File No. <u>151049</u>

Committee Item No. _____19____ 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

		Motion
\mathbf{N}		Resolution
		Ordinance
		Legislative Digest
		Budget and Legislative Analyst Report
		Youth Commission Report
		Introduction Form
X		Department/Agency Cover Letter and/or Report
		MOU
		Grant Information Form
		Grant Budget
		Subcontract Budget
X		Contract/Agreement
\mathbf{Y}		Form 126 – Ethics Commission
		Award Letter
		Application
		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	

FILE NO. 151049

RESOLUTION NO.

[Contract Amendment - Seneca Center - Behavioral Health Services - Not to Exceed \$69,630,181]

Resolution approving amendment number two to the Department of Public Health contract for behavioral health services with Seneca Center to extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through December 31, 2017, with a corresponding increase of \$6,134,854 for a total amount not to exceed \$69,630,181.

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

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

WHEREAS, In 2010, the Department of Public Health selected Hyde Street Community Services through a Request For Proposals process to provide behavioral health services for the period of July 1, 2010, through December 31, 2015; and

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

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

Department of Public Health BOARD OF SUPERVISORS

Page 1

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

WHEREAS, The Department of Public Health requests approval of an amendment to the Department of Public Health contract for behavioral health services with Seneca Center to extend the contract by two years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through December 31, 2017, with a corresponding increase of \$6,134,854 for a total not-to-exceed amount of \$69,630,181; now, therefore, be it

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and County of San Francisco to amend the contract with Seneca Center, extending the term of the contract by two years, through December 31, 2017, and increasing the total, not-to-exceed amount of the contract by \$6,134,854 to \$69,630,181; and, be it

FURTHER RESOLVED, That within thirty (30) days of the contract amendment being fully executed by all parties, the Director of Health and/or the Director of the Office of Contract Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board for inclusion into the official file (File No. 151049).

RECOMMENDED:

Barbára A. Garcia.

Director of Health

Department of Public Health BOARD OF SUPERVISORS APPROVED:

Mark Morewitz Health Commission Secretary



San Francisco Department of Public Health

City and County of San Francisco

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

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

Thank you for your time and consideration.

Sincerely, Jacquie Hale

Director DPH Office of Contracts Management and Compliance

The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~ ~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~ Jacquie.hale@sfdph.org - office 415-554-2509 fax 415 554-2555 101 Grove Street, Room 307, San Francisco, CA 94102

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

Second Amendment

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

RECITALS

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

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

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

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

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

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

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

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

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

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

2. Term of the Agreement

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

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

2. Term of the Agreement

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

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixty **Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars** (\$63,495,327). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

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

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

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

5. Compensation

Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Public Health Department, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixty-Nine Million Six Hundred Thirty Thousand One Hundred Eighty-Two Dollars (\$69,630,182). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by The Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement.

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

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

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

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

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

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

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

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

b. Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

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

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

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

d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the

Seneca Center 5/10/15 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. 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

Seneca Center 5/10/15 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.

Seneca Center 5/10/15 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 Contactor 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. 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.

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

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

2g. Add Appendices A-1 through A-8 dated 7/1/2015 to Agreement as amended.

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

2i. Add CBHS Budget Documents/Appendices B – 1 through B -8 dated 7/1/2015 to Agreement as amended.

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

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

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

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

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

CITY

CONTRACTOR

Seneca Center

Recommended by:

ARA A. GARCIA, Date BARB MPA. Director of Health

Approved as to Form:

DENNIS J. HERRERA City Attorney

<u>Colisi.</u> Date By KATHY MURPHY

Deputy City Attorney

Approved:

KENBERRICK Kathenine

Executive Director 2275 Arlington Drive San Leandro, California 94578

City vendor number: 24631

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

Seneca Center 5/10/15

west, coo

Date

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5/19/15 Date .

