comprehensive behavioral health services, we will work with ACCESS to refer to existing CBHS services.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Please see Appendix B-9a and B9b

**7. Objectives and Measurements**

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

**A. Performance/Outcome Objectives**

List the program's performance/outcome objectives. Outcome objectives are a statement about the expected changes, results, impacts or benefits of programs for individuals or groups served. These objectives should be specific, measurable, achievable, realistic and time-framed (SMART objectives). State the objective, how it will be measured, who it is applicable to, clients included, and data source.

**Mental Health Consultation**

1. At least 20 agencies serving youth at risk for involvement in the juvenile justice system or involved in the juvenile justice system will participate in the Consultation Program.

*Data Source:* Intensive and Mid Level participation will be measured by consultation contracts/agreements and Low Level agency participation by sign-in sheets provided by ECCF.

2. Programs participating in the Intensive and Mid-Level Consultations will show improvement in identified areas as measured by pre and post GAP surveys. GAP surveys will be given initially and six months following the consultation (or at the end of the action plan if shorter than 6 months). For Mid-Level programs, GAP surveys will be conducted again as they exit the program (6-12 month range).

*Data Source:* GAP surveys will be conducted by the MHCs and MHCs and research staff will interpret results jointly. Post GAP surveys will be used to inform program effectiveness, model development, and the need for ongoing consultation.

3. At least 75% of agency staff who receive Intensive and Mid-Level Consultation and responded to the survey, will report that they are satisfied with the services they've received from the consultant.

*Data Source:* A satisfaction measure will be developed by the Program Coordinator modeled after the one currently used by the Early Childhood Mental Health Consultation program. MHCs will collect satisfaction surveys in conjunction with post-GAP surveys at all Intensive and Mid-Level Consultation agencies.

#### **Low Level Consultation/Large Trainings**

4. All staff who attend the Large Trainings throughout the year, will show the following on training evaluation forms:
  - A minimum of 90% of respondents at trainings shall rate the overall usefulness of the training as 4 or higher on a 5-point scale.
  - A minimum of 90% of respondents shall rate the improvement of job related skills as 4 or higher on a 5-point scale.
  - A minimum of 75% of the respondents shall indicate that the training was effectively appreciated across cultures.
  - A minimum of 75% of the respondents shall indicate that their knowledge increased as a result of the training.
  - A minimum of 75% of respondents at all trainings shall identify at least two skills, tools, concepts, knowledge, or policies and procedures that they will use at their workplace.

*Data Source:* An existing Edgewood Course Evaluation Tool will be used to assess the Large Trainings. The Training Director will be responsible to collect and compile training evaluations, which occur at the end of all trainings.

5. A minimum of 75% of respondents who complete a Transfer of Learning Questionnaire following the Large Trainings shall report applying the knowledge they obtained during the training to their work.

*Data Source:* An existing Edgewood Transfer of Learning Questionnaire will be distributed 1-2 months after training. The Training Director will be responsible to compile the results.

#### **Direct Service (from CBHS document)**

*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.*

Data Source: AVATAR(N/A if data not available in AVATAR)

*Edgewood 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 as measured by CANS Certificates of completion with a passing score.*

Data Source: CANS on line database, CBHS will provide

*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.*

Data Source: CANS submitted to CANS database website, summarized by CYF System of Care.

*CYF agency representatives will attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.*

Data Source: SuperUser calls attendance log, summarized by CYF System of Care.

*Outpatient clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*Outpatient clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

#### **Learning Circle**

6. 85% of participants in the Learning Circle will demonstrate an increase in their perceived self-efficacy in mental health consultation as measured by a 10-item measure using a 5-point Likert scale.

Data Source: The Program Coordinator will administer this tool at the first meeting on the Learning Circle and, thereafter, every six months.

#### **Other CBHS Performance Objectives**

*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.*

Data Source: Client discharge summary

*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.*

Data Source: Quarterly Program Monitor Meeting Notes taken by Program Monitor

Contractor: Edgewood Center for Children and Families  
Program: Residential Day Treatment  
City Fiscal Year: 2010-11

Appendix A-7: b1, A-7b2 & A-7c  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

**1. Program Name: Residentially-Based Day Treatment (88586, 88484, Residential Supplement)**

**Program Address :** 1801 Vicente St.

**City, State, Zip Code:** San Francisco, CA 94116-2923

**Telephone:** (415) 682-3211

**Facsimile:** (415) 681-1065

**2. Nature of Document**

☐ New ☒ Renewal ☐ Modification

**3. Goal Statement**

The goal of Edgewood's Residentially-Based Day Treatment (RBDT) program is to provide intervention and treatment to improve functioning of Seriously Emotionally Disturbed (SED) children and adolescents so they may transition to a lower level of care and build permanency.

**4. Target Population**

Edgewood's RBDT program is designed to serve the following target populations:

- Children & adolescents ages 6-18 with mental health diagnoses who have been exposed to community and/or familial violence or may have been victims of abuse or neglect.
- Children and adolescents who have disorders such as Mood disorders, Post-Traumatic Stress and other anxiety disorders, Oppositional Defiant and other behavioral disorders, and others often with concurrent substance abuse issues.
- Children & adolescents who are Medi-Cal beneficiaries, placed in a group home, & authorized to be in DTI based on the approval of SFUSD through the IEP process and AB 3632 Unit

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

Please refer to budget submitted under this proposal.

**A. Modality of Service/Intervention**

Day Treatment Intensive, Mental Health Services, Medication Support Services, Crisis Intervention

**B. Definition of Billable Services**

**Day Treatment Intensive.**

"Day Treatment Intensive" means a structured, multi-disciplinary program of therapy which may be an alternative to hospitalization, avoid placement in a more restrictive setting, or maintain the beneficiary in a community setting, with services available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Day Rehabilitation.**

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

**Medication Support Services.**

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

#### Mental Health Services

Family Therapy, crisis intervention services outside DTI hours and group therapy on non-DTI days..

#### Crisis Intervention

Crisis Intervention is not allowed during day treatment hours.

### 6. Methodology

#### A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.

Edgewood works collaboratively with families, SFCBHS, Child Welfare, SFUSD and other San Francisco based Day Treatment Intensive programs to constantly communicate about openings and coordinate best placements when this intensive level of service is required and authorized. Families often call to request this service and our Intake Worker works closely with them and our partners to ensure that this level of service is what is needed and assist the family in walking the often difficult and overwhelming process of obtaining the least restrictive level of care for their child.

#### B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.

The RBDT screening/referral/intake procedure is managed by the IS Intake Worker. This individual welcomes all families to assist them with their requests and to assist in the often complicated process of navigating public systems such as mental health, social services, the juvenile justice system, and the public school system. The Intake Worker also coordinates with families and referring parties to ensure a best fit and to ensure that all eligibility requirements are met. There are only two exclusion criteria for IS programs. We are not able to admit any youth who, in the judgment of staff or a consulting professional:

- Exhibits behavior dangerous to self or to others that requires a higher level of care or psychiatric hospitalization.
- Requires an immediate medical evaluation or medical care.

Any youth who is not admitted to a program for either of these reasons can reapply for admission in the future, and can be admitted if the conditions that prohibited admission in the first place no longer pertain.

The Intake Worker responds to all requests for admission within two business days.

The Intake Worker invites the family and referral person to a pre-placement visit. If a visit to Edgewood is not possible, the Intake Worker will make diligent attempts to meet with the youth in person at their natural setting. This meeting is to assist the youth, family, and/or guardian in understanding the reasons services are being sought, as well as to describe the treatment programs, encouraging and answering questions of all parties. The Family Partner will often accompany the Intake Worker as needed. The family/caregiver and/or community resources and connections are informed that participation is welcome in the treatment progress, and considered to be an integral component of successful treatment.

Final admission decisions are made by the Admissions Team, who meets weekly. The Admission team is run by the Intake Coordinator and includes the IS Regional Director, Medical Director, Director of Milieu Management, Associate Clinical Director and Educational Director. Final decisions regarding admission are done by the Medical Director. Again, all intake decisions are made in collaboration with SFCBHS, Child Welfare and SFUSD.

Once a youth is accepted into the program, the following occurs:

Prior to or day of admission:

- Acquire all previous and pertinent assessments i.e. psychological, substance abuse, psychoeducational, medical.
- Obtain provider, family and youth goals for treatment including:
  - strengths and vulnerabilities
  - successful interventions and coping skills utilized in the past
  - family connectedness
  - short term goals
  - long term goals (including discharge options)
- Disseminate necessary information about the youth's case to staff that will be working directly with the youth and family e.g. psychiatrist, therapist, nursing staff, child care workers, educators.

Within 72 hours of admission:

- Assess and compile a list of individuals involved in the youth's system including, but not limited to, family members, public agency staff, other providers or persons in the community.
- Assign a therapist/care manager to coordinate the assessment and service plan.
- Therapist/care manager develops and establishes safety plan.
- Consent and emergency contact forms are signed by the legal guardian.
- Development and Implementation of a safety plan and initial mental health goals.
- Nursing Assessment is completed.
- Psychiatric evaluation and initial treatment plan will be completed.

Within 30 days of the admission:

- Mental Health Assessment, Care Plan, and individualized Behavior Support & Intervention Plan (BSIP) are completed.
- A Care Team meeting including family member/caretakers, all pertinent providers, natural supports and resources and program staff will meet to affirm the treatment plan, safety plan, permanency plan, stabilization goals, and discharge plans.

**C. Describe your 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.**

Edgewood's Residentially-Based Day Treatment Intensive services include comprehensive mental health services to children and adolescents aged 6-18 who have been unsuccessful in public school campuses and in their homes due to severe behavioral and mental health issues. The clients are referred to Edgewood by Community Behavioral Health Services (CBHS) program, Child Welfare, and the Juvenile Justice System.

The Day Treatment services are integrated with the nonpublic school on Edgewood's Vicente campus, and together they comprise Edgewood's RBDT program. The program is organized into three pods of up to 25 children each, each pod located in a different multi-room building serving both boys and girls. The program operates on a full-day format from 9:00 a.m. to 3:15 pm Monday, Tuesday, Thursday, and Friday. Wednesday's hours are 9:00-1:15.

RBDT services at Edgewood are provided by multidisciplinary staff in the context of the school day in order to connect the mental health support to each child's daily real-world challenges. Services include a consistent therapeutic milieu staffed by qualified mental health professionals; individual, group and family psychotherapy; Art and recreational therapeutic groups; medical and psychiatric treatment; and comprehensive care management. Individualized Care Plans are developed for each child and family. These plans are developed through a multidisciplinary process that strives to put families at the center of decision-making.

The general goal of the Edgewood Day Treatment program is to meet the mental health and educational needs of children and youth who face serious emotional challenges, as well as to their families, in order to facilitate successful



reintegration into more mainstream community settings and home environments. To meet this end, the following steps are taken for each child:

- A. In-depth comprehensive assessment of each child, addressing such areas as mental health, positive behavioral support, education, and medical care.
- B. Assessment of family needs in order to best support the child referred to the program.
- C. Design and implementation of a care plan for each child, utilizing the most appropriate education, clinical, and medical services available at Edgewood and/or in the community. This includes:
  - i. A statement of long-term goals and short-term strategies for the child and family;
  - ii. Ongoing preparation of discharge of the child from the program to less restrictive educational and mental health settings (i.e. marked by more community integration and readiness for less intensive mental health services)
    - 1. This includes re-entry into public school program when appropriate.
  - iii. Plans for stabilizing child and family, and linking families to other service providers for on-going care and support in the community;
- D. Commitment to ongoing family contact and involvement in order to:
  - i. Partner with families to provide the most informed care possible;
  - ii. Ensure unified support for program strategies; and
  - iii. Support the family according to their distinct needs regarding preparing to support their child through the transition out of Edgewood's highly structured services.

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

A discharge plan is developed at intake in collaboration with the Care Team. This plan is assessed on a quarterly basis at minimum throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting.

Over the entire duration of a child's treatment, Care Teams meet approximately every three months; however they can occur more frequently based on the acuity of the child's or family's situation, or at the request of any of the treatment team members for any reason. Discharge planning is a focal point of the discussion in each meeting as it greatly influences the status of progress and goal-setting to ensure that what is being assessed, measured, and monitored matches the ultimate plan for the child's next step after this level of intensive care. Throughout these discussions and the course of a child's treatment, connections to community and family are continually established and built to promote a comprehensive treatment plan.

As a client's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the child and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the child and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other treatment team members in determining how best to adjust in order to remain focused on a successful transition.

Ideally, youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible. Examples of this include, but are not limited to: Therapeutic Behavioral Services (TBS), outpatient mental health service and Wrap-Around Care. Additionally, the treatment team works diligently together to consistently follow through on rituals and other plans that have proven to be successful for clients and families. Some examples of this include, good bye parties, transition scrapbooks chronicling the client's treatment through pictures and quotes, visiting the next school placement and other individualized relationship-based rituals created between the client and staff they have worked with during their treatment.

- E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Please see Appendix B submitted in this proposal.

## **7. Objectives and Measurements**

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

*The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. 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.*

Data Source: CBHS Billing Information System - CBHS will compute

*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.*

Date Source: AVATAR(N/A if data not available in AVATAR)

*Edgewood 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 as measured by CANS Certificates of completion with a passing score.*

Data Source: CANS on line database, CBHS will compute

*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.*

Data Source: CANS submitted to CANS database website, summarized by CYF System of Care.

*CYF agency representatives will attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.*

Data Source: SuperUser calls attendance log, summarized by CYF System of Care.

*Day Treatment clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the three-month anniversary of their episode opening date, and every three months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*Day Treatment clients have an updated Treatment Plan in the online record within 30 days of the three-month anniversary and every three months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*During Fiscal Year 2010-11, Edgewood will provide 38,536 units of service (UOS) consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.*

Data Source: CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*70% of treatment episode will show three or more service days of treatment within 30 days of admission.*

Contractor: Edgewood Center for Children and Families  
Program: Residential Day Treatment  
City Fiscal Year: 2010-11

Appendix A-7a, b1, A-7b2 & A-7c  
Contract Term: 7/1/10-6/30/11  
Funding Source (AIDS/CHPP only)

Data Source: BIS system data generated by CBHS

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Client record review

*Information on self-help alcohol and drug addiction recovery groups will be kept on prominent display and distributed to clients and families.*

Data Source: Site visit, intake packet

*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.*

Data Source: Nursing records kept at ECCF.

*Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.*

Data Source: Quarterly meeting review minutes maintained by program monitor.

#### Program Specific Objectives

At discharge, 85% of children & youth will remain at or step down to a lower placement level as measured by Restrictiveness of Living Environment Scale (ROLES) already in our database. Data is entered into the Edgewood portal and analyzed by Evaluation staff.

85% of children & adolescents will show improvements quarterly in general symptomatology, risk behaviors & developmental functioning as measured by the Child & Adolescent Needs & Strengths (CANS). Clinicians complete CANS at intake and quarterly and enter scores into the county online system. Data is available in CANS on line system. ECCF evaluations staff are willing to assist CBHS in the data analysis.

80% of children will show improved subscale scores from baseline to follow up on the Child Health Questionnaire-PF28 (CHQ-PF28) and the Behavioral & Emotional Rating Scale-2 (BERS-2). Staff complete measures at intake and quarterly and Evaluations staff enter scores into a secure database and analyze them.

85% of caregivers/guardians will be satisfied that their child's functioning has improved as a result of RBDT services, to where placement in a less restrictive community setting would benefit their child's development as measured by SF-required client satisfaction surveys administered twice yearly.

#### **B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work Plan submitted with this proposal.

#### **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.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts.

Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

Contractor: Edgewood Center for Children and Families  
Program: School MH Partnership  
City Fiscal Year: 2010-11

Appendix A-8  
Contract Term: 7/1/10-6/30/11

1. **Program Name:** School Mental Health Partnership (8858ED)  
2. **Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 681-3211  
**Facsimile:** (415) 681-1065

*Participating Schools* (7.5 classrooms)  
Rooftop Elementary School (2 classrooms)  
443 Burnett Avenue  
San Francisco, CA 94131  
Jane Bieringer, Principal

(415) 695-5692

E.R. Taylor  
423 Burrows St  
San Francisco, CA 94134  
Gini Dold, Principal

(415) 330-1530

Abraham Lincoln High School  
2162 24<sup>th</sup> Ave.  
San Francisco, CA 94116  
Ron Pang, Principal

(415) 759-2700

Rooftop Middle School (1 classroom)  
500 Corbett Street  
San Francisco, CA 94131  
Jane Bieringer, Principal

(415) 695-5692

Denman Middle School (1 classroom)  
241 Oneida Ave.  
San Francisco CA 94112

(415) 469-4535

Burnett Child Care Development Center (1.5 classrooms)  
1520 Oakdale  
San Francisco, CA 94124

(415) 695-5660

3. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

4. **Goal Statement**

The goal of the Partnership Program is to provide services in the SED classroom to assist the students in that classroom to meet their educational and mental health goals. To collaborate with the classroom teacher, teacher aides, principal, parents, caregivers, other outside providers and school community as a whole.

5. **Target Population**

Edgewood will serve clients referred by CBHS and meeting established CBHS criteria.

Children served through this program are, by definition, special needs students who require a Special Day Class in the public school setting.

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

Document Date

07/01/10  
Page 1 of 4

**A. Modality of Service/Intervention**

Refer to CRDC

**B. Definition of Billable Services**

**Crisis Intervention.**

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

**Mental Health Services.**

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

**Assessment**

"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**

"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 status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Therapy**

"Therapy" means a service activity which is a therapeutic intervention that focuses primarily on symptom reduction as a means to improve 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**

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

**Indirect**

In addition to direct service units, indirect services will be offered to the classroom setting. The purpose of this service is to provide expertise and support to the general educational and therapeutic setting in which the youth are learning. Indirect services will be offered in the form of consultation to teachers, school staff and parents. In the interests of continuity of care, collaboration and consultation will be offered to mental health providers of students who are already receiving mental health services. Brief mental health and/or crisis services will be offered to students who do not require long term treatment.

**7. Methodology**

The Mental Health Partnership program provides consultation and mental health support to Special Education classes throughout San Francisco. Schools are identified through a screening process, and must meet several criteria in order to participate.

**Scope of Services from Mental Health Provider:**

- Mental Health Services to ED children in the classroom
- Pull-out individual therapy services
- Group activities
- Consultation and collaboration with teacher and other school staff.
- Attendance at SST meetings when appropriate
- Activities in the classroom
- Collaboration, outreach and services to parents and families

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

**Program Services will be delivered within the context of the following:**

- The use of common admission and discharge criteria for the level of care
- Care manager for all clients who will be responsible for the client's plan of care throughout the system
- System wide standards of accountability based on cost, access, quality, and outcomes

**7. Objectives and Measurements**

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

**A. Performance/Outcome Objectives**

*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.*

Data Source: AVATAR(N/A if data not available in AVATAR)

*Edgewood 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 as measured by CANS Certificates of completion with a passing score.*

Data Source: CANS on line database, CBHS will provide

*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.*

Data Source: CANS submitted to CANS database website, summarized by CYF System of Care.

*CYF agency representatives will attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.*

Data Source: SuperUser calls attendance log, summarized by CYF System of Care.

*Outpatient clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*Outpatient clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six months thereafter. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*During Fiscal Year 2010-11, Edgewood will provide 93,267 units of service (UOS) consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.*

Data Source: CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*70% of treatment episode will show three or more service days of treatment within 30 days of admission.*

Data Source: BIS system data generated by CBHS

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Client record review

*35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.*

Data Source: BIS discharge summary sheet, CBHS will calculate.

*Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.*

Data Source: Site visit, intake packet

*Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.*

Data Source: Quarterly meeting review minutes maintained by program monitor.



**Program Name: Therapeutic Behavioral Services (885818)**

**Program Address: 1801 Vicente St.**

**City, State, Zip Code: San Francisco, CA 94116-2923**

**Telephone: (415) 682-3211**

**Facsimile: (415) 681-1065**

**1. Nature of Document**

☐ New ☒ Renewal ☐ Modification

**2. Goal Statement**

The overall goal of Therapeutic Behavioral Services (TBS) is to reduce the severity, intensity, and frequency of the target behaviors that are jeopardizing a child's ability to successfully step down to and/or remain in a lower level of care.

**3. Target Population**

Edgewood will provide TBS to severely emotionally disturbed children and youth through age 21, including:

- EPSDT Medi-Cal eligible children, youth and TAY (and caretakers when available) at risk of being placed in a residential treatment center level 12 or above
- Youth stepping down from a level 12 or 14 residential placement to a lower level out of home placement or to a caregiver's home.
- Youth, including TAY, who are at risk of psychiatric hospitalization.
- Youth who have been psychiatrically hospitalized and continue to be at risk of re-hospitalizations.
- TAY and their families moving from Children's service systems to Adult service systems.

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

**A. Modality of Service/Intervention**

Please refer to budget submitted with this proposal.

**B. Definition of Billable Services**

TBS are one-to-one therapeutic contacts for a specified short-term period of time between a mental health provider and a child or youth with serious emotional disturbances (SED). TBS is designed to maintain the child/youth's residential placement at the lowest appropriate level by resolving target behaviors and achieving short-term treatment goals. TBS is available to full-scope Medi-Cal beneficiaries up to 21 years of age who meet MHP medical necessity criteria (children/youth with SED), and are members of the certified class and meet the criteria for needing these services. A contact is considered therapeutic if it is intended to provide the child/youth with skills to effectively manage the behaviors or symptoms that are barriers to achieving residence in the lowest possible level. The person providing TBS must be available on-site to provide individualized one-to-one, face-to-face behavioral assistance and one-to-one interventions to accomplish outcomes specified in the written treatment plan. The critical distinction between TBS and other rehabilitative mental health services is that a significant component of this service activity is having one provider onsite and immediately available to intervene for a specified period of time. The expectation is that the mental health provider would be with the child/youth for a designated time period specified in the treatment plan and that the entire time spent with the child/youth would be reimbursable. These designated time periods may vary in length and may be up to 24 hours a day, depending upon the needs of the child/youth.

**5. Methodology**

*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 question, and include project names, subpopulations; describe linkages/coordination with other agencies, where applicable.*

TBS is not a standalone service. It is intended to supplement other specialty mental health services by addressing target behaviors or symptoms that endanger the child/youth's current living situation or planned transition to a lower level of placement. Using the well-supported technique of functional behavior analysis, an Edgewood TBS Coach works with children, youth, their families, and their natural and professional supports to: 1) determine the driving forces behind the symptoms and behaviors, 2) examine the different environments and occasions in which the behavior occurs, and 3) analyze the resulting data to understand what the child is attempting to accomplish with the behavior. The Coach creates a behavior plan that outlines maladaptive target behaviors, teaches youth how to eliminate target behaviors and use more adaptive behaviors, instructs caregivers and professionals what to do when these behaviors arise, and includes culturally appropriate replacement behaviors, benchmarks (i.e. objectives), and a well-supported discharge plan. The behavior plan is discussed with the youth and their Care Team members to promote coordinated care and meaningful discharge planning. Based on results of the functional behavior analysis, the Coach selects appropriate TBS interventions to teach the child or youth adaptive replacement skills and to have natural supports promote these skills. Skill sets used by Coaches are directly adopted from various evidence-based practices including Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and Trauma Focused Cognitive Behavioral Therapy.

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

TBS provides a high degree of outreach and collaboration to service providers in San Francisco. Our TBS program works closely with other Edgewood programs (Outpatient Mental Health, Community Based Day Treatment and Residentially Based Day Treatment), other mental health providers in San Francisco and CBHS to offer efficient and effective services where they are needed.

TBS conducts regular contact and coordination with the ACCESS team and has a presence at other CBHS service meetings. In addition, we partner closely with Comprehensive Child Crisis Services and psychiatric hospitalizations to ensure that our Expedited Services are being utilized to help high needs youth. With the new creation of the Mayor's Interagency Council and the Daisy Wheel, TBS is perfectly poised to provide further outreach to this collaboration as Parent University, the hub for the Daisy Wheel, is an Edgewood program. Edgewood also has an extensive array of community partners that work closely with TAY youth and at risk youth including Larkin Street, Huckleberry House, Boys and Girls Club and YMCA. TBS provides outreach to these organizations and others to ensure that they are aware of this critical service and how to refer. Finally, we keep in regular contact with the CBHS TBS Coordinator to ensure that individual is aware of openings, successes and challenges.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

All admissions and intakes are conducted in close collaboration with the CBHS TBS Coordinator. Once the TBS Program Manager receives a referral from CBHS, a Behavior Coach responds within 24 hours to the primary Clinician to discuss the referral and the family to set up an intake meeting. During the intake process, the Coach goes over all of the required paper work, such as Consent to Treatment, Releases of Information, and HIPPA compliance forms, and all other legal documentation. He or she also establishes emergency procedures (i.e. parent is not home at the scheduled drop off time, unsafe conditions) and begins the functional behavior analysis.