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

1. PROGRAM NAME: Therapeutic Behavioral Services (TBS) PROGRAM ADDRESS: 2513 24TH Street CITY, STATE, ZIP CODE: San Francisco, CA 94110 TELEPHONE: 415-642-5968 FACSIMILE: 415-695-1263 Program Code: 38CO5 (Seneca Connections TBS)

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

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

2. <u>NATURE OF DOCUMENT</u>

New Renewal X Modification

3 <u>GOAL STATEMENT</u>

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

4. <u>TARGET POPULATION</u>

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

5. MODALITIES/INTERVENTIONS

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

B. <u>Definition of Billable Services:</u>

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

6. METHODOLOGY

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

Services will:

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

7. OBJECTIVES AND MEASUREMENTS

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

A. Achievement of Contract Performance Objectives

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

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

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

D. Client satisfaction

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

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

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

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

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

> 7/1/15 Page **3** of **3**

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

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

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

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

Renewal

2. <u>NATURE OF DOCUMENT</u>

New

X Modification

3 GOAL STATEMENT

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

4. <u>TARGET POPULATION</u>

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

5. MODALITIES/INTERVENTIONS

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

B. Definition of Billable Services:

<u>Mental Health Services:</u> 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.

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

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

<u>Crisis Intervention</u>: "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.

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

6. <u>METHODOLOGY</u>

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

resemble intensive wrap services and staff will work to:

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

7. OBJECTIVES AND MEASUREMENTS

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

7/1/15 Page **2** of **3**

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

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both the QA director and program leadership to ensure that all objectives are achieved. The method for tracking progress in performance objectives varies based on the objective, but include close consultation with SFDPH staff, utilization of Avatar and Seneca electronic health record reports and data analysis by SFA's performance improvement and quality assurance staff. Specifically, service units are monitored on a monthly basis by QA and program staff to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided weekly to program managers regarding the number of minutes billed and the timeliness in which notes are written. Service units are also monitored on a monthly basis by QA and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely in Seneca's electronic learning management system and monitored by program supervisors and QA staff to ensure compliance. Also, SFA's QA Director, Division Director or their designee attend all CANS superuser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through SFA's internal audit process (see below) and also via Avatar reports.

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

D. Client satisfaction

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

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

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

9. Required Language (if applicable): Not applicable. Contractor: Seneca Center Program: Short Term Connections-Intensive Support Services City Fiscal Year: 15-16 CMS#: 6941 Appendix A-3 Contract Term: 07.01.15 - 06.30.16

1. PROGRAM NAME: Short Term Connections-Intensive Support Services PROGRAM ADDRESS: 2513 24TH Street CITY, STATE, ZIP CODE: San Francisco, CA 94110 TELEPHONE: 415-642-5968 FACSIMILE: 415-695-1263 PROGRAM CODE: 38CO3 (Seneca Connections Outpatient)

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

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

NATURE OF DOCUMENT

New Renewal X Modification

GOAL STATEMENT

2.

3

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

4. TARGET POPULATION

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

5. MODALITIES/INTERVENTIONS

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

B. <u>Definition of Billable Services:</u>

<u>Mental Health Services:</u> 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.

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

<u>Crisis Intervention</u>: "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.

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

<u>Rehabilitation</u>: Rehabilitation means a service that may include any or all of the following:

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

METHODOLOGY

6.

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

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

7. OBJECTIVES AND MEASUREMENTS

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

A. Achievement of Contract Performance Objectives

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

7/1/15 Page **2** of **3**

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

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

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

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

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

D. Client satisfaction

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

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

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

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

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

 1.
 PROGRAM NAME: Long Term Connections – Wraparound Services

 PROGRAM ADDRESS: 2513 24TH Street

 CITY, STATE, ZIP CODE: San Francisco, CA 94110

 TELEPHONE: 415-642-5968

 FACSIMILE: 415-695-1263

 PROGRAM CODE: 38QC4 (Seneca Center WRAP)

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

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

2. <u>NATURE OF DOCUMENT</u>

X Modification | New Renewal

3 <u>GOAL STATEMENT</u>

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

4. TARGET POPULATION

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

5. MODALITIES/INTERVENTIONS

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

B. Definition of Billable Services:

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

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

<u>Mental Health Services</u>: 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.

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

7/1/15 Page 1 of 3 services. The service activities may include, but are not limited to, communication, coordination, and referral; monitoring service delivery to ensure beneficiary access to service and the service delivery system; monitoring of the beneficiary's progress; and plan development.

<u>Crisis Intervention</u>: "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.

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

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

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

6. <u>METHODOLOGY</u>

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

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

7. OBJECTIVES AND MEASUREMENTS

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

Contractor: Seneca Center

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

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

A. Achievement of Contract Performance Objectives

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

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

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

D. Client satisfaction

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

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

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

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

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

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

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

2. <u>NATURE OF DOCUMENT</u>

New Renewal X Modification

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

3 <u>GOAL STATEMENT</u>

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

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

4. TARGET POPULATION

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

5. MODALITIES/INTERVENTIONS

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

B. *Definition of Billable Services:*

<u>Mental Health Services</u>: 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.

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

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

<u>Crisis Intervention</u>: "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.

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

6. <u>METHODOLOGY</u>

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

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

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

7. OBJECTIVES AND MEASUREMENTS

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

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

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

A. Achievement of Contract Performance Objectives

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

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

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

D. Client satisfaction

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

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

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

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

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Appendix A-6 Contract Term: 07.01.15 - 06.30.16

Contractor: Seneca Center Program: Parenting Training Institute

City Fiscal Year: 15-16 CMS#: 6941

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

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

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

2. <u>NATURE OF DOCUMENT</u>

] New 🗌 Renewal 💙

X Modification

3 GOAL STATEMENT

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

4. <u>TARGET POPULATION</u>

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

5. <u>MODALITIES/INTERVENTIONS</u>

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

B. Definition of Billable Services:

Salary and Fringe for the staff working on this program.

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

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

6. <u>METHODOLOGY</u>

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

Activities include

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

Contractor: Seneca Center Program: Parenting Training Institute

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

7. <u>OBJECTIVES AND MEASUREMENTS</u> N/A

It is a cost based contract with no measurable objectives.

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

A. Achievement of Contract Performance Objectives

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

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

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

D. Client satisfaction

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

Contractor: Seneca Center Program: Parenting Training Institute

City Fiscal Year: 15-16 CMS#: 6941

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

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

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

9. Required Language (if applicable):

Not applicable.

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Contractor: Seneca Center Program: Youth Transitional Services (YTS) City Fiscal Year: 15-16 CMS#: 6941

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

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

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

Renewal

2. NATURE OF DOCUMENT

New

X Modification

3 <u>GOAL STATEMENT</u>

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

4. <u>TARGET POPULATION</u>

Children and adolescents involved with the Juvenile Justice System.

5. MODALITIES/INTERVENTIONS

A. <u>Modality of service/intervention:</u> Refer to CRDC.

B. Definition of Billable Services:

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

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

<u>Mental Health Services</u>: 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.

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

<u>Crisis Intervention</u>: "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.

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

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

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

6. <u>METHODOLOGY</u>

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

7. <u>OBJECTIVES AND MEASUREMENTS</u>

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

A. Achievement of Contract Performance Objectives

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

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

B. Documentation Quality, including internal audits

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

Contractor: Seneca Center Program: Youth Transitional Services (YTS) City Fiscal Year: 15-16 CMS#: 6941