**C. Describe your 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.**

Edgewood's TBS provides one-on-one, short-term interventions for children, youth, and TAY to 21. The overall goal of TBS is to use the information gathered from the functional behavior analysis to introduce new behaviors that will lead to a reduction in the severity, intensity, and frequency of the target behaviors that are jeopardizing a youth's ability to successfully step down to and/or remain in a lower level of care. The duration of time a youth receives TBS varies from

youth to youth. One youth may need six hours of service a week for one month, while another may need 25 hours of TBS a week for four months.

The functional behavior analysis begins with the TBS Coach's observation and assessment of the child, youth, or TAY to ascertain maladaptive behaviors, the contexts in which they occur, and their consequences. The Coach then obtains collateral information from the youth's therapist, case manager, social worker, family, teachers—anyone who has regular contact with the youth and who has observed the symptom or behavior. The Coach examines the data he has collected to look for trends, for antecedent stimuli that may trigger the behavior, and the needs the child is attempting to fill.

Once the Coach has a hypothesis of why the behavior is occurring, he drafts a behavior plan, which addresses the child's, youth's, or TAY's identified symptoms—the antecedents, triggers, timing, locations—and incorporates their strengths and specific needs. This plan identifies target behaviors with specified outcomes and includes 1) intervention strategies to provide youth and their caregivers with the necessary skills to effectively manage behaviors or symptoms that are preventing or placing at risk the youth's ability to live in the lowest appropriate residential level; 2) measurable goals and indicators; 3) and a discharge plan to decrease services as well as a transition plan to ensure that family members and supports can help the youth maintain positive replacement behaviors after the TBS service has ended.

The behavior plan is the essential part of TBS coaching and drives all of our work with the TBS client. While the county requires most behavior plans to be in place one month from the time of referral, for the past two years, we have had the capacity to provide Expedited Services upon request for those clients who are at immediate risk of losing or have lost their placement, are being discharged from a psychiatric hospital, or are at imminent risk of hospitalization. Edgewood's Expedited Services begin within one working day of receipt of referral, with a TBS functional behavior analysis, and behavior plan completed within two weeks.

Hours of service often go beyond a traditional 9-to-5 work day because Edgewood provides TBS day or night at the time and place that a youth's behaviors are occurring—e.g. during weekends to help caregivers transition children home from residential care, early mornings to help get children to school, and late nights to help them encourage youth to go to bed. The average caseload for TBS Behavior Coaches is three to five youth, which is consistent with best practices. Throughout the treatment process, the TBS Coach calls the referring therapist at least once a week to update him/her on the interventions used and any progress made.

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

Discharge planning always begins at intake. Because TBS is the support service, discharge planning is done in a context of the larger plan of care and coordinated with existing mental health services. The length of service and re-authorization requests currently follows the DMH guidelines. We have an initial period of 30 days in which to do the observations, assessment, and development of the Behavioral Plan. Interventions are being used and assessed during this time period. After the initial 30 days, we will re-authorize as needed to meet the Behavioral Plan goals and designated benchmarks, not to exceed 60 days. Depending on progress made, goals reached, or anticipated success, we can request additional authorization if needed. During this time, the frequency and intensity of the services are progressively decreased as part of the transition plan, which has been worked out collaboratively among the youth, family, Care Coordinator, mental health staff, and other appropriate agency staff. Once the child, youth, or TAY has met his or her behavior expectations for a month, we know that the intervention has held.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Please see attached Appendix B

**6. Objectives and Measurements**

**A. Performance/Outcome Objectives**

*The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. 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.*

Data Source: CBHS Billing Information System - CBHS will compute

*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.*

Date Source: AVATAR(N/A if data not available in AVATAR)

*During Fiscal Year 2010-11, Edgewood will provide 244,205 units of service (UOS) consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.*

Data Source: CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*70% of treatment episode will show three or more service days of treatment within 30 days of admission.*

Data Source: BIS system data generated by CBHS

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Client record review

*Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.*

Data Source: Site visit, intake packet

*Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.*

Data Source: Quarterly meeting review minutes maintained by program monitor.

#### Program Specific Performance Objectives

By discharge, 85% of youth will reduce behaviors that put them at risk of hospitalization or a higher placement level as measured monthly by tracking frequency counts of target behaviors. Behavioral coaches will enter frequency counts of target behaviors on an Excel spreadsheet that will be analyzed by evaluation staff.

By discharge, 90% of youth will maintain current level of placement or, when applicable, step-down as measured by Restrictiveness of Living Environment Scale (ROLES). Living placement is collected by behavioral coaches at intake and discharge and entered into the Edgewood portal system for analysis by Evaluation staff.

#### **B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work plan submitted in this proposal.

#### **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.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees. Additionally, Edgewood is in full compliance with annual Cultural Competency requirement and Client Satisfaction measure administrations.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

Contractor: Edgewood Center for Children and Families  
Program: Family Mosaic Wrap Around  
City Fiscal Year: 2010-11

Appendix A-10  
Contract Term: 7/1/10-6/30/11

1. **Program Name:** Family Mosaic Wrap-Around Services  
**Program Address:** 1801 Vicente Street  
**City, State, Zip Code:** San Francisco, CA 94116  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 682-1065

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

Within the context of the goals of the integrated System of Care, Edgewood's BSS project is designed to build more capacity within families to reduce their need on external supports. Effective, proactive, brief and immediate behavioral interventions can help parents improve their parenting skills and reduce the risk out of home placement for their child/children. BSS will pay particular attention to helping families with children of all ages and developmental stages. Through collaboration with Family Mosaic Project (FMP) and Children's System of Care (CSOC), BSS has helped to enhance the single network of services provided to children and families in San Francisco.

4. **Target Population**

Edgewood will serve clients referred by Family Mosaic Project (BSS only) and meeting established Community Behavioral Health Services (CBHS) criteria.

Referrals will include families with children between the ages of 4 and 21 that are amenable to a 4-month behavioral intervention.

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

A. **Modality of Service/Intervention**

Refer to CRDC

B. **Definition of Billable Services - Wrap-Around Service**

6. **Methodology**

Behavioral Support Services are flexible, short-term, individualized contacts between a behavior coach, a youth, and his or her family. These services include developing successful strategies that will improve patterns of communication, increase parenting skills, decrease the child's disruptive or dangerous behaviors, and increase healthy participation from all family members. Behavioral Support Services can be accessed as part of a care plan developed in a family conference and can be implemented in a home, school or community setting.

BSS staff will develop a specific behavioral plan for the referred youth and family at a family meeting organized by the FMP or CSOC care manager. The behavioral plan focuses on target behaviors, specified and measurable outcomes, interventions and strategies utilizing positive behavioral interventions and a strength based approach. The behavior plan will include a time limited timeline of services utilizing a systematic reduction of services over the service period. Behavioral Services in the first month will be between 10 and 20 hours per week. In month 2 services will range between 5 and 10 hours per week and in the third and fourth months services will range between 1 and 5 hours per week. This plan will be created with the care manager and the family and will be flexible to accommodate the needs of each individual family.

A Behavior Coach will begin services as soon as possible after the behavior plan meeting. Services will include helping parents listen, identify and respond to their child/children's needs; building upon the skills parents already have; teaching effective family communication; and providing help with activities of daily life. Coaching and mentoring will be utilized to ensure that the new strategies learned are successful.

Meetings with the family and treatment team will be held monthly to evaluate progress, adjust the plan and discuss transition planning.

BSS will offer an aftercare component to the service. The Behavior Coach will do a weekly check-in with the family for the next 2-3 months to evaluate the degree to which the skills taught have been implemented and to offer support to help solidify gains made.

Wraparound services are being added to bring services that will help build strengths of children in crisis and prevent their hospitalization. The services provided in the Wraparound program will include:

1. BSS as described above.
2. Leadership Camp will give clients the opportunity to build coping skills and leadership skills in a safe and structured environment while also empowering them to contribute to their communities through service projects. If all clients being served under the BSS Wraparound program were being served in the Leadership Camp, 10 clients could be served.
3. Respite which provides temporary, substitute supports or living arrangements for a brief period of relief or rest for caregivers. It can be in the form of in-home respite, day care respite, or institutional respite for an overnight stay on an occasional or emergency basis - in-home, day care, or institutional. If all clients being served under the BSS Wraparound program were being served in Respite, 16 clients could be served.
4. Hospital Diversion which provides services on the campus of Edgewood Center as an alternative to a client placement in a hospital setting. If all clients being served under the BSS Wraparound program were being served in the Hospital Diversion, 5.5 clients could be served.

#### 7. Objectives and Measurements

*Note: Some sections have other specific requirements for objectives. See section instructions for additional information.*

Each objective should be followed by a section for evaluation which addresses the following elements:

- Staff Issues: list the staff involved in evaluation including oversight and what evaluation activities they will perform.
- Data Collection Tools: specify the data collection tool(s) to be used.
- Data: list which data are being collected.
- Frequency: indicate how often the data will be collected and analyzed.
- Data Reporting: indicate who will receive and analyze these data and how the evaluation data will be used.

#### A. Performance/Outcome Objectives

##### A.1a.

*Applicable to:*

Providers of Behavioral Health Services who provide non-24 hour Mental Health Treatment Services to Children, Youth, Families, Adults and Older Adults except supported housing programs

The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. This is applicable only to clients opened to the program no later than July 1, 2010, and had no IMD or CTF episode during FY 2009-10. Data collected for July 2009 – June 2010 will be compared with the data collected in July 2008 – June 2009.

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.

*Data Source:*

CBHS Billing Information System - CBHS will compute.

##### A.1e.

*Applicable to:*

Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

**Client Inclusion Criteria:**

Clients discharged between July 1, 2010 and June 20, 2011 who have been served continuously for 2 months or more.

*Data Source:*

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 20, 2011.

**A.3a.**

*Applicable to:*

Providers of Behavioral Health Services for Children, Youth, Families, Adult or Older Adult Mental Health Programs, except 24-hour programs

35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

*Data Source:*

BIS Living Situation Codes.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2008 to June 30, 2009.

**B.6b.**

*Applicable to:*

Providers of Behavioral Health Services who provide Children, Youth, Families, Adult or Older Adult Mental Health Treatment Services (excluding crisis services, suicide prevention and conservatorship)

During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

*Data Source:*

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 20, 2011.

**C.1a.**

*Applicable to:*

All Providers of Behavioral Health Services who provide Substance Abuse Treatment and Prevention and Mental Health Services

During Fiscal Year 2010-11, 73 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

*Data Source:*

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**C.5a.**

*Applicable to:*

All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will complete a new self-assessment with the revised COMPASS every two (2) years (a new COMPASS must be



completed every other fiscal year).

*Data Source:*

Program managers to review information sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org) via the shared folder to monitor compliance.

*Program Review Measurement:*

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 20, 2011.

**C.5b.**

*Applicable to:*

All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

*Data Source:*

Each program will complete the COMPASS self assessment process and submit a summary of the scores to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**C.5c.**

*Applicable to:*

All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org).

*Data Source:*

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

**C.5d.**

*Applicable to:*

All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment services

Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

*Data Source:*

Program Self Report.

*Program Review Measurement:*

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

**C.5e.**

*Applicable to:*

All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention, and treatment services.

During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity. The Primary Care Partner for this activity must be the DPH Oriented Primary Care Clinic located in closest proximity to the program, or most appropriate for the program population. Primary care program which cannot be Primary Care Partner for this purpose, include primary care program which are part of the same overall agency as the Behavioral Health Program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

*Data Source:*

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

**C.5f.**

*Applicable to:*

All CBHS programs, including contract and civil service mental health and substance abuse programs providing prevention, early intervention and treatment service in Fiscal Year 2010-11.

Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT. This self assessment must be updated every two years.

*Data Source:*

Program self report with submission of document of staff completion of CODECAT sent to [CBHSIntegration@sfdph.org](mailto:CBHSIntegration@sfdph.org). The program manager will document this activity.

**C.6a.**

*Applicable to:*

All Providers of Behavioral Health Services

Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

*Data Source:*

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 20, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**C.8a.**

*Applicable to:*

Providers of Behavioral Health Services that provide Mental Health and Substance Abuse Services to Children, Youth, Families, Adults or Older Adults

If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

*Data Source:*

Program Self Report.

Contractor: Edgewood Center for Children and Families  
Program: Family Mosaic Wrap Around  
City Fiscal Year: 2010-11

Appendix A-10  
Contract Term: 7/1/10-6/30/11

**Program Review Measurement:**

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

**B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

**8. Continuous Quality Improvement**

Edgewood Center for Children and Families is actively committed to providing the highest quality services to both its clients and its employees. This commitment is supported and demonstrated through a variety of Continuous Quality Improvement (CQI) activities that occur throughout the agency. Edgewood's activities focus both on the organization as whole and its clients. Examples of organizational activities include strategic planning, annual budget planning, risk management, training evaluation, and ongoing reviews of staffing information (turnover, injuries, complaints and satisfaction). Examples of client activities include outcomes measurement and the ongoing review of client satisfaction, case records, service plans, complaints, high-risk incidents, and service-related improvement projects. In all of these activities, the agency ensures broad participation (e.g., staff, management, clients and the board), and shares findings agency-wide.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).

1. **Program Name:** WrapAround Services  
**Program Address:** 1801 Vicente St.  
**City, State, Zip Code:** San Francisco, CA 94116-2923  
**Telephone:** (415) 682-3211  
**Facsimile:** (415) 681-1065

2. **Nature of Document**

☐ New ☒ Renewal ☐ Modification

3. **Goal Statement**

The goal of Edgewood's WrapAround services program is to provide the skills and support necessary for youth to function in their communities in family and family-like environments. Wrap principals and practices, including youth and family voice and choice, comprehensive assessment and intervention techniques are used for youth at risk or stepping down from RCL level 10-14 programming. Intervention and treatment are comprehensive and focused on permanency planning.

4. **Target Population**

Children and youth through age 18 who are referred by CYF-CBHS, SF HSA and SF Probation Department. Referred youth will be stepping down from group and residential care or at risk of stepping up into a higher level of care.

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

Please refer to budget submitted under this proposal.

A. **Modality of Service/Intervention**

Please refer to CRDC

B. **Definition of Billable Services**

**Case Management**

"Case Management" services are activities provided by program staff to access medical, educational, social, prevocational, vocational, rehabilitative, or other needed community services. These services also include coordination and communication of treatment progress.

**Crisis Intervention**

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

**Medication Support Services**

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. These services may be delivered by all qualified personnel including physicians, registered nurses, licensed vocational nurses, psychiatric technicians, pharmacists and physician assistants, per the state EPSDT manual.

**Mental Health Services**

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

of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

**Assessment.**

"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.**

"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 status of the beneficiary. The beneficiary may or may not be present for this service activity.

**Therapy.**

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

**6. Methodology**

**A. Describe how your program conducts outreach, recruitment, promotion, and advertisement.**

Edgewood works collaboratively with CBHS, HSA, SF Probation and Seneca Center to ensure outreach and assess to WrapAround services for San Francisco Youth. All youth and families will be referred through the MAST weekly meeting to this voluntary program. Upon referral, Edgewood will provide immediate program access to youth and families including the development and coordination of Care Team planning, WrapAround planning, supportive programming and behavioral health services.

**B. Describe your program's admission, enrollment and/or intake criteria and process where applicable.**

All referrals for WrapAround services are managed through a collaborative process including Edgewood, Seneca, CBHS, HSA and SF Probation. Eligible youth are presented in the weekly MAST team meeting and will be immediately accepted and served by Edgewood. All youth who are stepping down from group home or residential care and youth who are at risk of a higher level of care are eligible for these services. Once assigned to the program, youth and families will be voluntarily enrolled in the program by WrapAround staff. Initial enrollment in the program focuses on the engagement process. Once engagement is established, a Life Domain assessment and Safety Plan become the first steps of care planning. A full Care Team is developed and a WrapAround planning process begins with the focus remaining on youth and family permanency. All Wrap planning will be conducted in close collaboration with families, natural supports and existing system involvement.

**C. Describe your 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.**

Services begin with a strength based, culturally competent and comprehensive assessment which includes observations, clinical interviews with the youth and family members (and natural supports if designated), school personnel and other involved professionals, review of other assessment documents if in existence, the completion of the CRAFT and the completion of the CANS. The initial assessment lasts anywhere from 1-30 days depending on the availability and complexity of information.

The completed initial assessment then leads to a youth and family driven Care Plan and Wraparound plan that outline long-term and short-term goals, interventions and a discharge plan. The Care Plan is developed through the use of a Family Conferencing model to ensure that the process is consumer driven and to ensure care coordination. Care Plans are put in place within 30 days of the first appointment.

Services are selected and delivered in accordance with WrapAround practices and principals, medical necessity and the Care Plan. They often include a variety of modalities and use evidence based practices. Services may be delivered at our clinic or at a variety of locations throughout the San Francisco community such as the family's home, the youth's school or one of our many collaborating agencies. Services are offered at times that are convenient to youth and families.

Services are continued until the Care Plan goals are met. It is best when the entire Care Team agrees to this decision; however there are times when Care Plan goals cannot always be met. For example, if someone is moving out of the area. To monitor treatment goals, clinicians continue to complete the CANS every 6 months and continue Family Conferencing.

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

A discharge plan is developed at intake in collaboration with the Care Team. This plan is assessed on an ongoing, as-needed basis throughout the course of treatment to ensure that the Care Team members are actively discussing, altering, and amending as needed the goals to match successfully fulfilling a thorough discharge plan to an appropriate setting. Discharge planning is a focal point of the discussion in each meeting as it greatly influences the status of progress and goal-setting to ensure that what is being assessed, measured, and monitored matches the ultimate plan for the youth's next step after this level of intensive care. Throughout these discussions, the development of permanent connections to community and family are established so that a successful discharge plan can be supported.

As a youth's stability adjusts over time, the frequency of the discussion of discharge proves more and more important to ensure that the youth and the family remain abreast and involved in their goal for discharge in real-time. In our family-centered model, it is imperative that the youth and the family can understand the growth and decline of progress and how this impacts the discharge plan, so that they can feel best equipped to utilize the other team members in determining how best to adjust in order to remain focused on a successful transition.

Youth are discharged when treatment goals are met and an appropriate aftercare service has been put into place. It is best when the family, county worker and Edgewood staff all agree on this. As discharge approaches, we coordinate closely with all parties to ensure that there are successful "connectors" to make the transition as smooth as possible.

**E. Describe your program's staffing: which staff will be involved in what aspects of the service development and delivery. Indicate if any staff position is not funded by the grant. Note: For CBHS, Appendix B is sufficient.**

Please see Appendix B submitted in this proposal.

**7. Objectives and Measurements**

**A. Performance/Outcome Objectives**

*The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-10. 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.*

Data Source: CBHS Billing Information System - CBHS will compute

*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.*

Date Source: AVATAR(N/A if data not available in AVATAR)

*Edgewood 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 as measured by CANS Certificates of completion with a passing score.*

Data Source: CANS on line database, CBHS will provide

*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.*

Data Source: CANS submitted to CANS database website, summarized by CYF System of Care.

*CYF agency representatives will attend regularly scheduled SuperUser calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.*

Data Source: SuperUser calls attendance log, summarized by CYF System of Care.

*Clients will have a Reassessment/Outpatient Treatment report in the online record within 30 days of the six-month anniversary of their episode opening date, and every six months thereafter (three months for youth in Day Treatment). If a CANS assessment has been completed within 30 days prior to our episode opening by another program, we will transfer that document and work off that CANS. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*Clients have an updated Treatment Plan in the online record within 30 days of the six-month anniversary and every six months thereafter (three months for youth in Day Treatment). If a CANS assessment has been completed within 30 days prior to our episode opening by another program, we will transfer that document and work off that CANS. For the purpose of this program performance objective, a 100% completion rate will be considered a passing score.*

Data Source: CANS data submitted to CANS website and summarized by CYF System of Care.

*During Fiscal Year 2010-11, Edgewood will provide 81,815 units of service (UOS) consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.*

Data Source: CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

*70% of treatment episode will show three or more service days of treatment within 30 days of admission.*

Data Source: BIS system data generated by CBHS

*75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.*

Data Source: Client record review

*35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.*

Data Source: BIS discharge summary sheet, CBHS will calculate.

*Information on self-help alcohol and drug addiction recover groups will be kept on prominent display and distributed to clients and families.*

Data Source: Site visit, intake packet

*Edgewood will report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.*

Data Source: Quarterly meeting review minutes maintained by program monitor.

**B. Other Measurable Objectives**

Describe any other objectives for the program. These could include for example, start-up and process objectives. Process objectives are important activities or tasks to be accomplished by the program staff during the contract period. See Section instructions for more information.

Please see Work Plan submitted with this proposal.

**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.

Edgewood is committed to working with CBHS evaluation and CQI staff in the design and implementation of our evaluation and CQI activities, including the joint identification of at least one outcome as the focus of evaluation efforts. Since CBHS introduced the project last year, Edgewood has been an active participant in the implementation of the Netsmart/Avatar platform for electronic health records. We are eager to continue collaborating as we have the capacity to electronically transmit data to SFCBHS. The agency also maintains the security of electronic records and complies with all HIPAA regulations. The agency provides adequate resources to complete daily backups of the critical computer systems and to maintain appropriate security protocols including current anti-virus protection on all systems. Edgewood also participates in the SF CYF and SFCBHS CQI committees and is fully compliant with SFCHBS Cultural Competency and Client Satisfaction methods and requirements.

It is also the policy of Edgewood that our services are consistent with a harm reduction philosophy. Harm reduction is a public health philosophy which promotes methods of reducing the physical, social, emotional, and economic harms associated with drug and alcohol use and other harmful behaviors on individuals and their community. It is our belief that clients are responsive to culturally competent, non-judgmental services, delivered in a manner that demonstrates respect for individual dignity, personal strength, and self-determination.

A formal CQI plan describing all of these activities is available upon request and was developed in accordance with the standards set forth by the Council on Accreditation. This plan also helps ensure that Edgewood abides by all local, state, federal and funding source requirements and policies (e.g., Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction).