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

C. Cultural competency of staff and services

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

D. Client satisfaction

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

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

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

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

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

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

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

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

Renewal

2. Nature of Document (check one)

	New
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X Modification

3. Goal Statement

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

4. Target Population

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

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

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

Screening and Assessment

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

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Mental Health Consultation

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

Individual Therapeutic Services

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

6. Methodology

Service Delivery Methodology

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

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

- Provide brief, short-term therapeutic services in order to address immediate safety concerns, plan for discharge from Juvenile Hall, engage youth and families in the treatment process, and overcome any barriers to successful connections with community providers.
- Coordinate service provision with County agency staff, probation, courts, community providers and stakeholders, families, and schools.
- Follow-up with youth and families and community-based providers to assess appropriateness and effectiveness of referred services and revise linkage plans as necessary.
- Facilitate extensive community resource development to identify and build relationships with community-based behavioral health providers.
- Meet regularly with County staff to ensure the partnership necessary for the success of the program.
- D. Clients are successfully discharged from the program when they have been linked to community-based services that match their identified level of need and when there is a demonstrated connection to these services, as evidenced by participation in at least three appointments/sessions with providers. AllM Higher will consult with the youth, family and probation officer before closing in order to ensure that this is a collaborative decision.
- E. AllM Higher staff includes: 3 full-time (40 hours/week) Master's level Linkage Clinicians, employed by Seneca Center, and a full-time (40 hours/week) Master's-level Intake Coordinator/Linkage Clinician employed by the Department of Public Health. All clinicians are registered with the California Board of Behavioral Sciences and certified in the administration of the CANS assessment tool.
- F. As an expansion of existing services to AIIM Higher, Seneca will use FIRST funding to enhance services by adding a clinical team. These additional clinicians will be trained to Implement the Intensive Family Therapy (IFT) model and offer direct services to participating youth and families in placement and at home. In addition TRACK funds will be used to fund a Recovery Coach (RC). The RC will use cross system planning, training and coaching to scaffold youth and family progress and improve provider practice.

7. Objectives and Measurements

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

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

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

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

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

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

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

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

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

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

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

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

8. <u>CONTINUOUS QUALITY IMPROVEMENT</u> (CQI):

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

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

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

B. Documentation Quality, including internal audits

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

C. Cultural competency of staff and services

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

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

D. Client satisfaction

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

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

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

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

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Appendix B Seneca Center CMS#6941 7/1/15

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. <u>Final Closing Invoice</u>

(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.

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Appendix B Seneca Center CMS#6941 7/1/15

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 tohe C.ITY.

2. **Program Budgets and Final Invoice**

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

- **Budget Summary**
 - CRDC B1-B8

Appendix B-1 Therapeutic Behavioral Services (TBS)

Appendix B -2 Intensive Therapeutic Foster Care (ITFC)

Appendix B-3 Short Term Connections-Intensive Support Services

Appendix B-4 Long Term Connections - Wraparound Services

Appendix B-5 School Based Services

Appendix B-6 Parenting Training Institute

Appendix B-7 Youth Transitional Services (YTS)

Appendix B-8 AIIM Higher

B.. Compensation

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

CONTRACTOR understands that, of this maximum dollar obligation, \$2,063,071 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of (1)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.