**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-1a: Behavioral Health Outpatient Kinship EPSDT

Appendix B-1b: Behavioral Health Outpatient School Based EPSDT

Appendix B-1c: Behavioral Health Outpatient AB 3632

Appendix B-2a: Early Childhood Mental Health Initiative Start up

Appendix B-2b: Early Childhood Mental Health Initiative Early Childhood Mental Health

Appendix B-3a: Community-Based Day Treatment: Day Treatment DTI

Appendix B-3b1: Community-Based Day Treatment: Outpatient

Appendix B-3b2: Community-Based Day Treatment: MSS Outpatient

Appendix B-4: Primary Intervention Program

Appendix B-5: School-Based Well Being

Appendix B-6: Juvenile Justice Mental Health Consultation & Training Program

Appendix B-7a: Residentially-Based Day Treatment: DTI Residential

Appendix B-7b1 Residentially-Based Day Treatment: MHS Residential

Appendix B-7b2: Residentially-Based Day Treatment: MSS Residential

Appendix B-7bc: Residentially-Based Day Treatment: Residential Supplemental

Appendix B-8a: School Mental Health Partnership MH Partnership

Appendix B-8b: School Mental Health Partnership: MH Partnership

Appendix B-9: Therapeutic Behavioral Services

Appendix B-10: Family Mosaic Wrap Around Services

Appendix B-11: Wrap Around Services

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, **\$3,118,831** 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	\$ 4,745,542
07/01/2011-06/30/2012	\$ 4,721,048
07/01/2012-06/30/2013	\$ 4,721,048
07/01/2013-06/30/2014	\$ 4,721,048
07/01/2014-06/30/2015	\$ 4,721,048
07/01/2015-12/31/2015	\$ 2,360,524
Contingency	\$ 3,118,831
Total	\$29,109,089

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 \$1,973,760 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000089 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 One Million Twenty Three Thousand Six Hundred Nineteen Two Dollars (\$1,023,619). CONTRACTOR agrees that a reduction shall be made from monthly payments to CONTRACTOR equal to one tenth (1/10) of the initial payment for the period October 1, 2010 through March 31, 2011. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the advance being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

#### FFS option

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

#### Actual Cost Option

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

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		Renewal		Modification		APPENDIX #: B, Page 1	
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID: DPH USE ONLY			
LEGAL ENTITY NUMBER: 00275							
LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families							
APPENDIX NUMBER	B-1a	B-1b	B-1c	B-2a	B-2b		
PROVIDER NUMBER	8858	8858	8858	8858	8858		
PROVIDER NAME:	Edgewood - Kinship EPSDT 885813	Edgewood - School-Based EPSDT 885814	Edgewood - AB3632 885815	Edgewood - Early Childhood MH Start Up	Edgewood - Early Childhood MH	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-12/31/10	7/1/11-6/30/11		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	203,706	300,482	127,289	130,880	176,294	938,652	
OPERATING EXPENSE	41,767	60,547	13,420	7,198	3,544	126,476	
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	
SUBTOTAL DIRECT COSTS	245,473	361,029	140,709	138,078	179,838	1,065,128	
INDIRECT COST AMOUNT	29,432	43,322	16,885	16,569	21,581	127,789	
INDIRECT %	11.99%	12.00%	12.00%	12.00%	12.00%	12.00%	
TOTAL FUNDING USES:	274,905	404,351	157,594	154,647	201,419	1,192,917	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	124,680	200,380	76,280			401,340	
ARRA SDMC FFP (11.59)	28,900	46,447	17,682			93,029	
STATE REVENUES - click below							
EPSDT State Match	83,306	133,888	50,970			268,164	
Family Mosaic Capitated Medi-Cal							
GRANTS - click below							
Please enter other funding source here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
WORK ORDERS - click below							
Dept of Children, Youth & Families				49,894	66,139	116,033	
SFCFC Work Order FRC				18,088	23,978	42,066	
HSÁ (Human Svcs Agency) HQCC				86,665	111,302	197,967	
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND	38,019	23,636	12,662			74,317	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	274,905	404,351	157,594	154,647	201,419	1,192,916	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
Please enter other funding source here if not in pull down							
WORK ORDERS - click below							
Please enter other funding source here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	274,905	404,351	157,594	154,647	201,419	1,192,916	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	
TOTAL REVENUES (DPH AND NON-DPH)	274,905	404,351	157,594	154,647	201,419	1,192,916	
Prepared by/Phone #:							

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		Renewal		Modification		APPENDIX #: B, Page 2	
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)			
LEGAL ENTITY NUMBER: 00275							
LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families							
APPENDIX NUMBER	B-3a	B-3b1	B-3b2	B-4a	B-5		
PROVIDER NUMBER	8858	8858	8858	8858	8858		
PROVIDER NAME:	Edgewood - Day Treatment DTI Day 88585	Edgewood - Day Treatment MHS Day 8858OP	Edgewood - Day Treatment MSS Day 8858OP	Edgewood - PIP Consultation	Edgewood - School-Based Well Being (Drew)	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	796,979	27,451	81,301	40,012	128,723	1,074,466	
OPERATING EXPENSE	106,778	3,926	38,876	4,645	5,205	159,430	
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	
<b>SUBTOTAL DIRECT COSTS</b>	<b>903,757</b>	<b>31,377</b>	<b>120,177</b>	<b>44,657</b>	<b>133,928</b>	<b>1,233,896</b>	
INDIRECT COST AMOUNT	108,452	3,626	14,046	5,343	16,072	147,539	
INDIRECT %	12.00%	11.56%	11.69%	11.96%	12.00%	11.96%	
<b>TOTAL FUNDING USES:</b>	<b>1,012,209</b>	<b>35,003</b>	<b>134,223</b>	<b>50,000</b>	<b>150,000</b>	<b>1,381,434</b>	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
<b>FEDERAL REVENUES - click below</b>							
SDMC Regular FFP (50%)	404,340	14,949	57,321			476,609	
ARRA-SDMC FFP (11.59)	93,725	3,465	13,288			110,478	
<b>STATE REVENUES - click below</b>							
EPSDT State Match	272,603	10,900	41,800			325,303	
Family Mosaic Capitated Medi-Cal		2,420	9,280			11,700	
MHSA				50,000	150,000	200,000	
<b>GRANTS - click below</b>							
Please enter other funding source here if not in pull down							
<b>PRIOR YEAR ROLL OVER - click below</b>							
<b>WORK ORDERS - click below</b>							
Dept of Children, Youth & Families							
SFCFC							
HSA (Human Svcs Agency)							
Please enter other funding source here if not in pull down							
<b>REALIGNMENT FUNDS</b>	38,003	584	2,240			40,827	
<b>COUNTY GENERAL FUND</b>	203,538	2,685	10,294			216,517	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>1,012,209</b>	<b>35,003</b>	<b>134,223</b>	<b>50,000</b>	<b>150,000</b>	<b>1,381,434</b>	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>FEDERAL REVENUES - click below</b>							
<b>STATE REVENUES - click below</b>							
<b>GRANTS/PROJECTS - click below</b>							
Please enter other funding source here if not in pull down							
<b>WORK ORDERS - click below</b>							
Please enter other funding source here if not in pull down							
<b>3RD PARTY PAYOR REVENUES - click below</b>							
Please enter other funding source here if not in pull down							
<b>COUNTY GENERAL FUND</b>							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL DPH REVENUES</b>	<b>1,012,209</b>	<b>35,003</b>	<b>134,223</b>	<b>50,000</b>	<b>150,000</b>	<b>1,381,434</b>	
<b>NON-DPH REVENUES - click below</b>							
<b>TOTAL NON-DPH REVENUES</b>	0	0	0	0	0	0	
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>1,012,209</b>	<b>35,003</b>	<b>134,223</b>	<b>50,000</b>	<b>150,000</b>	<b>1,381,434</b>	
Prepared by/Phone #:							

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		Renewal		Modification		APPENDIX #: B, Page 3	
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):			
LEGAL ENTITY NUMBER: 00279							
LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families							
APPENDIX NUMBER	B-6	B-7a	B-7b1	B-7b2	B-7c		
PROVIDER NUMBER	8858	8858	8858	8858	8858		
PROVIDER NAME:	Edgewood - JJC	Edgewood - Day Treatment DTI Res 88586	Edgewood - Day Treatment MHS Res 88584	Edgewood - Day Treatment MSS Res 88584	Edgewood - Res Supplement	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
<b>FUNDING USES:</b>							
SALARIES & EMPLOYEE BENEFITS	244,338	300,860	33,295	56,005	107,038	741,536	
OPERATING EXPENSE	153,001	57,399	10,488	16,756	11,714	249,358	
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	
SUBTOTAL DIRECT COSTS	397,339	358,259	43,783	72,761	118,752	990,894	
INDIRECT COST AMOUNT	47,681	42,983	5,089	8,568	14,248	118,569	
INDIRECT %	12.00%	12.00%	11.62%	11.78%	12.00%	11.97%	
TOTAL FUNDING USES:	445,020	401,242	48,872	81,329	133,000	1,109,463	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)		152,630	22,788	37,922		213,339	
ARRA SDMC FFP (11.59)		35,379	5,283	8,791		49,453	
STATE REVENUES - click below							
EPSDT State Match		101,983	15,230	25,344		142,557	
Family Mosaic Capitated Medi-Cal		35,000				35,000	
MHSA	425,000					425,000	
GRANTS - click below							
Please enter other funding source here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
MHSA	20,020					20,020	
WORK ORDERS - click below							
Dept of Children, Youth & Families							
SFCFC							
HSA (Human Svcs Agency)							
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND		76,250	5,571	9,272	133,000	224,093	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	445,020	401,242	48,872	81,329	133,000	1,109,462	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
Please enter other funding source here if not in pull down							
WORK ORDERS - click below							
Please enter other funding source here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	445,020	401,242	48,872	81,329	133,000	1,109,462	
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	
TOTAL REVENUES (DPH AND NON-DPH)	445,020	401,242	48,872	81,329	133,000	1,109,462	
Prepared by/Phone #:							

# DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New	Renewal	Modification	APPENDIX #: B, Page 4		
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY)			
LEGAL ENTITY NUMBER: 00270							
LEGAL ENTITY/CONTRACTOR NAME: Edgewood Center for Children and Families							
APPENDIX NUMBER	B-8a	B-8b	B-9	B-10	B-11		Grand
PROVIDER NUMBER	8858	8858	8858	8858	8858		
PROVIDER NAME:	Edgewood - School MH Partnership 8858ED	Edgewood - School MH Partnership 8858ED	Edgewood - TBS 885818	Edgewood - FMP Wrap	Edgewood - SB 163 Wrap EPSDT		
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	114,556	29,381	497,544	18,353	184,168	844,002	3,598,655
OPERATING EXPENSE	11,527	2,140	70,057	3,533	16,724	103,981	639,245
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0	0
SUBTOTAL DIRECT COSTS	126,083	31,521	567,601	21,886	200,892	947,983	4,237,900
INDIRECT COST AMOUNT	15,133	3,783	68,113	2,608	24,108	113,745	507,642
INDIRECT %	12.00%	12.00%	12.00%	11.92%	12.00%	12.00%	0
TOTAL FUNDING USES:	141,216	35,304	635,714	24,494	225,000	1,061,728	4,745,542
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES - click below							
SDMC Regular FFP (50%)	65,900		303,900		112,500	482,300	1,573,589
ARRA SDMC FFP (11.59)	15,275		70,443		26,078	111,796	364,755
STATE REVENUES - click below							
EPSDT State Match	44,027		203,061		75,173	322,261	1,058,284
Family Mosaic Capitated Medi-Cal							46,700
MHSA							625,000
GRANTS - click below							
Please enter other funding source here if not in pull down							
PRIOR YEAR ROLL OVER - click below							
MHSA							20,020
WORK ORDERS - click below							
Dept of Childreh, Youth & Families							116,033
SFCFC Work Order							42,066
HSA Work Order				20,000		20,000	217,967
HSA Work Order match					11,250	11,250	11,250
Please enter other funding source here if not in pull down							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND	16,014	34,640	58,310	4,494		113,458	628,385
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	141,216	35,304	635,714	24,494	225,000	1,061,728	4,745,542
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below							
Please enter other funding source here if not in pull down							
WORK ORDERS - click below							
Please enter other funding source here if not in pull down							
RD PARTY PAYOR REVENUES - click below							
Please enter other funding source here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	141,216	35,304	635,714	24,494	225,000	1,061,728	4,745,542
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	141,216	35,304	635,714	24,494	225,000	1,061,728	4,745,542
prepared by/Phone #:							

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

FISCAL YEAR: 2010-2011		ALPHA #:				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	EPSDT Kinship	EPSDT Kinship	EPSDT Kinship	EPSDT Kinship		
REPORTING UNIT:	885813	885813	885813	885813		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/70-79	15/01-09	15/60-69		
SERVICE DESCRIPTION	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Medication Support	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	179,804	2,096	6,288	15,718		203,706
OPERATING EXPENSE	35,786	520	1,580	3,901		41,767
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	215,390	2,616	7,848	19,619	0	245,473
INDIRECT COST AMOUNT	25,824	313	941	2,354		29,432
TOTAL FUNDING USES:	241,214	2,929	8,789	21,973	0	274,905
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	105,095	1,703	5,109	12,773		124,680
ARRA SDMC FFP (11.59)	18,275	924	2,772	6,929		28,900
<b>STATE REVENUES - click below</b>						
EPSDT State Match	80,152	274	823	2,057		83,306
<b>GRANTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>PRIOR YEAR ROLL OVER - click below</b>						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND	37,692	28	85	214		38,019
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES:	241,214	2,929	8,789	21,973		274,905
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
TOTAL DPH REVENUES	241,214	2,929	8,789	21,973		274,905
<b>NON-DPH REVENUES - click below</b>						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	241,214	2,929	8,789	21,973		274,905
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
<b>UNITS OF SERVICE<sup>1</sup></b>						
UNITS OF TIME <sup>2</sup>	92,419	755	4,351	4,559		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	3.88	2.02	4.82	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	3.88	2.02	4.82	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.61	3.88	2.02	4.82		
UNDUPLICATED CLIENTS	25	10	25	25		

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

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

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

FISCAL YEAR: 2010-2011		APPENDIX #: B1b Page: 6				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 0858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	EPSTD School Based	EPSTD School Based	EPSTD School Based	EPSTD School Based		
REPORTING UNIT:	885814	885814	885814	885814		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/70-79	15/01-09	15/60-69		
SERVICE DESCRIPTION	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Medication Support	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	274,049	2,643	7,930	15,860		300,482
OPERATING EXPENSE	57,444	310	931	1,862		60,547
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	331,493	2,953	8,861	17,722	0	361,029
INDIRECT COST AMOUNT	39,779	354	1,063	2,126		43,322
<b>TOTAL FUNDING USES:</b>	<b>371,272</b>	<b>3,307</b>	<b>9,924</b>	<b>19,848</b>	<b>0</b>	<b>404,351</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	180,895	1,948	5,846	11,691		200,380
ARRA SDMC FFP (11.59)	35,877	1,057	3,171	6,342		46,447
<b>STATE REVENUES - click below</b>						
EPSTD State Match	132,021	187	560	1,120		133,888
Family Mosaic Capitalized Medi-Cal						
<b>GRANTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>PRIOR YEAR ROLL OVER - click below</b>						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND	22,479	115	347	695		23,636
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>371,272</b>	<b>3,307</b>	<b>9,924</b>	<b>19,848</b>	<b>0</b>	<b>404,351</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL DPH REVENUES</b>	<b>371,272</b>	<b>3,307</b>	<b>9,924</b>	<b>19,848</b>	<b>0</b>	<b>404,351</b>
<b>NON-DPH REVENUES - click below</b>						
<b>TOTAL NON-DPH REVENUES</b>	0	0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>371,272</b>	<b>3,307</b>	<b>9,924</b>	<b>19,848</b>	<b>0</b>	<b>404,351</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	142,250	852	4,913	4,118		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	3.88	2.02	4.82	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	3.88	2.02	4.82	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.61	3.88	2.02	4.82		
UNDULICATED CLIENTS	40	15	40	30		

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

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



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

FISCAL YEAR: 2010-2011		APPENDIX #: 010 Page 7				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 6858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	AB 3632	AB 3632	AB 3632	AB 3632		
REPORTING UNIT:	885815	885815	885815	885815		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/70-79	15/01-09	15/60-69		
SERVICE DESCRIPTION	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Medication Support	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	119,109	2,517	2,517	3,146		127,289
OPERATING EXPENSE	11,873	476	476	595		13,420
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
<b>SUBTOTAL DIRECT COSTS</b>	<b>130,982</b>	<b>2,993</b>	<b>2,993</b>	<b>3,741</b>	<b>0</b>	<b>140,709</b>
INDIRECT COST AMOUNT	15,718	359	359	449		16,885
<b>TOTAL FUNDING USES:</b>	<b>146,700</b>	<b>3,352</b>	<b>3,352</b>	<b>4,190</b>	<b>0</b>	<b>157,594</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	70,384	1,814	1,814	2,268		76,280
ARRA SD MC FFP (11.59)	14,484	984	984	1,230		17,682
<b>STATE REVENUES - click below</b>						
EPSDT State Match	48,283	519	519	649		50,970
<b>GRANTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>PRIOR YEAR ROLL OVER - click below</b>						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND	12,549	35	35	43		12,662
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>146,700</b>	<b>3,352</b>	<b>3,352</b>	<b>4,190</b>		<b>157,594</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL DPH REVENUES</b>	<b>146,700</b>	<b>3,352</b>	<b>3,352</b>	<b>4,190</b>		<b>157,594</b>
<b>NON-DPH REVENUES - click below</b>						
<b>TOTAL NON-DPH REVENUES</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>146,700</b>	<b>3,352</b>	<b>3,352</b>	<b>4,190</b>		<b>157,594</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
<b>UNITS OF SERVICE<sup>1</sup></b>						
UNITS OF TIME <sup>2</sup>	56,207	864	1,659	869		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	3.88	2.02	4.82	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	3.88	2.02	4.82	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.61	3.88	2.02	4.82		
UNDULICATED CLIENTS	40	10	20	20		

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

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

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-2a Page 8	
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8856	
PROVIDER NAME: Edgewood Center for Children and Families			
REPORTING UNIT NAME:	ECMH		
REPORTING UNIT:	ECMH		
MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19		
SERVICE DESCRIPTION	Start Up		TOTAL
CBHS FUNDING TERM: 7/1/10 - 12/31/10			
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	130,880		130,880
OPERATING EXPENSE	7,198		7,198
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS	138,078		138,078
INDIRECT COST AMOUNT	16,569		16,569
TOTAL FUNDING USES:	154,647		154,647
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES - click below			
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			
Dept of Children, Youth & Families	HQCC	49,894	49,894
SFCFC Work Order	FRC	18,088	18,088
HSA Work Order	HQCC	86,665	86,665
Please enter other here if not in pull down			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		154,647	154,647
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		154,647	154,647
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES		0	0
TOTAL REVENUES (DPH AND NON-DPH)		154,647	154,647
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE <sup>1</sup>			
UNITS OF TIME <sup>2</sup>			
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			

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

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

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

FISCAL YEAR: 011		APPENDIX #: 1325 Page 13							
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 18558							
PROVIDER NAME: Edgewood Center for Children and Families									
REPORTING UNIT NAME:	ECMH	ECMH	ECMH	ECMH	ECMH	ECMH	ECMH	ECMH	
REPORTING UNIT:	ECMH	ECMH	ECMH	ECMH	ECMH	ECMH	ECMH	ECMH	
MODE OF SVCS / SERVICE FUNCTION CODE:	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
SERVICE DESCRIPTION:	Individual	Group	Observation	Training	Direct Individual	Direct Group	Outreach	Evaluation	TOTAL
CBHS FUNDING TERM:	1/1/11-6/30/11	1/1/11-6/30/11	1/1/11-6/30/11	1/1/11-6/30/11	1/1/11-6/30/11	1/1/11-6/30/11	1/1/11-6/30/11	1/1/11-6/30/11	
<b>FUNDING USES:</b>									
SALARIES & EMPLOYEE BENEFITS	17,247	11,574	25,108	3,804	51,244	38,895	24,843	3,479	176,294
OPERATING EXPENSE	407	178	509	27	1,208	647	501	87	3,544
CAPITAL OUTLAY (COST \$5,000 AND OVER)									0
SUBTOTAL DIRECT COSTS	17,654	11,752	25,617	3,831	52,452	39,542	25,344	3,566	179,838
INDIRECT COST AMOUNT	2,118	1,410	3,074	472	8,295	4,745	3,041	428	21,581
TOTAL FUNDING USES:	19,772	13,162	28,691	4,303	60,747	44,287	28,385	3,972	201,419
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>									
FEDERAL REVENUES - click below									
STATE REVENUES - click below									
GRANTS - click below									
CFDA #:									
Please enter other here if not in pull down									
PRIOR YEAR ROLLOVER - click below									
<b>WORK ORDERS - click below</b>									
Dept of Children, Youth & Families	HQCC	6,492	4,322	9,421	1,448	19,280	14,543	9,321	1,304
SFCFC Work Order	FRC	2,354	1,567	3,418	524	6,894	5,271	3,379	473
HSA Work Order	HQCC	10,828	7,273	15,854	2,433	32,463	24,473	15,886	2,195
Please enter other here if not in pull down									
<b>REALIGNMENT FUNDS</b>									
COUNTY GENERAL FUND									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	19,772	13,162	28,691	4,303	60,747	44,287	28,385	3,972	201,419
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>									
FEDERAL REVENUES - click below									
STATE REVENUES - click below									
GRANTS/PROJECTS - click below									
CFDA #:									
Please enter other here if not in pull down									
<b>WORK ORDERS - click below</b>									
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	19,772	13,162	28,691	4,303	60,747	44,287	28,385	3,972	201,419
<b>NON-DPH REVENUES - click below</b>									
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	19,772	13,162	28,691	4,303	60,747	44,287	28,385	3,972	201,419
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>									
UNITS OF SERVICE <sup>1</sup>									
UNITS OF TIME <sup>2</sup>	284	175	383	58.71	783	403	378	53	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)									
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)									
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	55.13	82.69	48.81	82.69	82.69	165.38	33.08	33.08	
UNDUPLICATED CLIENTS	50	50	120	60	90	100	100	120	

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

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

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-3a, Page 10				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	Day Treatment Intensive					
REPORTING UNIT:	88585					
MODE OF SVCS / SERVICE FUNCTION CODE:	10/85-89					
SERVICE DESCRIPTION:	Day Tx Intensive Full day	#N/A	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:		7/1/10-6/30/10	7/1/10-6/30/10	7/1/10-6/30/10	7/1/10-6/30/10	7/1/10-6/30/10
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	796,979					796,979
OPERATING EXPENSE	106,778					106,778
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	903,757	0	0	0	0	903,757
INDIRECT COST AMOUNT	108,452					108,452
TOTAL FUNDING USES:	1,012,209	0	0	0	0	1,012,209
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	404,340					404,340
ARRA SDMC FFP (11.59)	93,725					93,725
STATE REVENUES - click below						
EPSDT State Match	272,603					272,603
Family Mosaic Capitated Medi-Cal						-
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	38,003					38,003
COUNTY GENERAL FUND	203,538					203,538
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	1,012,209					1,012,209
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					-
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						-
TOTAL DPH REVENUES:	1,012,209					1,012,209
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	1,012,209					1,012,209
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE	5,000					5,000
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	202.43	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	202.43	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	202.43					
UNDUPLICATED CLIENTS	26					

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

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

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

YEAR: 2010-2011		A JIX #: B-3b1, 3b2, Page 11				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	DTx MH Medical	DTx MH Medical	DTx MH Medical			
REPORTING UNIT:	8858OP	8858OP	8858OP			
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/70-79	15/60-69			
SERVICE DESCRIPTION	MH Svcs	Crisis Intervention-OP	Medication Support	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	24,546	2,905	81,301			106,753
OPERATING EXPENSE	2,367	1,559	38,876			42,802
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	26,913	4,464	120,177	0	0	151,555
INDIRECT COST AMOUNT	3,090	536	14,046			17,672
TOTAL FUNDING USES:	30,003	5,000	134,223	0	0	169,227
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	12,828	2,121	57,321			72,270
ARRA SDMC FFP (11.59)	2,974	491	13,288			16,753
STATE REVENUES - click below						
EPSDT State Match	10,557	343	41,800			52,700
Family Mod Mod Capitated Medi-Cal	873	1,547	9,280			11,700
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	501	83	2,240			2,824
COUNTY GENERAL FUND	2,270	415	10,284			12,979
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	30,003	5,000	134,223			169,226
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	30,003	5,000	134,223			169,226
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	30,003	5,000	134,223			169,226
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	11,495	1,289	27,847			40,631
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	3.88	4.82	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	3.88	4.82	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.61	3.88	4.82			
UNDUPLICATED CLIENTS	26	3	21			

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

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

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

FISCAL YEAR: 2010-2011		APPROVAL DIX #: 845 Page 12				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	PIP					
REPORTING UNIT:	PIP					
MODE OF SVCS / SERVICE FUNCTION CODE						
SERVICE DESCRIPTION	PIP Play Sessions	#N/A	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/MD - 6/30/11					
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	40,012					40,012
OPERATING EXPENSE	4,645					4,645
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	44,657	0	0	0	0	44,657
INDIRECT COST AMOUNT	5,343					5,343
TOTAL FUNDING USES:	50,000	0	0	0	0	50,000
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	50,000					50,000
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						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	50,000					50,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	50,000					50,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	50,000					50,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup> 1,528						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	32.73	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	32.73	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	32.73					
UNDUPLICATED CLIENTS	128					

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

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

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

YEAR: 2010-2011		API #:		Page 13	
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858			
PROVIDER NAME: Edgewood Center for Children and Families					
REPORTING UNIT NAME:	School Based Centers - Drew	School Based Centers - Drew			
REPORTING UNIT:	MHSA PEI Drew	MHSA PEI Drew			
MODE OF SVCS / SERVICE FUNCTION CODE:	45/10-19	45/10-19			
SERVICE DESCRIPTION:	Mental Health Promotion	Community client services	#N/A	#N/A	#N/A
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
<b>FUNDING USES:</b>					
SALARIES & EMPLOYEE BENEFITS	19,354	109,369			128,723
OPERATING EXPENSE	735	4,470			5,205
CAPITAL OUTLAY (COST \$5,000 AND OVER)					0
SUBTOTAL DIRECT COSTS	20,089	113,839	0	0	133,928
INDIRECT COST AMOUNT	2,411	13,661			16,072
TOTAL FUNDING USES:	22,500	127,500	0	0	150,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
MHSA	22,500	127,500			150,000
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					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	22,500	127,500			150,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
FEDERAL REVENUES - click below					
STATE REVENUES - click below					
GRANTS/PROJECTS - click below CFDA #:					
Please enter other here if not in pull down					
WORK ORDERS - click below					
Please enter other here if not in pull down					
3RD PARTY PAYOR REVENUES - click below					
Please enter other here if not in pull down					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	22,500	127,500			150,000
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	22,500	127,500			150,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>					
UNITS OF SERVICE					
UNITS OF TIME	.612	4,600			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	27.72	27.72	0.00	0.00	0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	27.72	27.72	0.00	0.00	0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS	1	270			

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

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

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

YEAR:	2010-2011		ALBANY COUNTY #106 Page 14			
LEGAL ENTITY NAME:	Edgewood Center for Children and Families		PROVIDER #: 8858			
PROVIDER NAME:	Edgewood Center for Children and Families					
REPORTING UNIT NAME:	School Based Centers - JJC	School Based Centers - JJC				
REPORTING UNIT:	MHSA PEI Drew	MHSA PEI Drew				
MODE OF SVCS / SERVICE FUNCTION CODE	45/10-19	45/10-19				
SERVICE DESCRIPTION	Mental Health Promotion	Community client services	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11				
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	122,169	122,169				244,338
OPERATING EXPENSE	76,501	76,500				153,001
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	198,670	198,669	0	0	0	397,339
INDIRECT COST AMOUNT	23,840	23,841				47,681
TOTAL FUNDING USES:	222,510	222,510	0	0	0	445,020
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
MHSA	212,500	212,500				425,000
GRANTS - click below	CFDA #:					
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
MHSA	10,010	10,010				20,020
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						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	222,510	222,510				445,020
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below	CFDA #:					
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	222,510	222,510				445,020
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	222,510	222,510				445,020
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	68.24	68.24	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	68.24	68.24	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)						
UNDUPLICATED CLIENTS	20	200				

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

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



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

FISCAL YEAR: 2010-2011		APPEAL: B-7a Page 15				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	Day Treatment Res					
REPORTING UNIT:	88586					
MODE OF SVCS / SERVICE FUNCTION CODE:	10/85-89					
SERVICE DESCRIPTION:	Day Tx Intensive Full day	#N/A	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11					
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	300,860					300,860
OPERATING EXPENSE	57,399					57,399
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	358,259	0	0	0	0	358,259
INDIRECT COST AMOUNT	42,983					42,983
TOTAL FUNDING USES:	401,242	0	0	0	0	401,242
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	152,630					152,630
ARRA SDMC FFP (11.59)	35,379					35,379
<b>STATE REVENUES - click below</b>						
EPSDT State Match	101,983					101,983
Family Mosaic Capitated Medi-Cal	35,000					35,000
<b>GRANTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>PRIOR YEAR ROLL OVER - click below</b>						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND	76,250					76,250
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	401,242					401,242
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	401,242					401,242
<b>NON-DPH REVENUES - click below</b>						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	401,242					401,242
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE	1,982					1,982
UNITS OF TIME						
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	202.43	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	202.43	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	202.43					
<b>UNDUPLICATED CLIENTS</b>						

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

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

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-7b1, 7b2, Page 16				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	Res OP	Res OP	Res OP			
REPORTING UNIT:	88584	88584	88584			
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/70-79	15/60-69			
SERVICE DESCRIPTION	MH Svcs	Crisis Intervention-OP	Medication Support	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	30,456	2,839	56,005			89,300
OPERATING EXPENSE	9,600	888	16,756			27,244
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
<b>SUBTOTAL DIRECT COSTS</b>	<b>40,056</b>	<b>3,727</b>	<b>72,761</b>	<b>0</b>	<b>0</b>	<b>116,544</b>
INDIRECT COST AMOUNT	4,642	447	8,568			13,657
<b>TOTAL FUNDING USES:</b>	<b>44,698</b>	<b>4,174</b>	<b>81,329</b>	<b>0</b>	<b>0</b>	<b>130,201</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
SDMC Regular FFP (50%)	20,851	1,937	37,922			60,710
ARRA SDMC FFP (11.59)	4,834	449	8,791			14,074
<b>STATE REVENUES - click below</b>						
EPSDT State Match	13,936	1,294	25,344			40,574
Family Mosaic Capitated Medi-Cal						
<b>GRANTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>PRIOR YEAR ROLL OVER - click below</b>						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>REALIGNMENT FUNDS</b>						
COUNTY GENERAL FUND	5,097	474	9,272			14,843
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>44,718</b>	<b>4,164</b>	<b>81,329</b>			<b>130,201</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>FEDERAL REVENUES - click below</b>						
<b>STATE REVENUES - click below</b>						
<b>GRANTS/PROJECTS - click below</b>						
CFDA #:						
Please enter other here if not in pull down						
<b>WORK ORDERS - click below</b>						
Please enter other here if not in pull down						
<b>3RD PARTY PAYOR REVENUES - click below</b>						
Please enter other here if not in pull down						
<b>COUNTY GENERAL FUND</b>						
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
<b>TOTAL DPH REVENUES</b>	<b>44,718</b>	<b>4,164</b>	<b>81,329</b>			<b>130,201</b>
<b>NON-DPH REVENUES - click below</b>						
<b>TOTAL NON-DPH REVENUES</b>	0	0	0	0	0	0
<b>TOTAL REVENUES (DPH AND NON-DPH)</b>	<b>44,718</b>	<b>4,164</b>	<b>81,329</b>			<b>130,201</b>
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	17,133	1,070	16,873			35,076
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	3.88	4.82	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	3.88	4.82	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.61	3.88	4.82			
<b>UNDUPLICATED CLIENTS</b>						

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

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

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

REPORTING YEAR:	2010-2011						APPENDIX #: B-7c, Page 17.
LEGAL ENTITY NAME:	Edgewood Center for Children and Families						PROVIDER #: 8858
PROVIDER NAME:	Edgewood Center for Children and Families						
REPORTING UNIT NAME:	Res						
	Supplemental						
REPORTING UNIT:	Res Supp						
MODE OF SVCS / SERVICE FUNCTION CODE	60/78						
SERVICE DESCRIPTION	Other Non-Medical Client Support Exp	#N/A	#N/A	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11						
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	107,038						107,038
OPERATING EXPENSE	11,714						11,714
CAPITAL OUTLAY (COST \$5,000 AND OVER)							0
SUBTOTAL DIRECT COSTS	118,752	0	0	0	0	0	118,752
INDIRECT COST AMOUNT	14,248						14,248
TOTAL FUNDING USES:	133,000	0	0	0	0	0	133,000
CBHS MENTAL HEALTH FUNDING SOURCES:							
FEDERAL REVENUES - click below							
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							
COUNTY GENERAL FUND	133,000						133,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	133,000						133,000
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES - click below							
STATE REVENUES - click below							
GRANTS/PROJECTS - click below	CFDA #:						
Please enter other here if not in pull down							
WORK ORDERS - click below							
Please enter other here if not in pull down							
3RD PARTY PAYOR REVENUES - click below							
Please enter other here if not in pull down							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	133,000						133,000
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES	0	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	133,000						133,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE <sup>1</sup>	1,478						1,478
UNITS OF TIME <sup>2</sup>							
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	90.00	0.00	0.00	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	90.00	0.00	0.00	0.00	0.00	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	90						
UNDUPLICATED CLIENTS	4						

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

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

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

FISCAL YEAR: 2010-2011		APPENDIX #: B86/B86 Page 18				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 26856				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	SED	SED	SED	SED		
REPORTING UNIT:	8858ED	8858ED	8858ED	8858ED		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/01-09	15/60-69	45/20-29		
SERVICE DESCRIPTION	MH Svcs	Case Mgt Brokerage	Medication Support	Commty Client Svcs	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11		
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	91,210	21,695	1,661	29,381		143,937
OPERATING EXPENSE	8,631	2,691	205	2,140		13,667
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	99,841	24,386	1,866	31,521	0	157,604
INDIRECT COST AMOUNT	11,985	2,926	222	3,783		18,916
TOTAL FUNDING USES:	111,826	27,312	2,078	35,304	0	176,520
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	58,511	6,866	523			65,900
ARRA SDMC FFP (11.59)	11,268	3,724	283			15,275
STATE REVENUES - click below						
EPSDT State Match	32,336	10,884	807			44,027
Family Mosaic Capitated Medi-Cal						
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	9,711	5,838	465	664		50,654
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	111,826	27,312	2,078	35,304		176,520
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	111,826	27,312	2,078	35,304		176,520
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	111,826	27,312	2,078	35,304		176,520
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	66,861	25,289	498	519		93,267
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.67	1.08	4.17	68.02	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.67	1.08	4.17	68.02	0.00	
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	1.67	1.08	4.17	68.02		
UNDUPLICATED CLIENTS	20	20	80	22		

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

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

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

YEAR:	2010-2011		JIX #: 8858 Page 19			
LEGAL ENTITY NAME:	Edgewood Center for Children and Families		PROVIDER #: 8858			
PROVIDER NAME:	Edgewood Center for Children and Families					
REPORTING UNIT NAME:	EPSDT TBS	EPSDT TBS				
REPORTING UNIT:	885818	885818				
MODE OF SVCS / SERVICE FUNCTION CODE	15/58	15/01-09				
SERVICE DESCRIPTION	TBS	Case Mgt Brokerage	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11				
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	493,535	4,009				497,544
OPERATING EXPENSE	68,983	1,074				70,057
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	562,518	5,083	0	0	0	567,601
INDIRECT COST AMOUNT	67,503	610				68,113
TOTAL FUNDING USES:	630,021	5,693	0	0	0	635,714
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	300,608	3,292				303,900
ARRA SD MC FFP (11.59)	68,657	1,786				70,443
STATE REVENUES - click below						
EPSDT State Match	202,500	561				203,061
Family Mosaic Capitated Medi-Cal						
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	58256	54				58,310
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	630,021	5,693				635,714
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/P ROJECTS - 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	630,021	5,693				635,714
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	630,021	5,693				635,714
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	241,387	2,818				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	2.02	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	2.02	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.61	2.02				
UNDULICATED CLIENTS	40	20				

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

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

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

FISCAL YEAR: 2010-2011		APPROVAL: X # 510 Page 20	
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 8858	
PROVIDER NAME: Edgewood Center for Children and Families			
REPORTING UNIT NAME:	FMP	FMP	
REPORTING UNIT:	FMP WRAP	FMP WRAP	
MODE OF SVCS / SERVICE FUNCTION CODE	45/20-29	45/20-29	
SERVICE DESCRIPTION	Commy Client Svcs	Commy Client Svcs	#N/A #N/A #N/A TOTAL
CBHS FUNDING TERM:	6/10/10-7/1/11	6/10/10-7/1/11	
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	5,254	13,099	18,353
OPERATING EXPENSE	998	2,535	3,533
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS	6,252	15,634	21,886
INDIRECT COST AMOUNT	748	1,860	2,608
TOTAL FUNDING USES:	7,000	17,494	24,494
CBHS MENTAL HEALTH FUNDING SOURCES:			
FEDERAL REVENUES - click below			
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			
HSA (Human Svcs Agency)	5,700	14,300	20,000
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	1,300	3,194	4,494
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	7,000	17,494	24,494
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	7,000	17,494	24,494
NON-DPH REVENUES - click below			
TOTAL NON-DPH REVENUES	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	7,000	17,494	24,494
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE <sup>1</sup>			
UNITS OF TIME <sup>2</sup>	45	28	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	156.60	624.79	0.00 0.00 0.00
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	156.60	624.79	0.00 0.00 0.00
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	156.6	624.79	
UNDULICATED CLIENTS	10	10	

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

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

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

FISCAL YEAR: 2010-2011		APPENDIX #: B-11 Page 2				
LEGAL ENTITY NAME: Edgewood Center for Children and Families		PROVIDER #: 9858				
PROVIDER NAME: Edgewood Center for Children and Families						
REPORTING UNIT NAME:	WRAP	WRAP				
REPORTING UNIT:	EPSDT SB163	EPSDT SB163				
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69				
SERVICE DESCRIPTION	MH Svcs	Medication Support	#N/A	#N/A	#N/A	TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11				
<b>FUNDING USES:</b>						
SALARIES & EMPLOYEE BENEFITS	163,737	20,431				184,168
OPERATING EXPENSE	14,834	1,890				16,724
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0
SUBTOTAL DIRECT COSTS	178,571	22,321	0	0	0	200,892
INDIRECT COST AMOUNT	21,429	2,679				24,108
TOTAL FUNDING USES:	200,000	25,000	0	0	0	225,000
<b>CBHS MENTAL HEALTH FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
SDMC Regular FFP (50%)	100,000	12,500				112,500
ARRA SD MC FFP (11.59)	23,178	2,900				26,078
STATE REVENUES - click below						
EPSDT State Match	66,823	8,350				75,173
GRANTS - click below						
CFDA #:						
Please enter other here if not in pull down						
PRIOR YEAR ROLL OVER - click below						
WORK ORDERS - click below						
HSA (Human Svcs Agency)	10,000	1,250				11,250
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						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	200,000	25,000				225,000
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES:</b>						
FEDERAL REVENUES - click below						
STATE REVENUES - click below						
GRANTS/PROJECTS - click below						
CFDA #:						
Please enter other here if not in pull down						
WORK ORDERS - click below						
Please enter other here if not in pull down						
3RD PARTY PAYOR REVENUES - click below						
Please enter other here if not in pull down						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	200,000	25,000				225,000
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES	0	0	0	0	0	0
TOTAL REVENUES (DPH AND NON-DPH)	200,000	25,000				225,000
<b>CBHS UNITS OF SVCS/TIME AND UNIT COST:</b>						
UNITS OF SERVICE <sup>1</sup>						
UNITS OF TIME <sup>2</sup>	76,628	5,187				
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.61	4.82	0.00	0.00	0.00	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.61	4.82	0.00	0.00	0.00	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.61	4.82				
UNDUPLICATED CLIENTS	13	13				

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

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

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Kinship EPSDT 885813

APPENDIX #: B-1a, Page 1  
 Document Date: 7/1/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Supervisor	0.25	\$ 15,600.00	0.25	15,600								
Medical Director	0.15	\$ 24,751.00	0.15	24,751								
Clinician	1.60	\$ 96,000.00	1.60	96,000								
Parent Partner	0.20	\$ 6,500.00	0.20	6,500								
Administrative Support	0.20	\$ 9,360.00	0.20	9,360								
Research Associate	0.10	\$ 5,701.00	0.10	5,701								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	2.50	\$157,912	2.50	\$157,912	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29% \$45,794      29% \$45,794      #DIV/0!       #DIV/0!       #DIV/0!       #DIV/0!

TOTAL SALARIES & BENEFITS      \$203,706      \$203,706      \$0      \$0      \$0      \$0



DPH 4: Operating Expenses Detail

APPENDIX #: B-1a, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Kinship EPSDT 885813

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)  
UCSF Interns  
OTHER  
Depreciation  
Educational Supplies/Client Services  
Food Services  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 2,803	2,803				
\$ 600	600				
\$ 5,436	5,436				
\$ -					
\$ 1,852	1,852				
\$ 1,000	1,000				
\$ 1,200	1,200				
\$ -					
\$ -					
\$ -					
\$ 3,600	3,600				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 13,996	13,996				
\$ 3,600	3,600				
\$ 900	900				
\$ 6,780	6,780				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$41,767</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - Kinship EPSDT 885813

**Date:** 07/01/2010

**Fiscal Year:** 2011

### Salaries and Benefits

### Salaries

### FTE

Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .25 FTE X \$62,400 per year = \$15,600	\$15,600	0.25
Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .15 FTE X \$165,006 per year = \$24,751	\$24,751	0.15
Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 1.6 FTE X \$60,000 per year = \$96,000	\$96,000	1.60
Parent Partner: Provides support and mentoring to parents including one-on-one interaction where necessary; Min Req BA preferred with 1 year experience; .2 FTE X \$32,500 per year = \$6,500	\$6,500	0.20
Administrative Support: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED .25 FTE X \$46,800 per year = \$23,400	\$9,360	0.20
Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .1 FTE X \$57,013 per year = \$5,701	\$5,701	0.10
<b>TOTAL SALARIES</b>	<b>\$157,912</b>	<b>2.50</b>

Benefits at 29% - \$157,912 X .29 = \$45,794	\$45,794	
<b>TOTAL BENEFITS</b>	<b>\$45,794</b>	

**TOTAL SALARIES & BENEFITS      \$203,706      2.50**

### Operating Expenses

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

Rent:

Depreciation 1,070 Sq Feet X \$ 13.08 per = \$13,996	\$13,996
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Utilities:

Utilities 1,070 Sq Feet X \$2.62 per = \$2,803	\$2,803
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Building Maintenance:

1,070 Sq Feet X \$5.08 per = \$5,436	\$5,436
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**Total Occupancy: \$22,235**

**Materials and Supplies:**Office Supplies:

Based on previous year's experience \$50 per month X 12 months = \$900	\$600
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Printing/Reproduction:Program/Medical Supplies:

Client Incentives based on past experience \$300 per month X 12 months = \$3,600	\$3,600
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Food for clients; \$75 X 12 months = \$900	\$900
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**Total Materials and Supplies: \$5,100**

**General Operating:**Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 1.0% of total agency funding. \$185,209 X .01 = \$1,852	\$1,852
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Staff Training:

2 trainings throughout year X \$500 per training = \$1,500	\$1,000
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Computer Supplies

Based on previous year's experience \$565 per month X 12 months = \$6,780	\$6,780
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**Total General Operating: \$9,632**

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

Based on prior year's experience 200 miles per month X 12 months X	\$1,200
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\$1.00 per mile = \$1,200	
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**\$1,200**

**Consultants/Subcontractors:**

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000	\$3,600
per intern X .2 FTE = \$3,600	

Total Consultants/Subcontractors:	\$3,600
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TOTAL OPERATING COSTS:	\$41,767
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CAPITAL EXPENDITURES: <i>(If needed - A unit valued at \$5,000 or more)</i>	\$0
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TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$245,473
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INDIRECT COSTS:	\$29,432
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CONTRACT TOTAL:	\$274,905
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - School-Based EPSDT 885814

APPENDIX #: B-1b, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Research Director	0.03	\$ 3,576	0.03	3,576								
Regional Program Director	0.30	\$ 29,254	0.30	29,254								
Clinical Director	0.57	\$ 45,610	0.57	45,610								
Clinical Supervision	0.40	\$ 24,960	0.40	24,960								
Senior Clinician	0.10	\$ 6,418	0.10	6,418								
Research Associate	0.13	\$ 7,412	0.13	7,412								
Clinician	1.70	\$ 85,802	1.70	85,802								
Parent Partner	0.20	\$ 6,500	0.20	6,500								
Administrative Support	0.50	\$ 23,400	0.50	23,400								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	3.93	\$232,932	3.93	\$232,932	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29% \$67,550 29% \$67,550 #DIV/0!  #DIV/0!  #DIV/0!  #DIV/0!

TOTAL SALARIES & BENEFITS

\$300,482 \$300,482 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-1b, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - School-Based EPSDT 885814

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)  
UCSF Interns  
OTHER  
Depreciation  
Client Incentives  
Food Services  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 3,728	3,728				
\$ 900	900				
\$ 7,228	7,228				
\$ -					
\$ 2,778	2,778				
\$ 1,500	1,500				
\$ 9,000	9,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 18,613	18,613				
\$ 1,200	1,200				
\$ 1,200	1,200				
\$ 10,800	10,800				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$60,547</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - School-Based EPSDT 885814

**Date:** 07/01/2010

**Fiscal Year:** 2010-2011

Salaries and Benefits	Salaries	FTE
Research Director: Oversees all aspects of program quality of care, outcomes, fiscal admin and facility management; Min Req Doctoral level professional with 10 years experience; .03 FTE X \$119,184 per year = \$3,576	\$3,576	0.03
Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .3 FTE X \$97,512.50 X 6 months = \$17,552	\$29,254	0.30
Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience; .57 FTE X \$80,018 = \$20,005	\$45,610	0.57
Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers; Masters and 2 years experience .4 FTE X \$62,400 per year = \$24,960	\$24,960	0.40
Senior Clinician: Responsible for developing, coordinating, implementing and monitoring all aspects of program behavioral plans; Min Req MSW Masters Degree and MFT or LCSW license and 3 years experience; .1 FTE X \$64,184 per year = \$6,418	\$6,418	0.10
Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .13 FTE X \$57,013 per year = \$7,412	\$7,412	0.13
Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 1.7 FTE X \$50,472 per year = \$85,802	\$85,802	1.70
Parent Partner: Provides support and mentoring to parents including one-on-one interaction where necessary; Min Req BA preferred with 1 year experience; .2 FTE X \$32,500 per year = \$6,500	\$6,500	0.20
Administrative Support: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED; .5 FTE X \$46,800 per year = \$23,400	\$23,400	0.50
<b>TOTAL SALARIES</b>	<b>\$232,932</b>	<b>3.93</b>
Benefits at 29% - \$232,932 X .29 = \$67,550	\$67,550	
<b>TOTAL BENEFITS</b>	<b>\$67,550</b>	

<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$300,482</b>	<b>3.93</b>
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**Operating Expenses**

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

Rent:

Depreciation 1,423 Sq Feet X \$ 13.08 per = \$18,613	\$18,613
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Utilities:

Utilities 1,423 Sq Feet X \$2.62 per = \$3,728	\$3,728
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Building Maintenance:

1,423 Sq Feet X \$5.08 per = \$7,228	\$7,228
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<b>Total Occupancy:</b>	<b>\$29,569</b>
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**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$75 per month X 12 months = \$900	\$900
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Printing/Reproduction:

Program/Medical Supplies:

Client Incentives based on past experience \$100 per month X 12 months = \$1,200	\$1,200
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Food for clients; \$100 X 12 months = \$1,200	\$1,200
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<b>Total Materials and Supplies:</b>	<b>\$3,300</b>
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**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 1.5% of total agency funding. \$185,209 X .015 = \$2,778	\$2,778
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Staff Training:

3 trainings throughout year X \$500 per training = \$1,500	\$1,500
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Computer Supplies

Based on previous year's experience \$900 per month X 12 months = \$10,800	\$10,800
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Total General Operating: \$15,078

Staff Travel (Local & Out of Town):

Based on prior year's experience 1,500 miles per month X 12 months X	\$9,000
\$ .50 per mile = \$9,000	
	<u>\$9,000</u>

Consultants/Subcontractors:

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000	\$3,600
per intern X .2 FTE = \$3,600	

Total Consultants/Subcontractors: \$3,600

TOTAL OPERATING COSTS: \$60,547

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

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$361,029
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INDIRECT COSTS:	\$43,322
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CONTRACT TOTAL:	\$404,351
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - AB3632 885815

APPENDIX #: B-1c, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Medical Director	0.09	\$ 14,851.00	0.09	14,851								
Clinical Supervisor	0.25	\$ 15,600.00	0.25	15,600								
Clinician	1.00	\$ 58,300.00	1.00	58,300								
Research Associate	0.05	\$ 2,851.00	0.05	2,851								
Administrative Coordinator	0.20	\$ 7,072.00	0.20	7,072								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	1.59	\$98,674	1.59	\$98,674	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	29%	\$28,615	29%	\$28,615	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS		\$127,289		\$127,289		\$0		\$0		\$0		\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-1c, page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - AB3632 885815

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)  
UCSF Interns  
OTHER  
Depreciation  
Educational/Client Supplies  
Food Services  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 1,001	1,001				
\$ 270	270				
\$ 1,941	1,941				
\$ -					
\$ 1,111	1,111				
\$ 500	500				
\$ 1,200	1,200				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 4,997	4,997				
\$ -					
\$ -					
\$ 2,400	2,400				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$13,420</b>	<b>\$13,420</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

224

**Provider Number: 8858**

Provider Name: Edgewood - AB3632 885815

Fiscal Year: 2010-2011

<b>Salaries and Benefits</b>	<b>Salaries</b>	<b>FTE</b>
Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .09 FTE X \$165,006 per year = \$14,851	\$14,851	0.09
Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .25 FTE X \$62,400 per year = \$15,600	\$15,600	0.25
Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 1 FTE X \$58,300 average annual salary = \$65,879	\$58,300	1.13
Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .05 FTE X \$57,013 per year = \$2,851	\$2,851	0.05
Administrative Coordinator; Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED; .2 FTE X \$35,360 per year = \$7,072	\$7,072	0.20
<b>TOTAL SALARIES</b>	<b>\$98,674</b>	<b>1.72</b>
Benefits at 29% - \$98,674 X .29 = \$28,615	\$28,615	
<b>TOTAL BENEFITS</b>	<b>\$28,615</b>	