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

Appendix B Seneca Center CMS#6941 7/1/15

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

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

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

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

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

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

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

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

	DPH 1:	Department of F	ublic Health Con	tract Budget Sur	nmary				
DHCS Legal Entity Number (MH):	00115	Prep	ared By/Phone #:	Janet Briggs/	510-300-6325			Fiscal Year:	2015-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):	Seneca Center			Document Date:	7/1/2015				
Contract CMS # (CDTA use only):	6941								
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	· B-7	B-8	
		Intensive		Long Term					
		Therapeutic	Short Term	Connections-		Parenting Training			· [
Appendix A/Program Name:	TBS	Foster Care	Connections	WRAP	School Based	Institute	YTS	AIIM Higher	
Provider Number	38CQ	38CQ	38CQ	38CQ	8980	38CQ	38CQ	38CQ	
Program Code(s)	38CQ5	38CQ6	38CQ3	38CQ4	8980OP	38CQPTI	38CQMST	38CQAH	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	TOTAL
UNDING USES									
Salaries & Employee Benefits:	702,895	360,086	373,723	4,344,595	347,248	103,206	162,628	749,936	7,144,317
Operating Expenses:	41,289	22,940	36,286	502,467	23,995	0	27,057	109,918	763,952
Capital Expenses:						•			0
Subtotal Direct Expenses:	744,184	383,026	410,009	4,847,062	371,243	103,206	189,685	859,854	7,908,269
Indirect Expenses:	89,302			581,645		12,385	22,762	87,652	933,458
Indirect %:	12%			12%			12%	10%	12%
TOTAL FUNDING USES	833,486.00	428,988.00	459,210	5,428,707.00	415,792.00	115,591	212,447.00	947,506.00	8,841,727.00
								ringe Benefits %:	25
BHS MENTAL HEALTH FUNDING SOURCES									
AH FED - SDMC Regular FFP (50%)	356,682	210,494	215,134	2,528,239	207,695	. 0	22,577	24,860	3,565,681
AH STATE - PSR - EPSDT	321,014	189,444	81,120	2,275,413	180,910	0	20,320	22,375	3,090,596
/H WORK ORDER - Human Services Agency (Match)	41.226	21,049	9,013	241.009	26,785		0		339.082
AH WORK ORDER - Human Services Agency		0	0	0	0	113,883	0	0	113,883
OJ Work Order		×						398,253	398,253
Track Grant								174,825	174,825
AH STATE - MHSA (CSS)	0		0	277,753	0	0	0	0	277,753
AH STATE - MHSA (PEI)	0			0	0	0	0	324,707	324,707
AH COUNTY - General Fund - CODB	440.040	7,685	7,951	90,863			400 550	0.406	106,499
/H COUNTY - General Fund /H COUNTY - General Fund WO-CODB	<u>113,946</u> 618	<u>0</u> 316	145,857 135	<u>11,815</u> 3,615	402	1,708	169,550	2,486	443,654 6,794
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	833,486.00	428,988.00	459,210.00	5,428,707.00	402	115,591.00	212,447.00	947,506.00	8,841,727.00
BHS SUBSTANCE ABUSE FUNDING SOURCES		-120,300.00	455,210.00	3,420,107.00	413,132.00	110,001,00	212,447.00	541,500.00	0,041,727.00
BHS SUBSTANCE ABUSE FUNDING SOURCES									······
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES									
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THER DET-COMMONT FROM AND FONDING SOURCES									
							`		
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	-				-				
OTAL DPH FUNDING SOURCES	833,486	428,988	459,210	5,428,707	415,792	115,591	212,447	947,506	8,841,727
ION-DPH FUNDING SOURCES				.,,	,		,.,,	,	3,2 ,, M
OTAL NON-DPH FUNDING SOURCES	0		0	0	<u> </u>	0			<u>_</u>
OTAL FUNDING SOURCES (DPH AND NON-DPH)	833,486	428.988	459,210	5,428,707	415,792	115,591	212,447	947,506	8,841,727
OTAL FORDING SOURCES (DEL MID NOR DEL)	033,400	420,300	400,210	0,440,707	410,792	110,091	Z 12,44/	341,300	0,041,/2/