### Operating Expenses

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

Rent:

\$4,997

Utilities:

Utilities 382 Sq Feet X \$2.62 per = \$1,800	\$1,001
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Building Maintenance:

382 Sq Feet X \$5.08 per = \$1,941	\$1,941
------------------------------------	---------

Total Occupancy:	\$7,939
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**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$22.50 per month X 12 months = \$270	\$270
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Printing/Reproduction:

Program/Medical Supplies:

Total Materials and Supplies:	\$270
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**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents .6% of total agency funding. $\$185,209 \times .006 = \$1,111$	\$1,111
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Staff Training:

One \$500 course for the year	\$500
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Computer Supplies

Based on previous year's experience \$200 per month X 12 months = \$2,400	\$2,400
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Total General Operating:	\$4,011
--------------------------	---------

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

Based on prior year's experience 200 miles per month X 12 months X \$.50 per mile = \$1,200	\$1,200
	\$1,200

**Consultants/Subcontractors:**

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Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$13,420

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$140,709**

INDIRECT COSTS \$16,885

**CONTRACT TOTAL: \$157,594**

DPH 3: Salaries & Benefits Detail

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

8856

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

Edgewood - Early Childhood MH Start Up

APPENDIX #: B-2a, Page 1

Document Date: 7/1/10

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 - 12/31/10		Proposed Transaction Term: 7/1/10 - 12/31/10		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
	0.00	\$ -										
Program Manager	0.50	\$ 16,120.00	0.50	16,120								
Mental Health Consultant	1.00	\$ 24,960.00	1.00	24,960								
Mental Health Consultant	1.50	\$ 40,560.00	1.50	40,560								
Clinical Supervision	0.20	\$ 5,616.00	0.20	5,616								
Program Director	0.16	\$ 6,400.00	0.16	6,400								
Regional Program Director	0.16	\$ 7,801.00	0.16	7,801								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	3.52	\$101,457	3.52	\$101,457	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29%	\$29,423	29%	\$29,423	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$130,880	\$130,880	\$0	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-2a, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH Start Up

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)

OTHER

Depreciation  
Educational Supplies  
Food Services  
Information Technology

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
7/1/10-12/31/10	7/1/10-12/31/10	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ 300	300				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,498	1,498				
\$ 1,800	1,800				
\$ 100	100				
\$ 3,500	3,500				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$7,198</b>	<b>\$7,198</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



## CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Early Childhood MH Start Up

Date: 07/01/2010

Fiscal Year: 2010-2011

### Salaries and Benefits

### Salaries

### FTE

Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years experience; .5 FTE X \$64,480 per year X 6 months = \$16,120	\$16,120	0.25
Mental Health Consultant: provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1 FTE X \$49,920 per year X 6 months = \$24,960	\$24,960	0.50
Mental Health Consultant: provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1.5 FTE X \$54,080 per year X 6 months = \$40,560	\$40,560	0.75
Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .2 FTE X \$56,160 per year X 6 months = \$5,616	\$5,616	0.10
Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .16 FTE X \$80,000 per year X 6 months = \$6,400	\$6,400	0.08
Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .16 FTE X \$97,512.50 X 6 months = \$7,801	\$7,801	0.08
<b>TOTAL SALARIES</b>	<b>\$101,457</b>	<b>1.76</b>

Benefits at 29% - \$101,457 X .29 = \$29,423	\$29,423	
<b>TOTAL BENEFITS</b>	<b>\$29,423</b>	

**TOTAL SALARIES & BENEFITS      \$130,880      1.76**

### Operating Expenses

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

**Occupancy:**Rent:

Depreciation 229 Sq Feet X \$ 13.08 per X 6 months = \$1,498	\$1,498
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Utilities:Building Maintenance:

<b>Total Occupancy:</b>	<b>\$1,498</b>
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**Materials and Supplies:**Office Supplies:

Based on previous experience with program start ups \$50 per month X 6 = \$300	\$300
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Printing/Reproduction:Program/Medical Supplies:

Educational Supplies based on previous experience with program start ups	\$1,800
--	---------

\$300 per month X 6 months = \$1,800	
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Estimate for food during start up based on experience with other programs	\$100
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<b>Total Materials and Supplies:</b>	<b>\$2,200</b>
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**General Operating:**Insurance:Staff Training:Computer Supplies

Purchase of three laptop computers and additional smaller needed supplies	\$3,500
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<b>Total General Operating:</b>	<b>\$3,500</b>
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Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$7,198

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$138,078**

INDIRECT COSTS \$16,569

**CONTRACT TOTAL: \$154,647**

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH

APPENDIX #: B-2b, Page 1  
 Document Date: 7/1/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 1/1/11 - 06/30/11		Proposed Transaction Term: 1/1/11 - 06/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
	0.00	\$ -										
Program Manager	0.18	\$ 5,803.00	0.18	5,803								
Mental Health Consultant	3.00	\$ 74,880.00	3.00	74,880								
Mental Health Consultant	1.00	\$ 27,040.00	1.00	27,040								
Clinical Supervision	0.20	\$ 5,616.00	0.20	5,616								
Program Director	0.16	\$ 6,400.00	0.16	6,400								
Regional Program Director	0.16	\$ 7,801.00	0.16	7,801								
Research Associate	0.32	\$ 9,122.00	0.32	9,122								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	5.02	\$136,662	5.02	\$136,662	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 29% \$39,632 29% \$39,632 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$176,294 \$176,294 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-2b, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Early Childhood MH

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)  
  
  
  
  
  
  
  
  
  
OTHER  
  
Depreciation  
Educational Supplies  
Food Services  
Information Technology

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
1/1/11-6/30/11	1/1/11-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ 300	300				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,498	1,498				
\$ 300	300				
\$ 300	300				
\$ 1,146	1,146				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$3,544</b>	<b>\$3,544</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - Early Childhood MH

**Date:** 07/01/2011

**Fiscal Year:** 2010-2011

Salaries and Benefits	Salaries	FTE
Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years experience; .18 FTE X \$64,480 per year X 6 months = \$5,803	\$5,803	0.18
Mental Health Consultant: provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1 FTE X \$49,920 per year X 6 months = \$24,960	\$24,960	1.00
Mental Health Consultant: provides group, family and individual treatment, depending on the needs of the clients; Min Req Masters degree and 1-2 years experience; 1.5 FTE X \$54,080 per year X 6 months = \$40,560	\$40,560	1.50
Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .2 FTE X \$56,160 per year X 6 months = \$5,616	\$5,616	0.20
Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .16 FTE X \$80,000 per year X 6 months = \$6,400	\$6,400	0.16
Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .16 FTE X \$97,512.50 X 6 months = \$7,801	\$7,801	0.16
Research Associate: Designs assessment materials, evaluates all service report results; Min Req Doctoral degree; .32 FTE X \$57,012 per year X 6 months = \$9,122	\$9,122	0.32
<b>TOTAL SALARIES</b>	<b>\$136,662</b>	<b>4.86</b>
Benefits at 29% - \$136,662 X .29 = \$39,632	\$39,632	
<b>TOTAL BENEFITS</b>	<b>\$39,632</b>	
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$176,294</b>	<b>4.86</b>

**Operating Expenses**

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

Rent:

Depreciation 229 Sq Feet X \$ 13.08 per X 6 months = \$1,498	\$1,498
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Utilities:

Building Maintenance:

Total Occupancy: \$1,498

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$50 per month X 6 = \$300	\$300
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Printing/Reproduction:

Program/Medical Supplies:

Educational Supplies based on previous year's experience \$50 per month X 6 months = \$300	\$300
--	-------

Food for clients based on previous year's experience \$50 per month X 6 months = \$300	\$300
--	-------

Total Materials and Supplies: \$900

**General Operating:**

Insurance:

Staff Training:

Computer Supplies

Based on previous year's experience \$191 per month X 6 months = \$1,146	\$1,146
--	---------

Total General Operating: \$1,146

Staff Travel (Local & Out of Town):

\$0

**Consultants/Subcontractors:**

**Total Consultants/Subcontractors:** \$0

**TOTAL OPERATING COSTS:** \$3,544

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):** \$179,838

**INDIRECT COSTS:** \$21,581

**CONTRACT TOTAL:** \$201,419



DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8856  
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Day 88585

APPENDIX #: B-3a, Page 1  
 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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Intensive Manager	0.50	\$ 30,798.00	0.50	30,798								
Medical Director	0.14	\$ 23,101.00	0.14	23,101								
Clinical Supervision	0.40	\$ 30,600.00	0.40	30,600								
Relief Staff	0.60	\$ 16,848.00	0.60	16,848								
Teacher Asst. Counselors	4.00	\$ 111,305.00	4.00	111,305								
Mental Health Specialists	3.40	\$ 134,018.00	3.40	134,018								
Therapist & Care Manager	4.00	\$ 191,880.00	4.00	191,880								
Assistant Treatment Managers	1.00	\$ 49,037.00	1.00	49,037								
Treatment Manager	0.30	\$ 18,408.00	0.30	18,408								
QA Manager	0.15	\$ 11,818.00	0.15	11,818								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	14.49	\$617,813	14.49	\$617,813	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29%	\$179,166	29%	\$179,166	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$796,979	\$796,979	\$0	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-3a, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Day 88585

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)  
UCSF Interns  
  
  
  
  
OTHER  
  
Depreciation  
Food Services  
Children's supplies: Reinforcements and rewards  
Information Technology

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
7/1/10-6/30/10	7/1/10-6/30/10	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 5,858	5,858				
\$ 1,224	1,224				
\$ 11,359	11,359				
\$ -					
\$ 7,038	7,038				
\$ 2,000	2,000				
\$ 1,800	1,800				
\$ -					
\$ -					
\$ 9,000	9,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 29,247	29,247				
\$ 20,880	20,880				
\$ 4,380	4,380				
\$ 13,992	13,992				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$106,778</b>	<b>\$106,778</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - Day Treatment DTI Day 88585

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits	Salaries	FTE
Intensive Manager: Oversees all Intensive Services Programs; Min Req MSW or Masters in Psych, 2 experience working with children; .5 FTE X \$61,596 per year = \$30,798	\$30,798	0.50
Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .14 FTE X \$165,006 per year = \$23,101	\$23,101	0.14
Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience; .4 FTE X \$76,500 per year = \$30,600	\$30,600	0.50
Relief Staff: Per Diem employees who step into positions vacated due to illness or unscheduled time off, Min Req High School Diploma or GED; .6 FTE X \$28,080 per year = \$16,848	\$16,848	0.60
Teachers Asst. Counselors: Provides support for the clients before and after school day and during meals, Min Req Bachelors and work experience in Residential, day care or child censored agency; 4 FTE X \$27,826.25 per year = \$111,305 per year	\$111,305	4.00
Mental Health Specialist, responsible for providing counseling and support for clients, Min Req MA and 2 years experience: 3.4 FTE X \$39,417 per year = \$134,018	\$134,018	3.40
Therapist and Care Manager responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license: 4 FTE X \$47,970 per year = \$191,880	\$191,880	4.00
Assistant Treatment Manager responsible for the creation and maintenance of treatment plans and documentation, Min Req MA and 2 years experience or BA and 4 years experience or AA and six years experience : 1 FTE X \$49,037 per year = \$49,037	\$49,037	1.00
Treatment Manager, functions as a single point of accountability in the Residential Program for all supervisory, clinical and admin functions, Min Req MSW or Masters and 2 years experience, LCSW/MFT or similar license: .3 FTE X \$61,360 per year = \$18,408	\$18,408	0.30
QA Manager: Responsible for all QA/CQI requirements, Min Req Bachelors Degree and 2 years experience: .15 FTE X \$78,790 per year = \$11,818	\$11,818	0.15
<b>TOTAL SALARIES</b>	<b>\$617,813</b>	<b>14.59</b>
Benefits at 29% - \$617,813 X .29 = \$179,166	\$179,166	
<b>TOTAL BENEFITS</b>	<b>\$179,166</b>	

**TOTAL SALARIES & BENEFITS      \$796,979      14.59**

Operating Expenses

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

Rent:

Depreciation 2,236 Sq Feet X \$ 13.08 per = \$29,247	\$29,247
--	----------

Utilities:

Utilities 2,236 Sq Feet X \$2.62 per = \$5,858	\$5,858
--	---------

Building Maintenance:

2,236 Sq Feet X \$5.08 per = \$11,359	\$11,359
---------------------------------------	----------

**Total Occupancy: \$46,464**

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$102 per month X 12 months = \$1,224	\$1,224
---	---------

Printing/Reproduction:

Program/Medical Supplies:

Children's Supplies/Incentives based on previous year's experience \$365 per month X 12 months = \$4,380	\$4,380
---	---------

Food for clients estimate based on previous year's experience \$1,740 per month X 12 months = \$20,880	\$20,880
---	----------

**Total Materials and Supplies: \$26,484**

**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 3.8% of total agency funding. \$185,209 X .038 = \$7,038	\$7,038
--	---------

Staff Training:

Four training courses throughout year X \$500 per course	\$2,000
--	---------

Computer Supplies

Based on previous year's experience \$1,166 per month X 12 months = \$13,992	\$13,992
--	----------

**Total General Operating: \$23,030**

Staff Travel (Local & Out of Town):

Based on prior year's experience 300 miles per month X 12 months X	\$1,800
\$ .50 per mile = \$1,800	
	<b>\$1,800</b>

**Consultants/Subcontractors:**

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000	\$9,000
per intern X .5 FTE = \$9,000	

Total Consultants/Subcontractors:	\$9,000
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<b>TOTAL OPERATING COSTS:</b>	<b>\$106,778</b>
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<b>CAPITAL EXPENDITURES:</b> (If needed - A unit valued at \$5,000 or more)	\$0
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<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$903,757</b>
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<b>INDIRECT COSTS:</b>	<b>\$108,452</b>
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<b>CONTRACT TOTAL:</b>	<b>\$1,012,209</b>
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Day 8858OP

APPENDIX #: B-3b1, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Supervisor	0.05	\$ 3,120.00	0.05	3,120								
Therapist/Care Managers	0.27	\$ 12,690.00	0.27	12,690								
Group Therapy Coordinator	0.10	\$ 5,469.90	0.10	5,470								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.42	\$21,280	0.42	\$21,280	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      -29% \$6,171      29% \$6,171      #DIV/0!       #DIV/0!       #DIV/0!       #DIV/0!

TOTAL SALARIES & BENEFITS      \$27,451      \$27,451      \$0      \$0      \$0      \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-3b1, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Day 8858OP

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)  
  
  
  
  
  
  
OTHER  
  
Depreciation  
  
Therapy Supplies  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 252	252				
\$ -					
\$ 489	489				
\$ -					
\$ 278	278				
\$ -					
\$ 900	900				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,259	1,259				
\$ -					
\$ 450	450				
\$ 298	298				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$3,926</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Day 8858OP

APPENDIX #: B-3b2, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Nurses	0.50	\$ 32,200.00	0.50	32,200								
Nursing Supervisor	0.20	\$ 15,974.40	0.20	15,974								
Medical Director	0.07	\$ 11,550.00	0.07	11,550								
QA Manager	0.05	\$ 3,300.00	0.05	3,300								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.82	\$63,024	0.82	\$63,024	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29% \$18,277      29% \$18,277      #DIV/0!       #DIV/0!       #DIV/0!       #DIV/0!

TOTAL SALARIES & BENEFITS      \$81,301      \$81,301      \$0      \$0      \$0      \$0



# DPH 4: Operating Expenses Detail

APPENDIX #: B-3b2, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Day 8858OP

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	\$ -				
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 757	757			
Office Supplies, Postage	\$ 300	300			
Building Maintenance Supplies and Repair	\$ 1,467	1,467			
Printing and Reproduction	\$ -				
Insurance	\$ 833	833			
Staff Training	\$ -				
Staff Travel-(Local & Out of Town)	\$ -				
Rental of Equipment	\$ -				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -				
	\$ -				
UCSF Interns	\$ 24,300	24,300			
	\$ -				
	\$ -				
	\$ -				
OTHER	\$ -				
	\$ -				
Depreciation	\$ 3,777	3,777			
	\$ -				
Medical Supplies	\$ 2,052	2,052			
Information Technology	\$ 5,390	5,390			
<b>TOTAL OPERATING EXPENSE</b>	<b>\$38,876</b>	<b>\$38,876</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - Day Treatment Day 8858OP

**Date:** 07/01/2010

**Fiscal Year:** 2010-2011

### Salaries and Benefits

**Salaries      FTE**

Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .05 FTE X \$62,400 per year = \$3,120	\$3,120	0.05
Therapist/Care Manager: responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license.27 FTE X \$47,000 per year = \$12,690	\$12,690	0.27
Group Therapy Coordinator: Schedules and Facilitates group therapy sessions; Min Req MSW or Masters Degree and 2 years experience: .1 FTE X \$54,700 per year = \$5,470	\$5,470	0.10
Nurse: Provides direct patient care, Min Req Valid Calif License as an RN, BSN preferred with 3 to 5 years experience .5 FTE X \$64,400 per year = \$32,200	\$32,200	0.50
Nursing Supervisor: Provides supervision for the nursing staff, also responsible for oversight of medical supplies and equipment; Min Req RN with License and 2 years experience in addition to 2 years of supervisory experience: .2 FTE X \$79,872 per year = \$15,974	\$15,974	0.20
Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .07 FTE X \$165,006 per year = \$11,550	\$11,550	0.07
QA Manager: Responsible for all QA/CQI requirements, Min Req Bachelors Degree and 2 years experience: .04 FTE X \$82,493 per year = \$3,300	\$3,300	0.04
<b>TOTAL SALARIES</b>	<b>\$84,304</b>	<b>1.23</b>

Benefits at 29% - \$84,304 X .29 = \$24,448	\$24,448	
<b>TOTAL BENEFITS</b>	<b>\$24,448</b>	

**TOTAL SALARIES & BENEFITS      \$108,752      1.23**

### Operating Expenses

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

Occupancy:

Rent:

Depreciation 385 Sq Feet X \$ 13.08 per = \$5,036	\$5,036
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Utilities:

Utilities 385 Sq Feet X \$2.62 per = \$1,009	\$1,009
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Building Maintenance:

385 Sq Feet X \$5.08 per = \$1,956	\$1,956
------------------------------------	---------

<b>Total Occupancy:</b>	<b>\$8,001</b>
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**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$25 per month X 12 months = \$300	\$300
--	-------

Printing/Reproduction:

Program/Medical Supplies:

Medical/Therapy Supplies based on previous year's experience	\$2,502
\$208.50 per month X 12 months = \$2,502	

<b>Total Materials and Supplies:</b>	<b>\$2,802</b>
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**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 0.06% of total agency funding. \$185,209 X .006 = \$1,111	\$1,111
--	---------

Staff Training:

Computer Supplies

Based on previous year's experience \$474 per month X 12 months = \$5,688	\$5,688
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<b>Total General Operating:</b>	<b>\$6,799</b>
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**Staff Travel (Local & Out of Town):**

Based on prior year's experience 150 miles per month X 12 months X \$ .50 per mile = \$900	\$900
--	-------

<b>\$900</b>
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**Consultants/Subcontractors:**

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000	\$24,300
per intern X 1.35 FTE = \$24,300	

**Total Consultants/Subcontractors: \$24,300**

**TOTAL OPERATING COSTS: \$42,802**

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

<b>TOTAL DIRECT COSTS (Salaries &amp; Benefits plus Operating Costs):</b>	<b>\$151,554</b>
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<b>INDIRECT COSTS:</b>	<b>\$17,672</b>
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<b>CONTRACT TOTAL:</b>	<b>\$169,226</b>
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### DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8856  
 Provider Name (same as line 8 on DPH 1): Edgewood - PIP Consultation

APPENDIX #: B-4a, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Prevention Unit Manager	0.28	\$ 17,632.00	0.28	17,632								
Behavior Coach	0.39	\$ 13,385.00	0.39	13,385								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.67	\$31,017	0.67	\$31,017	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29% \$8,995      29% \$8,995      #DIV/0!       #DIV/0!       #DIV/0!       #DIV/0!

TOTAL SALARIES & BENEFITS      \$40,012      \$40,012      \$0      \$0      \$0      \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-4a, page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - PIP Consultation

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).  
UCSF Interns  
OTHER  
Depreciation  
Education Supplies  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 149	149				
\$ 300	300				
\$ 290	290				
\$ -					
\$ 392	392				
\$ 500	500				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 746	746				
\$ 1,200	1,200				
\$ -					
\$ 1,068	1,068				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$4,645</b>	<b>\$4,645</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - PIP Consultation

**Date:** 07/01/2010

**Fiscal Year:** 2010-2011

<b>Salaries and Benefits</b>	<b>Salaries</b>	<b>FTE</b>
Manager, Prevention Unit: Provides high level support to clients and management support to the Program Director/Manager; Min Req 2 years field experience including 1 year supervisory experience; .28 FTE X \$60,800 per year = \$17,632	\$17,632	0.28
Behavior Coach: Provides one-on-one assesment of writing of behavior support plan and preventions; Min Req Bachelors degree and 2 years experience; .39 FTE X \$34,320 per year = \$13,385	\$13,385	0.39
<b>TOTAL SALARIES</b>	<b>\$31,017</b>	<b>0.67</b>

Benefits at 29% - \$31,017 X .29 = \$8,995	\$8,995	
<b>TOTAL BENEFITS</b>	<b>\$8,995</b>	

**TOTAL SALARIES & BENEFITS      \$40,012      0.67**

### Operating Expenses

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

Occupancy:

Rent:

Depreciation 57 Sq Feet X \$ 13.08 per = \$746	\$746
--	-------

Utilities:

Utilities 57 Sq Feet X \$2.62 per = \$149	\$149
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Building Maintenance:

57 Sq Feet X \$5.08 per = \$290	\$290
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Total Occupancy: \$1,185

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$25 per month X 12 = \$300 \$300

Printing/Reproduction:

Program/Medical Supplies:

Educational Supplies based on previous year's experience \$100 per month X 12 months = \$1,200 \$1,200

Total Materials and Supplies: \$1,500

**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents .21% of total agency funding.  $\$185,209 \times .0021 = \$392$  \$392

Staff Training:

One training course during the year for \$500 \$500

Computer Supplies

Based on previous year's experience \$89 per month X 12 months = \$1,023 \$1,023

Total General Operating: \$1,960

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

Based on prior year's experience

\$0

**Consultants/Subcontractors:**

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$4,645

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



TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$44,657
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INDIRECT COSTS:	\$5,343
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CONTRACT TOTAL:	\$50,000
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DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8658  
 Provider Name (same as line 8 on DPH 1): Edgewood - School-Based Well Being (Drew)

APPENDIX #: B-5, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.06	\$ 4,800	0.06	4,800								
Program Manager	0.13	\$ 6,760	0.13	6,760								
Clinician	0.41	\$ 22,173	0.41	22,173								
Behavior Coach	0.55	\$ 18,876	0.55	18,876								
Teacher Trainer	0.32	\$ 17,638	0.32	17,638								
Family Resource Coordinator	0.59	\$ 20,862	0.59	20,862								
PIP Child Aide	0.33	\$ 8,676	0.33	8,676								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	2.39	\$99,785	2.39	\$99,785	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29%      \$28,938      29%      \$28,938      #DIV/0!      #DIV/0!      #DIV/0!      #DIV/0!

TOTAL SALARIES & BENEFITS      \$128,723      \$128,723      \$0      \$0      \$0      \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-5, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - School-Based Well Being (Drew)

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)  
  
  
  
  
  
  
  
  
  
OTHER  
  
  
Educational Supplies/Client Incentives  
Food Services  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ 500	500				
\$ -					
\$ -					
\$ -					
\$ 2,000	2,000				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 1,000	1,000				
\$ 505	505				
\$ 1,200	1,200				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$5,205</b>	<b>\$5,205</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number: 8858**

**Provider Name:** Edgewood - School-Based Well Being (Drew)

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits	Salaries	FTE
Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .06 FTE X \$80,000 per year = \$4,800	\$4,800	0.06
Program Manager: Assists the Program Director with all management duties including reporting requirements and treatment plan oversight; Min Req Masters Degree and 3-4 years experience; .13 FTE X \$52,000 per year = \$6,760	\$6,760	0.13
Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: .41 FTE X \$54,080 per year = \$22,173	\$22,173	0.41
Behavior Coach; Provides one-on-one assessment of writing of behavior support plan and preventions; Min Req Bachelors degree and 2 years experience; .55 FTE X \$34,320 per year = \$18,876	\$18,876	0.55
Teacher Trainer; develops, plans and delivers training to teachers and the curriculum based on Classroom Management Systems to designated school staff; Min Req 3 years experience working in urban public schools, teaching credential and 1 year training experience; .32 FTE X \$55,120 per year = \$17,638	\$17,638	0.32
Family Resource Coordinator Provides support to families providing information on available discount or free programs and resources; Min Req High School Diploma or GED with a Bachelors preferred and 1 year experience; .59 FTE X \$35,360 per year = \$20,862	\$20,862	0.59
PIP Child Aide working as a staff member of a public elementary school supporting children in nondirective play; no min requirement; .33 FTE X \$26,291 per year = \$8,676	\$8,676	0.33
<b>TOTAL SALARIES</b>	<b>\$99,785</b>	<b>2.39</b>

Benefits at 29% - \$99,785 X .29 = \$28,938	\$28,938	
<b>TOTAL BENEFITS</b>	<b>\$28,938</b>	

<b>TOTAL BENEFITS</b>	<b>\$28,938</b>
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**TOTAL SALARIES & BENEFITS: \$128,723 2.39**

**Operating Expenses**

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

Occupancy:

Rent:

\_\_\_\_\_  
\_\_\_\_\_

Utilities:

\_\_\_\_\_  
\_\_\_\_\_

Building Maintenance:

\_\_\_\_\_  
\_\_\_\_\_

**Total Occupancy: \$0**

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$41.66 per month X 12 = \$500 \$500

Printing/Reproduction:

\_\_\_\_\_  
\_\_\_\_\_

Program/Medical Supplies:

Educational supplies based on previous year's experience \$83.33 \$1,000  
per month X 12 months = \$1,000

Food for clients based on previous year's experience \$42.08 per month \$505  
X 12 months = \$505

**Total Materials and Supplies: \$2,005**

**General Operating:**

Insurance:

\_\_\_\_\_  
\_\_\_\_\_

Staff Training:

Two training courses at \$1,000 each \$2,000

Computer Supplies

\_\_\_\_\_  
Based on previous year's experience \$100 per month X 12 months = \$1,200 \$1,200

**Total General Operating: \$3,200**

Staff Travel (Local & Out of Town):

Based on prior year's experience

\$0

**Consultants/Subcontractors:**

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$5,205

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$133,928**

**INDIRECT COSTS: \$16,072**

**CONTRACT TOTAL: \$150,000**

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 6658  
 Provider Name (same as line 8 on DPH 1): Edgewood - JJC

APPENDIX #: B-6, Page 1  
 Document Date: 7/1/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1:		GRANT #2:		WORK ORDER #1:		WORK ORDER #2:	
	Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Manager	0.61	\$ 39,352.00	0.61	39,352								
Research Director	0.07	\$ 8,343.00	0.07	8,343								
Program Director	0.23	\$ 18,400.00	0.23	18,400								
Clinician	1.50	\$ 81,880.00	1.50	81,880								
Mental Health Consultant	0.83	\$ 41,434.00	0.83	41,434								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	3.24	\$189,409	3.24	\$189,409	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS 29% \$54,929 29% \$54,929 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS \$244,338 \$244,338 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-6, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - JJC

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)  
Hucks  
Larkin Street  
OTHER  
Depreciation  
Food Services  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 401	401				
\$ 360	360				
\$ -					
\$ -					
\$ 3,149	3,149				
\$ 6,000	6,000				
\$ 1,500	1,500				
\$ -					
\$ -					
\$ -					
\$ 69,799	69,799				
\$ 63,792	63,792				
\$ -					
\$ -					
\$ -					
\$ -					
\$ 2,000	2,000				
\$ -					
\$ 2,000	2,000				
\$ 4,000	4,000				

TOTAL OPERATING EXPENSE \$153,001 \$153,001 \$0 \$0 \$0 \$0



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Fiscal Year: 2010-2011

Benefits at 29% - \$189,409 X .29 = \$54,929	\$54,929	
<b>TOTAL BENEFITS</b>	<b>\$54,929</b>	

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

**Occupancy:**Rent:

Depreciation 152.91 Sq Feet X \$ 13.08 per = \$2,000	\$2,000
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Utilities:

Based on 152.91 Sq Feet X \$2.62 per foot = \$401	\$401
---	-------

Building Maintenance:

<b>Total Occupancy:</b>	<b>\$2,401</b>
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**Materials and Supplies:**Office Supplies:

Desk and other supplies for program staff at \$30 per month X	\$360
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12 months = \$360	
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Printing/Reproduction:Program/Medical Supplies:

Food for Clients based on previous year's experience \$166.66 per month	\$2,000
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X 12 months = \$2,000	
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<b>Total Materials and Supplies:</b>	<b>\$2,360</b>
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**General Operating:**Insurance:

Total annual agency cost for insurance = \$185,209. This contract	\$3,149
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represents 1.7% of total agency funding. \$185,209 X .017 = \$3,149	
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Staff Training:

Six training courses throughout year at \$1,000 each	\$6,000
--	---------

Computer Supplies

Based on previous year's experience \$333.33 per month X 12 months	\$4,000
--	---------

= \$4,000	
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<b>Total General Operating:</b>	<b>\$13,149</b>
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**Staff Travel (Local & Out of Town):**

Based on previous year's experience 250 miles of local staff travel	\$1,500
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X 12 Months = 3,000 miles X \$.50 per mile = \$1,500	
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<b>\$1,500</b>
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**Consultants/Subcontractors:**

Hucks based on firm bid	\$69,799
Larkin Street based on firm bid	\$63,792

Total Consultants/Subcontractors: \$133,591

**TOTAL OPERATING COSTS: \$153,001**

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$397,339**

**INDIRECT COSTS: \$47,681**

**CONTRACT TOTAL: \$445,020**

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment DTI Res 88586

APPENDIX #: B-7a, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.20	\$ 17,002	0.20	17,002								
Medical Director	0.09	\$ 14,851	0.09	14,851								
Clinical Supervision	0.20	\$ 15,300	0.20	15,300								
Treatment Managers	0.54	\$ 33,134	0.54	33,134								
Therapists/Care Managers	0.57	\$ 27,343	0.57	27,343								
Mental Health Specialists	1.40	\$ 55,184	1.40	55,184								
Intake Coordinator	0.19	\$ 9,291	0.19	9,291								
Admin Assistant	0.30	\$ 11,195	0.30	11,195								
Relief Workers	0.19	\$ 5,335	0.19	5,335								
Associate Director of Clinical Services	0.20	\$ 15,204	0.20	15,204								
Operations/Relief Coordinator	0.32	\$ 12,899	0.32	12,899								
Group Therapy Coordinator	0.19	\$ 10,184	0.19	10,184								
QA Manager	0.08	\$ 6,303	0.08	6,303								
	0.00	\$ -										
	0.00	\$ -										
TOTALS	4.47	\$233,225	4.47	\$233,225	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29%      \$67,635      29%      \$67,635      #DIV/0!      #DIV/0!      #DIV/0!      #DIV/0!

TOTAL SALARIES & BENEFITS      \$300,860      \$300,860      \$0      \$0      \$0      \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-7a, Page 2  
Document Date: 7/1/10

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

8858

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

Edgewood - Day Treatment DTI Res 88586

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)

UCSF Interns

OTHER

Depreciation

Food Services

Children's supplies: Reinforcements and rewards

Information Technology

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
7/1/10-6/30/10	7/1/10-6/30/10	Term:	Term:	Term:	Term:
\$ -					
\$ 2,940	\$ 2,940				
\$ 1,125	\$ 1,125				
\$ 5,700	\$ 5,700				
\$ -					
\$ 2,778	\$ 2,778				
\$ 1,500	\$ 1,500				
\$ 900	\$ 900				
\$ -					
\$ -					
\$ 4,500	\$ 4,500				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 14,676	\$ 14,676				
\$ 11,280	\$ 11,280				
\$ -	\$ -				
\$ 12,000	\$ 12,000				
\$ -					

TOTAL OPERATING EXPENSE

\$57,399

\$57,399

\$0

\$0

\$0

\$0

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - Day Treatment DTI Res 88586

**Date:** 07/01/2010

**Fiscal Year:** 2010-2011

Salaries and Benefits	Salaries	FTE
Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience .2 FTE X \$85,010 per year = \$17,002	\$17,002	0.20
Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .09 FTE X \$165,006 per year = \$14,851	\$14,851	0.09
Clinical Supervision: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience .5 FTE X \$76,500 per year = \$15,300	\$15,300	0.50
Treatment Manager: functions as a single point of accountability in the Residential Program for all supervisory, clinical and admin functions, Min Req MSW or Masters and 2 years experience, LCSW/MFT or similar license: .54 FTE X \$61,360 per year = \$33,134	\$33,134	0.54
Therapist and Care Manager: responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license .57 FTE X \$47,970 per year = \$27,343	\$27,343	0.57
Mental Health Specialist: responsible for providing counseling and support for clients, Min Req MA and 2 years experience: 1.4 FTE X \$39,417 per year = \$55,184	\$55,184	0.46
Intake Coordinator: responsible for processing and placing all new clients; Min Req Masters Degree in a Mental Health field X \$48,901 per year	\$9,291	0.19
Admin Assistant: provides support for program, schedules and handles day to day admin tasks; Min Req High School diploma or GED .3 FTE X \$37,315 per year = \$11,195	\$11,195	0.30
Relief Workers: Per Diem employees who step into positions vacated due to illness or unscheduled time off; .19 FTE X \$28,080 per year = \$5,335	\$5,335	0.19
Associate Director of Clinical Services: provides clinical oversight and supervision to Intensive Services program; Min Req Masters Degree, clinical license and 2-3 years of experience; .2 FTE X \$76,020 per year = \$15,204	\$15,204	0.20
Operations/Relief Coordinator: Schedule all relief shifts and ensures proper program coverage; High School Diploma or GED .32 FTE X \$40,310 per year = \$12,899	\$12,899	0.32
Group Therapy Coordinator: Schedules and Facilitates group therapy sessions; Min Req MSW or Masters Degree and 2 years experience .19 FTE X \$53,600 per year = \$10,184	\$10,184	0.19
QA Manager: Responsible for all QA/CQI requirements, Min Req Bachelors Degree and 2 years experience; .08 FTE X \$78,790 per year = \$6,303	\$6,303	0.08
<b>TOTAL SALARIES</b>	<b>\$233,225</b>	<b>3.83</b>

Benefits at 29% - \$233,225 X .29 = \$67,635	\$67,635	
<b>TOTAL BENEFITS</b>	<b>\$67,635</b>	

**TOTAL SALARIES & BENEFITS** **\$300,860** **3.83**

**Operating Expenses**

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

Occupancy:

Rent:

Depreciation 1,122 Sq Feet X \$ 13.08 per = \$14,676	\$14,676
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Utilities:

Utilities 1,122 Sq Feet X \$2.62 per = \$2,940	\$2,940
--	---------

Building Maintenance:

1,122 Sq Feet X \$5.08 per = \$5,700	\$5,700
--------------------------------------	---------

**Total Occupancy: \$23,316**

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$93.75 per month X 12 months = \$1,125	\$1,125
---	---------

Printing/Reproduction:

Program/Medical Supplies:

Food for clients estimate based on previous year's experience \$940 per month X 12 months = \$12,000	\$11,280
--	----------

**Total Materials and Supplies: \$12,405**

**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 1.5% of total agency funding. \$185,209 X .015 = \$2,778	\$2,778
---	---------

Staff Training:

Three training courses throughout year X \$500 per course	\$1,500
---	---------

Computer Supplies

Based on previous year's experience \$1,000 per month X 12 months = \$12,000	\$12,000
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Total General Operating:	\$16,278
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Staff Travel (Local & Out of Town):

Based on prior year's experience 150 miles per month X 12 months X	\$900
--	-------

\$ .50 per mile = \$900	
-------------------------	--

	\$900
--	-------

Consultants/Subcontractors:

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000	\$4,500
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per intern X .25 FTE = \$4,500	
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Total Consultants/Subcontractors:	\$4,500
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TOTAL OPERATING COSTS:	\$57,399
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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):	\$358,259
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INDIRECT COSTS:	\$42,983
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CONTRACT TOTAL:	\$401,242
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**DPH 3: Salaries & Benefits Detail**

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Res 88584

APPENDIX #: B-7b1, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Supervisor	0.10	\$ 6,240.00	0.10	6,240								
Therapist/Care Managers	0.30	\$ 14,100.00	0.30	14,100								
Group Therapy Coordinator	0.10	\$ 5,470.00	0.10	5,470								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.50	\$25,810	0.50	\$25,810	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29% \$7,485 29% \$7,485 #DIV/0!  #DIV/0!  #DIV/0!  #DIV/0!

TOTAL SALARIES & BENEFITS

\$33,295 \$33,295 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-7b1, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MHS Res 88584

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)  
UCSF Interns  
OTHER  
Depreciation  
Food Services  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 1,150	1,150				
\$ 516	516				
\$ 2,230	2,230				
\$ -					
\$ -					
\$ -					
\$ 300	300				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 5,242	5,242				
\$ -					
\$ 300	300				
\$ -					
\$ 750	750				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$10,488</b>	<b>\$10,488</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**DPH 3: Salaries & Benefits Detail**

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Res 88584

APPENDIX #: B-7b2, page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Nurses	0.36	\$ 23,184.00	0.36	23,184								
Nursing Supervisor	0.15	\$ 11,981.00	0.15	11,981								
Medical Director	0.05	\$ 8,250.00	0.05	8,250								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.56	\$43,415	0.56	\$43,415	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29%	\$12,590	29%	\$12,590	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS

\$56,005	\$56,005	\$0	\$0	\$0	\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-7b2, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - Day Treatment MSS Res 88584

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)  
UCSF Interns  
OTHER  
Depreciation  
Food Services  
Medical Supplies  
Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 926	926				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 12,600	12,600				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 500	500				
\$ 600	600				
\$ 1,620	1,620				
\$ 510	510				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$16,756</b>	<b>\$16,756</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Pro vider Number: 8858**

**Provider Name: Edgewood - Day Treatment Res 88584**

Date: 07/01/2010

Fiscal Year: 2010-2011

Salaries and Benefits	Salaries	FTE
Clinical Supervisor: Oversees Clinicians, review notes, reviews performance of Clinical workers, Masters and 2 years experience. 1 FTE X \$62,400 per year = \$6,240	\$6,240	0.10
Therapist/Care Manager: responsible for providing direct clinical and care management services, Min Req MSW or Masters and a current LCSW or MFT license. 3 FTE X \$47,000 per year = \$14,100	\$14,100	0.30
Group Therapy Coordinator: Schedules and Facilitates group therapy sessions; Min Req MSW or Masters Degree and 2 years experience: .1 FTE X \$54,700 per year = \$5,470	\$5,470	0.10
Nurse: Provides direct patient care, Min Req Valid Calif License as an RN, BSN preferred with 3 to 5 years experience: .36 FTE X \$64,400 per year = \$23,184	\$23,184	0.36
Nursing Supervisor: Provides supervision for the nursing staff, also responsible for oversight of medical supplies and equipment; Min Req RN with License and 2 years experience in addition to 2 years of supervisory experience: .36 FTE X \$79,872 per year = \$11,981	\$11,981	0.15
Medical Director: Manages Medical and Psychiatry for Agency, Min Req License to practice medicine: .09 FTE X \$165,006 per year = \$14,851	\$8,250	0.05
<b>TOTAL SALARIES</b>	<b>\$69,225</b>	<b>1.06</b>

Benefits at 29% - \$69,225 X .29 = \$20,075	\$20,075	
<b>TOTAL BENEFITS</b>	<b>\$20,075</b>	

<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$89,300</b>	<b>1.06</b>
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## Operating Expenses

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

Rent: \_\_\_\_\_

Depreciation 439 Sq Feet X \$ 13.08 per = \$5,742	\$5,742
---	---------

Utilities:

Utilities 439 Sq Feet X \$2.62 per = \$1,150	\$1,150
--	---------

Building Maintenance:

439 Sq Feet X \$5.08 per = \$2,230	\$2,230
------------------------------------	---------

<b>Total Occupancy:</b>	<b>\$9,122</b>
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**Materials and Supplies:**Office Supplies:

Based on previous year's experience \$43 per month X 12 months = \$516	\$516
--	-------

Printing/Reproduction:Program/Medical Supplies:

Medical Supplies based on previous year's experience \$135 per month	\$1,620
--	---------

X 12 months = \$1,620	
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Food for clients; \$75 X 12 months = \$900	\$900
--	-------

<b>Total Materials and Supplies:</b>	<b>\$3,036</b>
--------------------------------------	----------------

**General Operating:**Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 0.05% of total agency funding. \$185,209 X .005 = \$926	\$926
--	-------

Staff Training:Computer Supplies

Based on previous year's experience \$105 per month X 12 months = \$1,260	\$1,260
---	---------

<b>Total General Operating:</b>	<b>\$2,186</b>
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**Staff Travel (Local & Out of Town):**

Based on prior year's experience 50 miles per month X 12 months X	\$300
---	-------

\$.50 per mile = \$300	
------------------------	--

<b>\$300</b>
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**Consultants/Subcontractors:**

UCSF Interns: \$90,000 total budget for Agency for five interns = \$18,000 \$12,600  
per intern X .7 FTE = \$12,600

Total Consultants/Subcontractors: \$12,600

TOTAL OPERATING COSTS: \$27,244

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

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$116,544

INDIRECT COSTS: \$13,657

CONTRACT TOTAL: \$130,201

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - Res Supplement

APPENDIX #: B-7c, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Nurses	0.65	\$ 42,047.20	0.65	42,047								
Intensive Manager	0.08	\$ 4,928.00	0.08	4,928								
Upnight Childcare Workers	1.00	\$ 36,000.00	1.00	36,000								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
TOTALS	1.73	\$82,975	1.73	\$82,975	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	29%	\$24,063	29%	\$24,063	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
TOTAL SALARIES & BENEFITS		\$107,038		\$107,038		\$0		\$0		\$0		\$0



### DPH 4: Operating Expenses Detail

APPENDIX #: B-7c, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1):	8858
Provider Name (same as line 8 on DPH 1):	Edgewood - Res Supplement

[illegible]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)

.....

10

\_\_\_\_\_

OTHER

$$\frac{1}{2}$$

## Depreciation

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

100

TOTAL OPERATING EXPENSE

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - Res Supplement

**Date:** 07/01/2010

**Fiscal Year:** 2010-2011

Salaries and Benefits	Salaries	FTE
Nurse: Provides direct patient care, Min Req Valid Calif License as an RN, BSN preferred with 3 to 5 years experience. 65 FTE X \$64,688 per year = \$42,047	\$42,047	0.65
Intensive Manager: Oversees all Intensive Services Programs; Min Rq MSW or Masters in Psych, 2 experience working with children; .08 FTE X \$61,596 per year = \$4,928	\$4,928	0.08
Upnight Childcare Workers: oversees and ensures consistant care of clients through the late night and early morning hours, Min Req Bachelors Degree preferrably in a behavioral science 1 FTE X \$36,000 per year = \$36,000	\$36,000	1.00
<b>TOTAL SALARIES</b>	<b>\$82,975</b>	<b>1.73</b>
Benefits at 29% - \$233,225 X .29 = \$67,635	\$24,063	
<b>TOTAL BENEFITS</b>	<b>\$24,063</b>	

**TOTAL SALARIES & BENEFITS      \$107,038      1.73**

### Operating Expenses

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

Rent:

Depreciation 514' Sq Feet X \$ 13.08 per. = \$6,723	\$6,723
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Utilities:

Utilities 514 Sq Feet X \$2.62 per = \$1,346	\$1,346
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Building Maintenance:

514 Sq Feet X \$5.08 per = \$2,611	\$2,611
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**Total Occupancy:      \$10,680**

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$9 per month X 12 months = \$108	\$108
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Printing/Reproduction:

Program/Medical Supplies:

**Total Materials and Supplies:      \$108**

**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 0.5% of total agency funding. $\$185,209 \times .005 = \$926$	\$926
--	-------

Staff Training:

Three training courses throughout year X \$500 per course

Computer Supplies

**Total General Operating:      \$926**

Staff Travel (Local & Out of Town):

**\$0**

Consultants/Subcontractors:

**Total Consultants/Subcontractors:      \$0**

**TOTAL OPERATING COSTS:      \$11,714**

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

\$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$118,752
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INDIRECT COSTS:

\$14,248

CONTRACT TOTAL:	\$133,000
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DPH 3: Salaries & Benefits Detail

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

8858

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

Edgewood - School MH Partnership 8858ED

APPENDIX #: B-8a, Page-1

Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Director	0.15	\$ 12,003.00	0.15	12,003								
Clinician	1.60	\$ 76,800.00	1.60	76,800								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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TOTALS	1.75	\$88,803	1.75	\$88,803	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29%

\$25,753

29%

\$25,753

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TOTAL SALARIES & BENEFITS

\$114,556

\$114,556

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-8a, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - School MH Partnership 8858ED

	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
	7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Expenditure Category:						
Rental of Property	\$ -					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 700	700				
Office Supplies, Postage	\$ 300	300				
Building Maintenance Supplies and Repair	\$ 1,356	1,356				
Printing and Reproduction	\$ -					
Insurance	\$ 1,111	1,111				
Staff Training	\$ -					
Staff Travel-Local & Out of Town)	\$ 900	900				
Rental of Equipment	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
	\$ -					
UCSF Interns	\$ -					
	\$ -					
	\$ -					
	\$ -					
OTHER	\$ -					
	\$ -					
Depreciation	\$ 3,492	3,492				
Educational Supplies	\$ 500	500				
Food Services	\$ 700	700				
Information Technology	\$ 2,468	2,468				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$11,527</b>	<b>\$11,527</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - School MH Partnership 8858ED

APPENDIX #: B-8b, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Research Director	0.03	\$ 3,576.00	0.03	3,576								
Clinician	0.40	\$ 19,200.00	0.40	19,200								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
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	0.00	\$ -										
TOTALS	0.43	\$22,776	0.43	\$22,776	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS	29%	\$6,605	29%	\$6,605	#DIV/0!		#DIV/0!		#DIV/0!		#DIV/0!	
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TOTAL SALARIES & BENEFITS		\$29,381		\$29,381		\$0		\$0		\$0		\$0
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DPH 4: Operating Expenses Detail

APPENDIX #: B-8b, Page 2

Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - School MH Partnership 8858ED

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)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 OTHER  
 \_\_\_\_\_  
 Depreciation  
 Educational Supplies  
 Food Services  
 Information Technology

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 600	600				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 640	640				
\$ 500	500				
\$ 400	400				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$2,140</b>	<b>\$2,140</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



## CBHS BUDGET JUSTIFICATION

**Provider Number: 8858**

Provider Name: Edgewood - School MH Partnership 8858ED

**Date = 07/01/2010**

Fiscal Year: 2010-2011

<b>Salaries and Benefits</b>	<b>Salaries</b>	<b>FTE</b>
Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience .15 FTE X \$80,018 = \$12,003	\$12,003	0.15
Research Director: Oversees all aspects of program quality of care, outcomes, fiscal admin and facility management; Min Req Doctoral level professional with 10 years experience: .1 FTE X \$119,184 per year = \$11,918	\$3,576	0.03
Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case management, Min Req Masters Degree and 1-2 years experience: 2 FTE X \$48,000 per year = \$77,760	\$96,000	2.00
<b>TOTAL SALARIES</b>	<b>\$111,579</b>	<b>2.18</b>
Benefits at 29% - \$111,579 X .29 = \$32,358	\$32,358	
<b>TOTAL BENEFITS</b>	<b>\$32,358</b>	

## Operating Expenses

**Formulas to be expressed with FTE's, square footage, or % of program within agency - not as a Occupancy:**

Rent: \_\_\_\_\_

Depreciation 267 Sq Feet X \$ 13.08 per = \$3,492	\$3,492
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Utilities:

Utilities 267 Sq Feet X \$2.62 per = \$700	\$700
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**Building Maintenance:**

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267 Sq Feet X \$5.08 per = \$1,356	\$1,356
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<b>Total Occupancy:</b>	<b>\$5,548</b>
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**Materials and Supplies:****Office Supplies:**

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Based on previous year's experience \$50 per month X 12 months = \$300	\$300
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**Printing/Reproduction:**

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**Program/Medical Supplies:**

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Educational Supplies based on past experience \$95 per month X 12 months = \$1,140	\$1,140
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Food for clients; \$100 X 12 months = \$1,200	\$1,200
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<b>Total Materials and Supplies:</b>	<b>\$2,640</b>
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**General Operating:****Insurance:**

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Total annual agency cost for insurance = \$185,209. This contract represents 0.6% of total agency funding. \$185,209 X .006 = \$1,111	\$1,111
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**Staff Training:**

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**Computer Supplies**

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Based on previous year's experience \$239 per month X 12 months = \$2,868	\$2,868
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<b>Total General Operating:</b>	<b>\$3,979</b>
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**Staff Travel (Local & Out of Town):**

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Based on prior year's experience 250 miles per month X 12 months X \$.50 per mile = \$1,500	\$1,500
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<b>\$1,500</b>
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**Consultants/Subcontractors:**

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Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$13,667

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$157,604**

INDIRECT COSTS: \$18,916

**CONTRACT TOTAL: \$176,520**

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - TBS 885818

APPENDIX #: B-9, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Research Director	0.10	\$ 11,918	0.10	11,918								
Senior Clinician	0.28	\$ 32,092	0.28	32,092								
Regional Clinical Director	0.18	\$ 17,552	0.18	17,552								
Clinical Director	0.25	\$ 20,005	0.25	20,005								
TBS Manager	1.00	\$ 48,464	1.00	48,464								
Research Associate	0.10	\$ 5,701	0.10	5,701								
TBS Coach	4.50	\$ 168,480	4.50	168,480								
Sr. TBS Behavioral Coach	0.50	\$ 20,401	0.50	20,401								
Administrative Coordinator	0.30	\$ 10,608	0.30	10,608								
Clinician	1.00	\$ 50,472	1.00	50,472								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	8.21	\$385,693	8.21	\$385,693	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS      29% \$111,851      29% \$111,851      #DIV/0!       #DIV/0!       #DIV/0!       #DIV/0!