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	rtment of Public			llection (CRDC	C)		
DHCS Legal Entity Name (MH)/C	ontractor Name (SA):	Seneca Center	2015년 2014년 1월 18일 1월 19일 - 1일			Appendix/Page #:	B-1, Page 1
	Provider Name:	Seneca Center/San Fran	cisco Connections			Document Date:	7/1/2015
	Provider Number:	38CQ				Fiscal Year:	2015-16
· · · · · · · · · · · · · · · · · · ·	Program Name:	TBS					
Program Code (forr	merly Reporting Unit):	38CQ5					
	(MH) or Modality (SA)						
	Service Description:	TBS	0	0	0	0	TOTAL
	FUNDING TERM:	7/1/15-6/30/16	-	-	-		
		111110-0700/10	Out for the second s		Contraction of the Second	Contraction of the local data in the local data	No. of the second s
		702,895	and the second second second	SEE WEST STORE			702,895
	& Employee Benefits:	41,289		. <u>.</u>			41,289
	Operating Expenses:	<u> </u>					41,209
	(greater than \$5,000):	0		0	Ô	0	744,184
Subto	tal Direct Expenses:			U	U	U	89,302
	Indirect Expenses:	89,302					89,302
101	AL FUNDING USES:	833,486	0	0	0	0	033,400
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and the second secon	Detail/CFDA#:	Second Second Second Second	Sand Start Bridge			SPECIAL ASSESSOR	在 无论 医子宫外的
CBHS MENTAL HEALTH FUNDING SOURCES						A STATE OF A STATE	的影响影响的影响。
· · · · · · · · · · · · · · · · · · ·	HMHMCP751594	356,682					356,682
	HMHMCP751594	321,014					321,014
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	HMHMCP751594	113,946					113,946
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TOTAL CBHS MENTAL HEALTH I	FUNDING SOURCES	833,486	-	-	•	-	833,486
	Index Code/Project	No. 2010					
	Detail/CFDA#:						
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:			Work Constraints			
		-					-
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TOTAL CBHS SUBSTANCE ABUSE I	FUNDING SOURCES	-	-	-	-	-	-
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	Index Code/Project			NAME OF THE			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:		Contraction of the second		de stool a ser le Or	Super-	
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TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	· -	-	-	-	-	-
TOTAL DPH I	FUNDING SOURCES	833,486	-	-	-	•	833,486
NON-DPH FUNDING SOURCES	STATE OF STREET, STREET	AN CONTRACTOR	Sale and the second				
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TOTAL NON-DPH FUNDING SOURCES		- 1	0	0	0	Ō	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		833,486	1				833,486
CBHS UNITS OF SERVICE AND UNIT COST	l	000,400	-				-
	rchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Grou			<u> </u>			·····	A COLORADO AND A
Substance Abuse Only - Non-Res 33 - ODF # of Gro Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							EN LOIRE DE LOIRE DE LOIRE
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider With Cost Reimbursement (CR) or Fi							CONTRACTOR CONTRACTOR
	DPH Units of Service:		<u> </u>				CONTRACTOR OF A CONTRACTOR
							A REAL PROPERTY OF A REAP
	Unit Type:						
Cost Per Unit - DPH Rate (DPH FUND			0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH F			0.00	0.00	0.00	0.00	T-1-11DO
	li-Cal Providers Only):			l	l	ļ	Total UDC: 95
Undup	licated Clients (UDC):	95	1				90

DPH 3: Salaries & Benefits Detail

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Program Code: 38CO5

Appendix/Page #: B-1 Page 2

Flogram Code.	30040
Program Name:	Therapeutic Behavioral Services (TBS)

Document Date: 7/1/15

		TOTAL		al Fund CP751594		rk Order HSA MCHMTCHWO	Inde	Source 2 (Include Source Name and x Code/Project etail/CFDA#)	Funding	Source 3 (Include 3 Source Name and ex Code/Project etail/CFDA#)	Inde	Source 4 (Include Source Name and x Code/Project etail/CFDA#)
· · · · · · · · · · · · · · · · · · ·	Term:		Term:			7/1/15-6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Asst. Director	0.70	\$ 49,000	0.70	\$ 49,0	00							× •
FBS Clinician	8.80	\$431,316	8.26	\$ 404,5	04 0.55	26,812						
「BS Coach	1.00	\$ 46,000	1.00	\$ 46,0	00							
Direct Clerical	1.00	\$ 36,000	1.00	\$ 36,0	00				•			
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<u> </u>	0.00	1							1	1		•·
Totals			10.96	\$ 535,5	04 0.55	\$26,812	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	25%	\$140,579	25%	\$133,876	25%	\$6,703	#DIV/01		#DIV/0!	•	#DIV/0!	
TOTAL SALARIES & BENEFITS		\$702,895		\$669,380	1	\$33,515	•	\$0	1	\$0		\$0
· · · · · · · · · · · · · · · · · · ·					4				4			

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DPH 4: Operating Expenses Detail

Appendix/Page #: B-1 Page 3

Program Code: <u>38CQ5</u> Program Name: <u>Therapeutic Behavioral Services (TBS)</u> Document Date: <u>7/1/15</u>