TOTAL SALARIES & BENEFITS      \$497,544      \$497,544      \$0      \$0      \$0      \$0

DPH 4: Operating Expenses Detail

APPENDIX #: B-9, page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - TBS 885818

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 4,360	4,360				
\$ 1,200	1,200				
\$ 9,887	9,887				
\$ -					
\$ 4,445	4,445				
\$ 5,000	5,000				
\$ 3,600	3,600				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 21,765	21,765				
\$ 3,000	3,000				
\$ 4,800	4,800				
\$ 12,000	12,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>\$70,057</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

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)  
UCSF Interns  
OTHER  
Depreciation  
Client Incentives  
Food Services  
Information Technology

## CBHS BUDGET JUSTIFICATION

**Provider Number:** 8858

**Provider Name:** Edgewood - TBS 885818

**Date:** 07/01/2010

**Fiscal Year:** 2010-2011

### Salaries and Benefits

**Salaries      FTE**

Research Director: Oversees all aspects of program quality of care, outcomes, fiscal admin and facility management; Min Req Doctoral level professional with 10 years experience; .1 FTE X \$119,184 per year = \$11,918	\$11,918	0.10
Senior Clinician: Responsible for developing, coordinating, implementing and monitoring all aspects of program behavioral plans; Min Req MSW Masters Degree and MFT or LCSW license and 3 years experience; .5 FTE X \$64,184 per year = \$32,092	\$32,092	0.28
Regional Program Director: Manages all aspects of a regions Mental Health operations including supervisory, planning, reporting and budgetary responsibility; Min Req Masters Degree and 5 years experience; .16 FTE X \$97,512.50 X 6 months = \$17,552	\$17,552	0.18
Clinical Director: Manages all agency Mental Health services including supervision and training of clinical staff, Min Req Masters Degree, a Clinical License and 2-3 years experience; .25 FTE X \$80,018 = \$20,005	\$20,005	0.25
TBS Manager: Provides supervision to TBS coaches and reviews all documents for accuracy; Min Req BA degree and 1 year experience that includes supervision; 1 FTE X \$48,464 per year = \$48,464	\$48,464	1.00
Research Associate: Designs assesment materials, evaluates all service report results; Min Req Doctoral degree; .1 FTE X \$57,013.per year = \$5,701	\$5,701	0.10
TBS Coach: Provides one-on-one support and services to clients, monitors progress and ensures treatment goals are met; Min Req BA and 1 year experience; 4.5 FTE X \$37,440 per year = \$168,480	\$168,480	4.50
Sr. TBS Behavior Coach: Provides support for more acute cases, mentors TBS coaches; Min Req BA degree and 5 years experience; .5 FTE X \$40,802 per year = \$20,401	\$20,401	0.50
Administrative Coordinator: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED; .3 FTE X \$35,360 per year = \$10,608	\$10,608	0.30
Clinician: Co-author care plans and annual treatment plans and provides therapy sessions and helps with case menagement, Min Req Masters Degree and 1-2 years experience: 1 FTE X \$50,472 per year = \$50,472	\$50,472	1.00

**TOTAL SALARIES      \$385,693      8.21**

Benefits at 29% - \$385,693 X .29 = \$111,851	\$111,851	

**TOTAL BENEFITS      \$111,851**

<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$497,544</b>	<b>8.21</b>
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**Operating Expenses**

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

Rent:

Depreciation 1,664 Sq Feet X \$ 13.08 per = \$21,765	\$21,765
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Utilities:

Utilities 1,664 Sq Feet X \$2.62 per = \$4,360	\$4,360
--	---------

Building Maintenance:

Additional vehicle registration and maintenance	\$1,434
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1,664 Sq Feet X \$5.08 per = \$8,453	\$8,453
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**Total Occupancy:     \$36,012**

**Materials and Supplies:**

Office Supplies:

Based on previous year's experience \$100 per month X 12 months = \$1,200	\$1,200
---	---------

Printing/Reproduction:

Program/Medical Supplies:

Client Incentives based on past experience \$250 per month X 12 months = \$3,000	\$3,000
--	---------

Food for clients; \$400 X 12 months = \$4,800	\$4,800
---	---------

**Total Materials and Supplies:     \$9,000**

**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract represents 2.4% of total agency funding. \$185,209 X .024 = \$4,445	\$4,445
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Staff Training:

10 trainings throughout year X \$500 per training = \$5,000	\$5,000
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Computer Supplies

Based on previous year's experience \$1,000 per month X 12 months = \$12,000	\$12,000
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Total General Operating: \$21,445

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

Based on prior year's experience 600 miles per month X 12 months X	\$3,600
\$.50 per mile = \$3,600	
	<u>\$3,600</u>

**Consultants/Subcontractors:**


Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$70,057

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

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$567,601
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INDIRECT COSTS:	\$68,113
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CONTRACT TOTAL:	\$635,714
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DPH 3: Salaries & Benefits Detail

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

6858

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

Edgewood - FMP Wrap

APPENDIX #: B-10, Page 1

Document Date: 7/1/10

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 Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
TBS Coach	0.38	\$ 14,227.00	0.38	14,227								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
TOTALS	0.38	\$14,227	0.38	\$14,227	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

EMPLOYEE FRINGE BENEFITS

29% \$4,126 29% \$4,126 #DIV/0! #DIV/0! #DIV/0! #DIV/0!

TOTAL SALARIES & BENEFITS

\$18,353 \$18,353 \$0 \$0 \$0 \$0

### DPH 4: Operating Expenses Detail

APPENDIX #: B-10, Page 2  
Document Date: 7/1/10

<b>Provider Number (same as line 7 on DPH 1):</b>	8858
<b>Provider Name (same as line 8 on DPH 1):</b>	Edgewood - FMP Wrap

Expenditure Category	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
	7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	\$ -					
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ 445	445				
Office Supplies, Postage	\$ -					
Building Maintenance Supplies and Repair	\$ 864	864				
Printing and Reproduction	\$ -					
Insurance	\$ -					
Staff Training	\$ -					
Staff Travel-(Local & Out of Town)	\$ -					
Rental of Equipment	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$ -					
OTHER	\$ -					
	\$ -					
Depreciation	\$ 2,224	2,224				
	\$ -					
	\$ -					
Information Technology	\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$3,533</b>	<b>\$3,533</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

Provider Number: 8858

Provider Name: Edgewood - FMP Wrap

Date: 07/01/2010

Fiscal Year: 2010-2011

### SALARIES AND BENEFITS

	Salaries	FTE
TBS Coach: Provides one-on-one support and services to clients, monitors progress and ensures treatment goals are met; Min Req BA and 1 year experience; .38 FTE X \$37,440 per year = \$14,227	\$14,227	0.38
<b>TOTAL SALARIES</b>	<b>\$14,227</b>	<b>0.38</b>

Benefits at 29% - \$14,227 X .29 = \$4,126	\$4,126	
<b>TOTAL BENEFITS</b>	<b>\$4,126</b>	

**TOTAL SALARIES & BENEFITS      \$18,353      0.38**

### Operating Expenses

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

Occupancy:

Rent:

Depreciation 170 Sq Feet X \$13.08 per = \$2,224	\$2,224
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Utilities:

Utilities 170 Sq Feet X \$2.62 per = \$445	\$445
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Building Maintenance:

170 Sq Feet X \$5.08 per = \$864	\$864
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**Total Occupancy:      \$3,533**

### Materials and Supplies:

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

**Total Materials and Supplies:** \$0

**General Operating:**

Insurance:

Staff Training:

Computer Supplies

**Total General Operating:** \$0

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

\$0

**Consultants/Subcontractors:**

**Total Consultants/Subcontractors:** \$0

**TOTAL OPERATING COSTS:** \$3,533

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

**TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):** \$21,886

**INDIRECT COSTS:** \$2,608

CONTRACT TOTAL:

\$24,494

**DPH 3: Salaries & Benefits Detail**

Provider Number (same as line 7 on DPH 1): 8858  
 Provider Name (same as line 8 on DPH 1): Edgewood - SB 163 Wrap EPSDT

APPENDIX #: B-11, Page 1  
 Document Date: 7/1/10

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 Term: 7/1/10 - 6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	0.45	\$ 37,440.00	0.45	37,440								
Care Coordinator	0.70	\$ 37,888.00	0.70	37,888								
Family Partner	0.34	\$ 14,102.00	0.34	14,102								
Family Specialist	1.25	\$ 40,014.00	1.25	40,014								
Relief Staff	0.23	\$ 6,458.00	0.23	6,458								
Administrative Support	0.22	\$ 6,864.00	0.22	6,864								
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
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	0.00	\$ -										
<b>TOTALS</b>	<b>3.19</b>	<b>\$142,766</b>	<b>3.19</b>	<b>\$142,766</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>	<b>0.00</b>	<b>\$0</b>

EMPLOYEE FRINGE BENEFITS      29% \$41,402      29% \$41,402      #DIV/0!       #DIV/0!       #DIV/0!       #DIV/0!

**TOTAL SALARIES & BENEFITS**      **\$184,168**      **\$184,168**      **\$0**      **\$0**      **\$0**      **\$0**

DPH 4: Operating Expenses Detail

APPENDIX #: B-11, Page 2  
Document Date: 7/1/10

Provider Number (same as line 7 on DPH 1): 8858  
Provider Name (same as line 8 on DPH 1): Edgewood - SB 163 Wrap 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)  
  
  
  
  
  
  
  
  
  
OTHER  
  
Depreciation  
Client Services

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
7/1/10-6/30/11	7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
\$ -					
\$ 1,800	1,800				
\$ -					
\$ 3,590	3,590				
\$ -					
\$ 1,604	1,604				
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ -					
\$ 8,986	8,986				
\$ 744	744				
\$ -					
\$ -					
\$ -					
<b>TOTAL OPERATING EXPENSE</b>	<b>\$16,724</b>	<b>\$16,724</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

## CBHS BUDGET JUSTIFICATION

**Provider Number: 8858**

Provider Name: Edgewood - SB 163 Wrap EPSDT

Date: 07/01/201

Fiscal Year: 2010-2011

<b>Salaries and Benefits</b>	<b>Salaries</b>	<b>FTE</b>
Program Director: Responsible for all aspects of the program including managing schedules, reporting requirements, treatment plans and fiscal requirement; Min Req Masters degree and 5 years experience including supervisory responsibility; .45 FTE X \$83,200 per year = \$37,440	\$37,440	0.45
Care Coordinator: Coordinates treatment plans; Min Req Masters Degree and eligibility for an MFT/LCSW license; .7 FTE X \$54,125 per year = \$37,888	\$37,888	0.70
Family Partner: Serves as a model companion to families with an understanding of the treatment process; Min Req BA preferred but High School diploma with 5 years experience acceptable; .34 FTE X \$41,476 per year = \$14,102	\$14,102	0.34
Family Specialist: Provides support to families with an understanding of treatment plans; Min Req BA preferred with 2 years experience; 1.25 FTE X \$32,011 average annual salary = \$40,014	\$40,014	1.25
Relief Staff: Per Diem employees who step into positions vacated due to illness or unscheduled time off; Min Req High School diploma or GED; .23 FTE X \$28,080 per year = \$6,458	\$6,458	0.23
Administrative Support: Provides support for program, schedule and handles day to day admin tasks; Min Req High School Diploma or GED .22 FTE X \$31,200 per year = \$6,864	\$6,864	0.22
<b>TOTAL SALARIES</b>	<b>\$142,766</b>	<b>3.19</b>

Benefits at 29% - \$142,766 X .29 = \$41,402	\$41,402	
<b>TOTAL BENEFITS</b>	<b>\$41,402</b>	

<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$184,168</b>	<b>\$3</b>
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### Operating Expenses

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

Occupancy:

Rent:



Depreciation 687 Sq Feet X \$ 13.08 per = \$8,986 \$8,986

Utilities:

Utilities 687 Sq Feet X \$2.62 per = \$1,800 \$1,800

Building Maintenance:

687 Sq Feet X \$5.08 per = \$3,590 \$3,590

**Total Occupancy: \$14,376**

**Materials and Supplies:**

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Client Services based on past experience \$62 per month X 12 months = \$744 \$744

**Total Materials and Supplies: \$744**

**General Operating:**

Insurance:

Total annual agency cost for insurance = \$185,209. This contract  
represents .866% of total agency funding.  $\$185,209 \times .00866 = \$1,597$  \$1,604

Staff Training:

Computer Supplies

**Total General Operating: \$1,604**

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

Based on prior year's experience

**\$0**

**Consultants/Subcontractors:**


Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$16,724

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

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$200,892
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INDIRECT COSTS:	\$24,108
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CONTRACT TOTAL:	\$225,000
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CONTRACTOR NAME: Edgewood Center for Children and Families

ATE: 07/01/2010

FISCAL YEAR: 2010-2011

FAGAL ENTITY #: 06953

SALARIES & BENEFITS		
Position Title	FTE	Salaries
<b>Executive Office</b>		
<b>(1 FTEs)</b>		
Chief Executive Officer; Provides overall leadership and support for all programs. Assists in our fund raising which provides additional funds that could potentially be used to enhance our mental health programs without impacting our contracts.	0.10	\$ 23,000
Chief Financial Officer; Provides financial oversight and guidance for the agency. Manages the Accounting and Financial departments, reviews and approves all contracts and helps provide oversight in the budget and planning process.	0.15	\$ 26,175
Chief of Programs and Strategies; Provides leadership and oversight for all programs including meeting attendance, financial guidance, program direction guidance and management of program heads.	0.20	\$ 31,340
Executive Admin; Helps facilitate high level program meetings, views with government officials, provides an interface between program heads and the Executive office.	0.10	\$ 6,300
<b>Finance</b>		
<b>(3 FTEs)</b>		
Director of Information Management; Manages all contracts and works with government officials to ensure proper documentation and contract status. Oversees the billing and budget process to help the agency meet our program goals.	0.20	\$ 19,000
Controller; Manages all aspects of our accounting process, provides financial backup for reports and ensures our cost reports are accurate and complete.	0.20	\$ 20,900
Senior Budget Analyst; Manages day to day aspect of our budgeting and reporting functions. Works with program heads to ensure budget is adhered to.	0.20	\$ 17,000
Accounting Manager; Works under the Controller to ensure our accounting practices are complete and accurate.	0.10	\$ 6,900
Contracts Manager; Manages day to day operations of our contracts process including the facilitation of approval, proper records management and acts as an additional interface to government agencies.	0.20	\$ 12,000
Payroll Specialist; Ensures our personnel are properly compensated. Helps ensure timesheet and payroll expenses are properly documented.	0.10	\$ 5,200
Billing Specialist; Provides day to day support of our billing process including the generation of invoices and provides support when additional billing information is needed.	0.20	\$ 8,900
Accounts Payable Specialist; Ensures our vendors are properly paid. Helps ensure our cost reporting is complete and accurate by acting as a first line of approval for the categorization of expenses.	0.10	\$ 4,400
Administrative Assistant; Provides support for the CFO including scheduling of meetings and signing of critical documents.	0.10	\$ 5,500
<b>Human Resources</b>		
<b>(4 FTEs)</b>		
Director of Human Resources; Manages all aspects of the agency's Human Resources function including oversight of our hiring practices, salary structure and compliance with government rules and regulations.	0.20	\$ 20,200
Senior HR Generalist (2 at .2 FTE); Provides support with day to day HR issues. Manages the new hire process, provides oversight on salary issues. Manages our HR data system.	0.40	\$ 21,200
HR Coordinator; Provides support to the HR staff, schedules interviews, helps process paperwork, assists with general HR administrative duties.	0.10	\$ 3,950
HR Assistant; Provides administrative support including the filing of paperwork, records maintenance, records keeping and other general HR duties.	0.10	\$ 3,640
<b>Facilities</b>		
<b>(0.6 FTEs)</b>		
Director of Facilities Management; Manages all aspects of the agency's facilities including scheduling of capital projects and large maintenance operations. Manages facilities budgets and ensures optimum pricing and performance from our contractors.	0.15	\$ 12,675
Administrative Manager; Manages administrative staff including scheduling of duties, timesheet review and approval and performance evaluations.	0.20	\$ 11,040
Facilities Technician II, Groundskeeper; Responsible for maintaining grounds including small repairs and cleanup.	0.20	\$ 6,856
Receptionist; Provides assistance to visitors, answers agency main phones line, directs calls and provides occasional administrative support.	0.20	\$ 7,500
Facilities Technician III (2 at .25 FTE); Responsible for repairs of facilities, including cottages and buildings. Works with contractors to solve large facilities issues such as plumbing and electrical.	0.40	\$ 16,640
Facilities Maintenance Coordinator; Helps in identifying maintenance issues, scheduling repairs, oversight of repairs and occasionally assists or handles repairs directly.	0.20	\$ 8,736
Director of Food Services; Responsible for the purchasing, operation oversight, kitchen personnel scheduling and the overall performance of our cafeteria.	0.15	\$ 11,441
Head Chef; Prepares meals for our clients.	0.20	\$ 9,400
Line Chef; Assists in the preparation of meals for clients.	0.20	\$ 7,600
Kitchen Assistant; Provides support to kitchen staff, serves meals, cleans up and helps maintain the cleanliness of our kitchen facilities.	0.20	\$ 6,100
<b>EMPLOYEE FRINGE BENEFITS</b>		\$ 96,539
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$ 429,432

## OPERATING COSTS

Expenditure Category	Amount
Facilities Services; Contracted maintenance of San Francisco facilities	\$ 42,350
Food for cafeteria; meals for clients, primarily lunch and dinner	\$ 35,860
<b>TOTAL OPERATING COSTS</b>	\$ 78,210

## TAL INDIRECT COSTS

Salaries & Benefits + Operating Costs

\$ 507,642

**Appendix C**  
**Insurance Waiver**

**RESERVED**

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## **Appendix D Additional Terms**

### **1. HIPAA**

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- ☐ A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- ☒ A Business Associate subject to the terms set forth in Appendix E;
- ☐ Not Applicable, CONTRACTOR will not have access to Protected Health Information.

### **2. THIRD PARTY BENEFICIARIES**

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

### **3. CERTIFICATION REGARDING LOBBYING**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **4. MATERIALS REVIEW**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

## Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

---

#### 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.R.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.

nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. Termination

- a. **Material Breach.** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, 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, effective immediately, if (i) BA is named as a 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 for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or 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 of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible [45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

### 4. Limitation of Liability

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

### 5. Disclaimer

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations 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.

### 6. Certification

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

### 7. Amendment

- a. **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 Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable 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 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: **Edgewood Center for Children and Families**

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Fax No.: (415) 681-1065

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER : M01 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: PPHM TBD

Fund Source: GF,ARRA,SDMC,FFP,EDSDT,State Match

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 for AIDS L-Per-Ord

DRIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (M-Hr/Day)	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-3a Day Treatment Intensive RU# 88585														
10/ 85 - 85 Day Tx Intensive Full Day	5,000				\$ 202.43	\$ -	0.0000		0.00%		5,000.0000		\$ 1,012,150.00	\$ 1,012,150.00
B-7a Day Treatment Intensive Res RU# 88586														
10/ 85 - 89 Day Tx Intensive Full Day	1,982				\$ 202.43	\$ -	0.0000		0.00%		1,982.0000		401,216.26	401,216.26
B-3b1 Day Tx Mental Health RU# 88580P														
15-10 to 19 Mental Health Family Therapy					\$ 2.61	\$ -	0.0000		#DIV/0!		0.0000			
05/ 10 - 59 MH Svcs	11,161				\$ 2.61	\$ -	0.0000		0.00%		11,161.0000		29,130.21	
15/ 70 - 79 Crisis Intervention-OP	890				\$ 3.88	\$ -	0.0000		0.00%		890.0000		3,453.20	
15/ 60 - 69 Medication Support	25,922				\$ 4.82	\$ -	0.0000		0.00%		25,922.0000		124,944.04	157,527.45
B-1e2 Day Tx Medication Support Svcs (Day) (88580P)														
15-60 to 69 Medication Support Svcs					\$ 4.82	\$ -	0.0000		#DIV/0!		0.0000			
B-7c Res Supplemental														
60/ 78 Other Non-Medical Client Support Exp	1,478				\$ 90.00	\$ -	0.0000		0.00%		1,478.0000		133,020.00	133,020.00
B-7b1 Res OP RU# 88584														
05/ 10 - 59 MH Svcs	17,133				\$ 2.61	\$ -	0.0000		0.00%		17,133.0000		44,717.13	
15/ 70 - 79 Crisis Intervention-OP	1,070				\$ 3.88	\$ -	0.0000		0.00%		1,070.0000		4,151.60	
15/ 60 - 69 Medication Support	16,873				\$ 4.82	\$ -	0.0000		0.00%		16,873.0000		81,327.86	130,196.59
B-1e2 Day Treatment Medication Support (Res) (88584)														
15-60 to 69 Medication Support Svcs (1 unit = 1 minute)					\$ 4.82	\$ -	0.0000		#DIV/0!		0.0000			
B-2 PIP & Mental Health Consultation														
PIP Play Sessions & Consultation (1 Unit=1/2 Hr)					\$ 32.73	\$ -	0.0000		#DIV/0!		0.0000			
B-1a EPSDT - Kinship RU# 885813														
15/ 10 - 59 MH Svcs	92,419				\$ 2.61	\$ -	0.0000		0.00%		92,419.0000		241,213.59	
15/ 70 - 79 Crisis Intervention-OP	755				\$ 3.88	\$ -	0.0000		0.00%		755.0000		2,929.40	
15/ 01 - 09 Case Mgt Brokerage	4,351				\$ 2.02	\$ -	0.0000		0.00%		4,351.0000		8,789.02	
15/ 60 - 69 Medication Support	4,559				\$ 4.82	\$ -	0.0000		0.00%		4,559.0000		21,974.38	274,906.39
B-1b EPSDT - School Based RU# 885814														
15/ 10 - 59 MH Svcs	142,250				\$ 2.61	\$ -	0.0000		0.00%		142,250.0000		371,272.50	
15/ 70 - 79 Crisis Intervention-OP	852				\$ 3.88	\$ -	0.0000		0.00%		852.0000		3,305.76	
15/ 01 - 09 Case Mgt Brokerage	4,913				\$ 2.02	\$ -	0.0000		0.00%		4,913.0000		9,924.26	
15/ 60 - 69 Medication Support	4,118				\$ 4.82	\$ -	0.0000		0.00%		4,118.0000		19,848.76	404,351.28
B-9 EPSDT TBS RU# 885818														
15/ 58 TBS	241,387				\$ 2.61	\$ -	0.0000		0.00%		241,387.0000		630,020.07	
15/ 01 - 09 Case Mgt Brokerage	2,818				\$ 2.02	\$ -	0.0000		0.00%		2,818.0000		5,692.36	635,712.43
B-1c AB3632 RU# 885815														
15/ 10 - 59 MH Svcs	56,207				\$ 2.61	\$ -	0.0000		0.00%		56,207.0000		146,700.27	
15/ 70 - 79 Crisis Intervention-OP	864				\$ 3.88	\$ -	0.0000		0.00%		864.0000		3,352.32	
15/ 01 - 09 Case Mgt Brokerage	1,659				\$ 2.02	\$ -	0.0000		0.00%		1,659.0000		3,351.18	
15/ 60 - 69 Medication Support	869				\$ 4.82	\$ -	0.0000		0.00%		869.0000		4,188.58	157,592.35
<b>TOTAL</b>	<b>639,530</b>		<b>0.0000</b>				<b>0.0000</b>		<b>0.00%</b>		<b>639,530.0000</b>		<b>\$ 3,306,672.75</b>	

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

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

DPH Authorization for Payment  
\_\_\_\_\_  
Authorized Signatory Date

Appendix F  
PAGE A

INVOICE NUMBER: M02 JL 0

Cl. Blanket No.: BPHM TBD

Ct. PO No.: POHM	TBD	
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Fund Source: ARRA, SDMC Regular FFP, EPSDT State Match

Invoice Period : July 2010

Final Invoice:		(Check if Yes)
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ACE Control Number: [REDACTED]

	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:					

[illegible]

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

NOTES:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date \_\_\_\_\_

Appendix F  
PAGE A

INVOICE NUMBER: M03 JL 0

Ct. Blanket No.: BPHM TBD

Cl. PO No.: POHM      TBD.

Fund Source: MHSA - Prop 63

Invoice Period : July 2010

Final Invoice:		(Check if Yes)
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ACE Control Number: [REDACTED]

\*Unduplicated Counts for AIDS Use 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.

Date: 11/11/2011

Title: \_\_\_\_\_

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:	M06 JL 0
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Ct. Blanket No.: BPHM. TBD

Cl. PO No.: POHM TBD

Fund Source: MHSA - Prop 63

Invoice Period : July 2010

Final Invoice:	(Check if Yes)
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PHP Division: Community Behavioral Health Services

ACE Control Number: [REDACTED]

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

\*Unduplicated Counts for AIDS Use Only.

Unsuperscribed Counts for AIDS 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
B-6 School Based Centers - JJC RU# MHSA PEI Drew												
45/ 10 - 19 Mental Health Promotion		3,261				\$ 68.24	\$ -	0.0000		0.00%		3,261.0000
45/ 10 - 19 Community Client Services		3,261				\$ 68.24	\$ -	0.0000		0.00%		3,261.0000
							</					

\$	222,530.64
	222,530.64

\$ 445,061.28

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 0
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CL Blanket No.: BPHM TBD

Ct. PO No.: POHM	TBD	User C
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Fund Source: HSA Work Order

Invoice Period :	July 2010
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Final Invoice:		(Check if Yes)
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ACE Control Number: [REDACTED]

Unduplicated Counts for AIDS Use Only.												
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
Program Name/Replg. Unit Modality/Modé # - Svc Func (MH Only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	
B-10 FMP - RU# FMP Wrap												
45/ 20 - 29 Cmnty Client Svcs		45				\$ 156.60	\$ -	0.000		0.00%		45,000
45/ 20 - 29 Cmnty Client Svcs		23				\$ 624.79	\$ -	0.000		0.00%		23,000
B-11 WRAP RU# EP SDT SB163												
15/ 10 - 59 MH Svcs		3,831				\$ 2.61	\$ -	0.000		0.00%		3,831,000
15/ 60 - 69 Medication Support		259				\$ 4.82	\$ -	0.000		0.00%		259,000
		4,158		0.000				0.000		0.00%		4,158,000

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

NOTES:

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: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M08 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:

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-10 FMP - Wrap													
45/ 20 - 29 Cmnty Client Svcs	8				\$ 156.60	\$ -	0.0000		0.00%		8.0000		\$ 1,252.80
45/ 20 - 29 Cmnty Client Svcs	5				\$ 624.78	\$ -	0.0000		0.00%		5.0000		3,123.95
	13		0.0000				0.0000		0.00%		13.0000		\$ 4,376.75
SUBTOTAL AMOUNT DUE						\$ -	NOTES:						
Less: Initial Payment Recovery													
(For DPH Use) Other Adjustments													
NET REIMBURSEMENT						\$ -							

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

DPH Authorization for Payment	
_____ Authorized Signatory	_____ Date

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:	M11	JL	0
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Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MHPA - Prop 63

Invoice Period : July 2010

Final Invoice:		(Check if Yes).
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ACE Control Number: [REDACTED]

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

\*Unduplicated Counts for AIDS Use Only.

UNDISBURSED COSTS FOR AIDS												
DELIVERABLES		Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
Program Name/Reptg. Unit Modality/Code # - Svc Func (MH only)		UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS
B-5 School Based Centers - Drew RU# MHSA PEI Drew												
45/ 10 - 19 Mental Health Promotion		811				\$ 27.72	\$ -	0.000		0.00%		811.000
45/ 10 - 19 Community Client Services		4,600				\$ 27.72	\$ -	0.000		0.00%		4,600.000
							</					

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
Ct. Blanket No.: BPHM	TBD		
Ct. PO No.: POHM	TBD		
Fund Source:	Family Mosaic Capitated Medi-Cal		
Invoice Period :	July 2010		
Final Invoice:		(Check if Yes)	
ACE Control Number:			

PHP Division: Community Behavioral Health Services

**\$ 11,698.36**

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

INVOICE NUMBER:

Contractor: Edgewood Center for Children and Families

Ct. Blanket No.: BPHM

Address: 1801 Vicente St., San Francisco, CA 94116

Ct. PO No.: POHM

Tel No.: (415) 682-3108

Fund Source:

Fax No.: (415) 681-1065

Invoice Period:

Contract Term: 07/01/2010 - 12/31/2010

Final Invoice:  (Check if Yes)

PHP Division: Community Behavioral Health Services

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-2a ECMH												
45/ 10 - 19 Start Up							#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salary	\$ 32,733.00	\$ -	\$ -	0.00%	\$ 32,733.00
Fringe Benefits	\$ 9,493.00	\$ -	\$ -	0.00%	\$ 9,493.00
<b>Total Personnel Expenses</b>	<b>\$ 42,226.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 42,226.00</b>
Operating Expenses					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 97.00	\$ -	\$ -	0.00%	\$ 97.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Depreciation	\$ 483.00	\$ -	\$ -	0.00%	\$ 483.00
Educational Supplies	\$ 581.00	\$ -	\$ -	0.00%	\$ 581.00
Food Services	\$ 32.00	\$ -	\$ -	0.00%	\$ 32.00
Information Technology	\$ 1,129.00	\$ -	\$ -	0.00%	\$ 1,129.00
<b>Total Operating Expenses</b>	<b>\$ 2,322.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 2,322.00</b>
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 44,548.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 44,548.00</b>
Indirect Expenses	\$ 5,346.00	\$ -	\$ -	0.00%	\$ 5,346.00
<b>TOTAL EXPENSES</b>	<b>\$ 49,894.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 49,894.00</b>
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

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

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

Appendix F  
PAGE A

Control Number

**Contractor:** Edgewood Center for Children and Families

**Address:** 1801 Vicente St., San Francisco, CA 94116

**Tel No.:** (415) 682-3108

**Fax No.:** (415) 681-1065

**Contract Term:** 07/01/2010 - 12/31/2010

**PHP Division:** Community Behavioral Health Services

**INVOICE NUMBER:** M14 JL 0

**Ct. Blanket No.:** BPHM TBD

User Cd

**Ct. PO No.:** POHM TBD

**Fund Source:** SFCFC Work Order - FRC

**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-2a ECMH												
45/ 10 - 19 Start Up							#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salary	\$ 11,867.00	\$ -	\$ -	0.00%	\$ 11,867.00
Fringe Benefits	\$ 3,441.00	\$ -	\$ -	0.00%	\$ 3,441.00
<b>Total Personnel Expenses</b>	<b>\$ 15,308.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 15,308.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 35.00	\$ -	\$ -	0.00%	\$ 35.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Depreciation	\$ 175.00	\$ -	\$ -	0.00%	\$ 175.00
Educational Supplies	\$ 211.00	\$ -	\$ -	0.00%	\$ 211.00
Food Services	\$ 12.00	\$ -	\$ -	0.00%	\$ 12.00
Information Technology	\$ 409.00	\$ -	\$ -	0.00%	\$ 409.00
<b>Total Operating Expenses</b>	<b>\$ 842.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 842.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 16,150.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 16,150.00</b>
<b>Indirect Expenses</b>	<b>\$ 1,938.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 1,938.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 18,088.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 18,088.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F  
PAGE A

Control Number

Contractor: **Edgewood Center for Children and Families**

Address: 180 1 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Fax No.: (415) 681-1065

Contract Term: 07/01/2010 - 12/31/2010

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M15 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: HSA Work Order - HQCC

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-2a ECMH												
45/ 10 - 19 Start Up							#DIV/0!	#DIV/0!	-	-	#DIV/0!	#DIV/0!

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salary	\$ 56,857.00	\$ -	\$ -	0.00%	\$ 56,857.00
Fringe Benefits	\$ 16,489.00	\$ -	\$ -	0.00%	\$ 16,489.00
<b>Total Personnel Expenses</b>	<b>\$ 73,346.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 73,346.00</b>
<b>Operating Expenses</b>					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 168.00	\$ -	\$ -	0.00%	\$ 168.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Depreciation	\$ 839.00	\$ -	\$ -	0.00%	\$ 839.00
Educational Supplies	\$ 1,009.00	\$ -	\$ -	0.00%	\$ 1,009.00
Food Services	\$ 56.00	\$ -	\$ -	0.00%	\$ 56.00
Information Technology	\$ 1,961.00	\$ -	\$ -	0.00%	\$ 1,961.00
<b>Total Operating Expenses</b>	<b>\$ 4,033.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 4,033.00</b>
<b>Capital Expenditures</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ -</b>
<b>TOTAL DIRECT EXPENSES</b>	<b>\$ 77,379.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 77,379.00</b>
<b>Indirect Expenses</b>	<b>\$ 9,285.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 9,285.00</b>
<b>TOTAL EXPENSES</b>	<b>\$ 86,664.00</b>	<b>\$ -</b>	<b>\$ -</b>	<b>0.00%</b>	<b>\$ 86,664.00</b>
<b>Less: Initial Payment Recovery</b>					
<b>Other Adjustments (DPH use only)</b>					
<b>REIMBURSEMENT</b>		<b>\$ -</b>			

NOTES:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_

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

DPH Authorization for Payment

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

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

Appendix F  
PAGE A

Control Number

Contractor: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M16 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User Cd TBD

Fund Source: DCYF Work Order-HQCC

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (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-2b ECMH RU# ECMH													
45/ 10 -19 Individual	87				\$ 75.00	\$ -	0.000		0.00%		87.000		\$ 6,525.00
45/ 10 -19 Group	58				\$ 75.00	\$ -	0.000		0.00%		58.000		4,350.00
45/ 10 -19 Observation	126				\$ 75.00	\$ -	0.000		0.00%		126.000		9,450.00
45/ 10 -19 Training	19				\$ 75.00	\$ -	0.000		0.00%		19.000		1,425.00
45/ 10 -19 Direct/ Individual	257				\$ 75.00	\$ -	0.000		0.00%		257.000		19,275.00
45/ 10 -19 Direct/ Group	132				\$ 110.00	\$ -	0.000		0.00%		132.000		14,520.00
45/ 10 -19 Outreach	124				\$ 75.00	\$ -	0.000		0.00%		124.000		9,300.00
45/ 10 -19 Evaluation	17				\$ 75.00	\$ -	0.000		0.00%		17.000		1,275.00
	820		0.000				0.000		0.00%		820.000		\$ 66,120.00

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: **Edgewood Center for Children and Families**

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M17 JL 0

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM TBD User Cd TBD

Fund Source: SFCFC Work Order-FRC

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 for AIDS Use Only.

DELIVERABLES Program Name/Replg. 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-2b ECMH RU# ECMH													
45/ 10 - 19 Individual	31				\$ 75.00	\$ -	0.000		0.00%		31.000		\$ 2,325.00
45/ 10 - 19 Group	21				\$ 75.00	\$ -	0.000		0.00%		21.000		1,575.00
45/ 10 - 19 Observation	46				\$ 75.00	\$ -	0.000		0.00%		46.000		3,450.00
45/ 10 - 19 Training	7				\$ 75.00	\$ -	0.000		0.00%		7.000		525.00
45/ 10 - 19 Direct/ Individual	93				\$ 75.00	\$ -	0.000		0.00%		93.000		6,975.00
45/ 10 - 19 Direct/ Group	48				\$ 110.00	\$ -	0.000		0.00%		48.000		5,280.00
45/ 10 - 19 Outreach	45				\$ 75.00	\$ -	0.000		0.00%		45.000		3,375.00
45/ 10 - 19 Evaluation	6				\$ 75.00	\$ -	0.000		0.00%		6.000		450.00
	297		0.000				0.000		0.00%		297.000		\$ 23,955.00

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: Edgewood Center for Children and Families

Address: 1801 Vicente St., San Francisco, CA 94116

Tel No.: (415) 682-3108

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M18 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD User Cd TBD

Fund Source: HSA Work Order-HQCC

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (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>B-2b ECMH RU# ECMH</b>												
45/ 10 -19 Individual	146				\$ 75.00	\$ -	0.000		0.00%		146.000	\$ 10,950.00
45/ 10- 19 Group	97				\$ 75.00	\$ -	0.000		0.00%		97.000	7,275.00
45/ 10- 19 Observation	211				\$ 75.00	\$ -	0.000		0.00%		211.000	15,825.00
45/ 10 - 19 Training	33				\$ 75.00	\$ -	0.000		0.00%		33.000	2,475.00
45/ 10 - 19 Direct/ Individual	433				\$ 75.00	\$ -	0.000		0.00%		433.000	32,475.00
45/ 10 - 19 Direct/ Group	222				\$ 110.00	\$ -	0.000		0.00%		222.000	24,420.00
45/ 10 - 19 Outreach	209				\$ 75.00	\$ -	0.000		0.00%		209.000	15,675.00
45/ 10 - 19 Evaluation	29				\$ 75.00	\$ -	0.000		0.00%		29.000	2,175.00
	1,380		0.000				0.000		0.00%		1,380.000	\$ 111,270.00

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: M19 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM	TBD	TBD
------------------	-----	-----

Fund Source: ARRA, SDMC Regular FFP, GF, EPSDT

Invoice Period : July 2010

Final Invoice:	(Check if Yes)
----------------	----------------

ACE Control Number: [REDACTED]

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

\*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENT	UOS	CLIENTS
B-11 WRAP RU# EPSDT SB163												
15/ 10 - 59 MH Svcs	72,797				\$ 2.61	\$ -	0.000		0.00%		72,797.000	
15/ 60 - 69 Medication Support	4,927				\$ 4.82	\$ -	0.000		0.00%		4,927.000	
	77,724		0.000				0.000		0.00%		77,724.000	

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

## 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/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

#### Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute

shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

## **Appendix H**

### **Emergency Response**

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

## Appendix I

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

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

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file



# CERTIFICATE OF LIABILITY INSURANCE

OP ID AS

DATE (MM/DD/YYYY)

06/08/10

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS ON 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).

<b>PRODUCER</b> CAL Insurance & Associates Inc License #0241094 2311 Taraval Street San Francisco CA 94116-2253 Phone: 415-661-6500 Fax: 415-661-2254	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>
<b>INSURED</b> Edgewood Center for Children 1801 Vicente Street San Francisco CA 94116	<b>E-MAIL ADDRESS:</b>	
	<b>PRODUCER CUSTOMER ID #:</b> EDGEW-2	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> State Compensation Ins. Fund	<b>NAIC #</b> 35076
	<b>INSURER B:</b> Philadelphia Insurance Co.	
	<b>INSURER C:</b> Hartford Insurance	22357
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES****CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
B	<b>GENERAL LIABILITY</b>						
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY			PHPK440353	07/01/10	07/01/11	EACH OCCURRENCE \$ 1000000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000
	<input checked="" type="checkbox"/> IMPROPER			SS INCLUDED			MED EXP (Any one person) \$ 10000
	<input checked="" type="checkbox"/> PROFESSIONAL LIAB						PERSONAL & ADV INJURY \$ 1000000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE \$ 2000000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMP/OP AGG \$ 2000000
							\$
B	<b>AUTOMOBILE LIABILITY</b>						
	<input checked="" type="checkbox"/> ANY AUTO			PHPK440353	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 1000000
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						\$
							\$
							\$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB	<input checked="" type="checkbox"/> OCCUR		PHUB277549	07/01/10	07/01/11	EACH OCCURRENCE \$ 10000000
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$ 10000000
	DEDUCTIBLE						\$
	<input checked="" type="checkbox"/> RETENTION \$ 10000						\$
A	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>			636-1370-10	07/01/10	07/01/11	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N	N/A				E.L. EACH ACCIDENT \$ 1000000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1000000
							E.L. DISEASE - POLICY LIMIT \$ 1000000
C	Crime 1,000,000			57FA0228815-10	07/01/10	07/01/11	* 10,000,000
B	DOEP W/EPLI*			PHSD433531	07/01/10	07/01/11	RETENTION 50,000

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

\* 10 DAY CANCELLATION NOTICE MAY BE ISSUED FOR NON PAYMENT OF PREMIUM  
THE CITY AND COUNTY OF SAN FRANCISCO, DPH, CSAS, THEIR OFFICERS, AGENTS, AND EMPLOYEES ARE NAMED ADDITIONAL INSURED PER ATTACHED CG2026

**CERTIFICATE HOLDER****CANCELLATION**

CCSAFRA  CITY & COUNTY OF SAN FRANCISCO DPH, CSAS ATTN: CHARLES CALABRIS 1380 HOWARD STREET 4TH FL SAN FRANCISCO CA 94103	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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POLICY NO. PHPK440353

COMMERCIAL GENERAL LIABILITY

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 Person or Organization:** THE CITY AND COUNTY OF SAN FRANCISCO, DPH, CSAS, THEIR OFFICERS, AGENTS, AND EMPLOYEES

(If no entry appears above, the information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

**WHO IS AN INSURED** (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.

AMENDED IN COMMITTEE

7/23/14

FILE NO.140743

RESOLUTION NO. 300-14

1 [Contract Amendment - Edgewood Center for Children and Families – \$36,958,528]

2  
3 Resolution approving an amendment to the agreement between the Department of  
4 Public Health and Edgewood Center for Children and Families to provide mental health  
5 services for children, youth, and families, increasing the total not to exceed contract  
6 amount from \$29,109,089 by \$7,849,439 for a total contract amount of \$36,958,528 for a  
7 five and one-half year term of July 1, 2010, through December 31, 2015.

8  
9 WHEREAS, The Department of Public Health awarded a contract to Edgewood Center  
10 for Children and Families under a Request for Proposals in 2009-10; and

11 WHEREAS, The Department established an agreement with Edgewood Center for  
12 Children and Families for these services in 2010, which was approved under Resolution No.  
13 563-10 with a not to exceed amount of \$29,109,089 for the term of July 1, 2010, through  
14 December 31, 2015; and

15 WHEREAS, The Department wishes to amend the contract, increasing the total  
16 contract amount by \$7,849,439 in order to enable continued services through December 31,  
17 2015; and

18 WHEREAS, Board of Supervisors' approval is required under City Charter, Section  
19 9.118, as the amount of the increase exceeds \$500,000; and,

20 WHEREAS, A copy of this amendment is on file with the Clerk of the Board of  
21 Supervisors in File No. 140743, which is hereby declared to be a part of this resolution as if  
22 set forth fully herein; now, therefore, be it

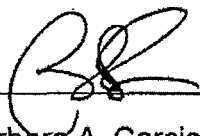
23 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public  
24 Health and the Office of Contract Administration/Purchaser, on behalf of the City and County  
25 of San Francisco, to execute an amendment to the contract with Edgewood Center for

1 Children and Families for an amount not to exceed \$36,958,528 for the period of July 1, 2010,  
2 through December 31, 2015; and, be it

3 FURTHER RESOLVED, That the Board of Supervisors requires that any expenditures  
4 under this amendment be consistent with Health Commission policy which currently provides  
5 for a 12% contingency.

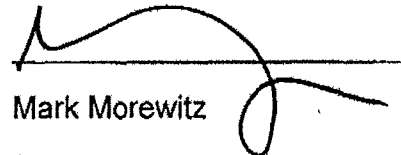
6 RECOMMENDED:

APPROVED:

7   
8 \_\_\_\_\_

9 Barbara A. Garcia

10 Director of Health

11   
12 \_\_\_\_\_

13 Mark Morewitz

14 Secretary, 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: 140743

Date Passed: July 29, 2014

Resolution approving an amendment to the agreement between the Department of Public Health and Edgewood Center for Children and Families to provide mental health services for children, youth, and families, increasing the total not to exceed contract amount from \$29,109,089 by \$7,849,439 for a total contract amount of \$36,958,528 for a five and one-half year term of July 1, 2010, through December 31, 2015.

July 23, 2014 Budget and Finance Sub-Committee - AMENDED


July 23, 2014 Budget and Finance Sub-Committee - RECOMMENDED AS AMENDED

July 29, 2014 Board of Supervisors - ADOPTED

Ayes: 11 - Avalos, Breed, Campos, Chiu, Cohen, Farrell, Kim, Mar, Tang, Wiener and Yee

File No. 140743

I hereby certify that the foregoing  
Resolution was ADOPTED on 7/29/2014 by  
the Board of Supervisors of the City and  
County of San Francisco.

  
Angela Calvillo  
Clerk of the Board

  
Mayor

  
Date Approved

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;

Hyde Street Community Service, \$17,162,210;  
Instituto Familiar de la Raza, \$14,219,161;  
Progress Foundation, \$92,018,333;  
Richmond Area Multi-Services, \$34,773,853;  
San Francisco Study Center, \$11,016,593;  
Seneca Center, \$63,495,327;  
Walden House, \$54,256,546;  
Westside Community Mental Health Center, \$43,683,160;  
Regents of the University of California, \$74,904,591; and

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

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

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

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

RECOMMENDED:



Mitchell Katz, M.D.  
Director of Health

APPROVED:



Mark Morewitz, Secretary to the  
Health Commission



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

# **Edgewood Center for Children and Families**

**\$56,234,585**



**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

<b>City Elective Officer Information</b> <i>(Please print clearly.)</i>	
Name of City elective officer(s):  Members, San Francisco Board of Supervisors	City elective office(s) held:  Members, San Francisco Board of Supervisors

<b>Contractor Information</b> <i>(Please print clearly.)</i>	
Name of contractor: Edgewood Center for Children and Families	
<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 sub contractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i>	
1. Please see list of members of Board of Directors attached. 2. CEO <u>Matt Madaus</u> , CFO <u>Vince Forte</u> , COO <u>N/A</u> 3. Persons with more than 20% ownership: <u>N/A</u> 4. Subcontractors listed in contract: <u>N/A</u> 5. Political committees sponsored or controlled by contractor: <u>N/A</u>	
Contractor address: 1801 Vicente Street, San Francisco, CA 94116	
Date that contract was approved:	Amount of contract: Not to exceed \$ 56,234,585
Describe the nature of the contract that was approved: Provide mental health services at San Francisco community-based system	
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, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

<b>Filer Information</b> <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

## Board of Directors Roster



Name	Address	Telephone
<b>Bell, John</b> <i>Chairman</i>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Dettore, Denise</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Ellis, Josh</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Heniecke, Meg</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Kalikman, Alexis</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Lautenberger, Janet</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Leep, Elizabeth</b> (Auxiliary Liason until 6/2014)	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Maragna, Stefanie</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Myers, Tim</b> <i>Vice Chairman</i>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Scially, Kathy</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Shields, Brooke</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Stein, Alan</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Summe, Kimberly</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Vela, Fred</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211
<b>Wyllie, Kelly</b>	1801 Vicente Street San Francisco, CA 94116	415-681-3211