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:
Occupancy:	•					
Rent	\$ 3,500.00	\$ 3,500.00	•			
Utilities(telephone, electricity, water, gas)	\$ 3,200.00	\$ 3,200.00				
Building Repair/Maintenance	\$ 2,667.00	\$ 2,667.00			•	
Materials & Supplies:						
Office Supplies	\$ 1,507.00	\$ 1,507,00				·
Photocopying		1				
Printing				<u>`</u>		
Program Supplies		\$ 3,036.00	+			
Computer hardware/software		· · · · · · · · · · · · · · · · · · ·				
	<u> </u>					
General Operating:						
Training/Staff Development		\$ 1,400.00				
Insurance		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Professional License			·	•		
Permits	and a second		-	·		
Equipment Lease & Maintenance	\$ 1,016.00	\$ 1,016.00				
Staff Travel:					······	
Local Travel	\$ 18,246.00	\$ 16,000.00	\$ 2,246.00			
Out-of-Town Travel	\$			·		
Field Expenses	\$					
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR - Jessica Rock - Quality						
Assurance, \$25 Hour, various dates , 162 hours	\$ 4,050.00	2,450	1,600			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$-]	
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	¥					
w/Dates, Hourly Rate and Amounts)	<u> </u>	•				
(add more Consultant lines as necessary)			-			
Other:					<u>.</u>	
Staff Recruitment	\$ 2,667.00	2,667				
					Í	
	\$					
	\$ -				•	
	\$ -					
	\$					
TOTAL OPERATING EXPENSE	\$41,289	\$37,443	\$3,846	\$0	\$0	\$

		Heath Cost Rep	orting/Data Co	llection (CRD	C)		
DHCS Legal Entity Name (MH)/C						Appendix/Page #:	B-2, Page 1
		Seneca Center/San Fran				Document Date:	7/1/2015
	Provider Number:	38CQ	38CQ .	38CQ	38CQ	Fiscal Year:	2015-16
· · · · · · · · · · · · · · · · · · ·	Program Name:	Intensive Therapeutic Foster Care	Foster Care	Intensive Therapeutic Foster Care	Intensive Therapeutic Foster Care		
	nerly Reporting Unit):	38CQ6	38CQ6	38CQ6	38CQ6		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	1 <u>5/60-69</u>		
	Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	0	TOTAL
	FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	-	
UNDING USES		的時間的同時的目的	是世界的影响的世界	等的波路等的影响	均同时和原则的	道的形式把印度了中心。	动力中的关系。
	& Employee Benefits:	50,412	302,472	3,601	3,601		360,086
	Operating Expenses:	3,212	19,270	229	229		22,940
	greater than \$5,000):	. 0	0	00	0		(
Subtof	tal Direct Expenses:	53,624					383,026
	Indirect Expenses:	6,435	38,607		460		45,962
TOT	AL FUNDING USES:	60,059	360,349	4,290	4,290	0	428,988
and the state of the	Index	in the state of the state of	法法律法律			and the second second	No she set that
BHS MENTAL HEALTH FUNDING SOURCES	Code/Project Detail/CFDA#:	a da ser de la composición de la compo Na composición de la c					орания С
	HMHMCP751594	29,469	176,815	2,105	2,105		210.494
	HMHMCP751594	26,522					189.444
	Williagen Beller 1949		N. P. Statistics		and the second		رو بالمحد الما المراج
		and the second					(
H COUNTY - General Fund- CODB	HMHMCP751594	1.076	6,455	324 MARCH 77	1.40 The 2-177	NY KARANGARANA PERSEN	7.685
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TOTAL CBHS MENTAL HEALTH F	UNDING SOURCES	60,059	360,349	4,290	4,290	0	428,988
	Index Code/Project						
BHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:						
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TOTAL CBHS SUBSTANCE ABUSE F	FUNDING SOURCES	-	-	-	-	-	-
THER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS F	UNDING SOURCES		-		-		
	UNDING SOURCES	60,059	360,349	4,290	4,290		428,988
ION DPH FUNDING SOURCES	TRANSPORT OF THE						
			CONSCIONTING OF LODIE		·	Contractor of the property of the second sec	(
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		60,059	360,349	4,290	4,290	-	428,988
BHS UNITS OF SERVICE AND UNIT COST		· · ·		l			The Alternation
Number of Beds Pure	chased (if applicable)						record and the second
Substance Abuse Only - Non-Res 33 - ODF # of Grou					· ·		STANDER LAPACED
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							and the second second
Cost Reimbursement (CR) or Fe	e-For-Service (FFS):	FFS	FFS	FFS	FFS		
	OPH Units of Service:	29,297	135,470	1,100	888	-	
	Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	0	
Cost Per Unit - DPH Rate (DPH FUND)	NG SOURCES Only)	2.05	2.66	3.90	4.83	0.00	编行的思想的第三人称单
Cost Per Unit - Contract Rate (DPH & Non-DPH FU		2.05	2.66	3.90	4.83		
Published Rate (Medi	-Cal Providers Only):	2.05	2.66	3.90	4.83		Total UDC:
	icated Clients (UDC):	15					18

DPH 3: Salaries & Benefits Detail

Program Code: 38CQ6 Program Name: Intensive Treatment Foster Care (ITFC) Document Date: 7/1/15

	TOTAL		TOTAL		TOTAL General Fund HMHMCP751594				Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		
	Term:	7/1/15-6/30/16	Term:				Term:	7/1/15-6/30/16	Term:		Term:				
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries			
Wrap Services Director	0.10	\$ 8,500	0,10				ļ					• · · · • • • • •			
Licensed Clinical Supervisor	0.50	\$ 37,500	0.50	\$ 37,500											
Therapist/ Social Worker	2.53	\$ 128,827	2.35	\$ 119,624	0.18	9,203									
Mental Health Assistant	2.49	\$ 93,992	2.32	\$ 87,934	0.17	6,058									
Clerical	0.53	\$ 19,250	0.53	19,250	·										
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Totals:	6.15		5.80	\$ 272,808	0.35	\$15,261	0.00	\$0	0.00	\$0	0.00	\$0			

Employee Fringe Benefits:	25%	\$72,017	25%	\$68,202	\$0.25	\$3,815	#DIV/0!		#DIV/01		#DIV/0!	
TOTAL SALARIES & BENEFITS	[\$360,086		\$341,010		\$19,076		\$0		\$0	[\$0

Appendix/Page #: B-2 Page 2

DPH 4: Operating Expenses Detail

Appendix/Page #: B-2 Page 3

Program Code: <u>38CQ6</u> Program Name: <u>Intensive Treatment Foster Care (ITFC)</u> Document Date: <u>7/1/15</u>

Expenditure Category	TOTAL		General Fund HMHMCP751594	Work Order	НЅА НМНМСНМТСНWO	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16		7/1/15-6/30/16	Term:	Term:	Term:	Term:
ccupancy:							
Rent	\$-	\$	· -				
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$-		•				
aterials & Supplies:							
Office Supplies	\$ 2,018.00	\$	2,018.00		•		
Photocopying	\$-				· ·		
Printing	\$-						
Program Supplies	\$ -	1-					
Computer hardware/software		T					
eneral Operating:							
Training/Staff Development	\$ 6,145.00	5	6,145.00			· · · · ·	
Insurance		+					· · · · · · · · · · · · · · · · · · ·
Professional License		╈	at "12				
Permits		+		•			
Equipment Lease & Maintenance		\$	1,352.00	-			· · · · ·
aff Travel:						1	
Local Travel	\$ 13,425.00	\$. 13,425.00		·		
Out-of-Town Travel		+*	. 10,420.00			·	
Field Expenses		+			· · · · ·		
onsultant/Subcontractor:	<u> </u>	╈					
ONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail							
Dates, Hourly Rate and Amounts)	\$-						
ONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	¢						
Dates, Hourly Rate and Amounts) ONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ -	+					· · · · · · · · · · · · · · · · · · ·
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	\$22,940		\$22,940) \$0	\$0

DPH 2. Department	of Public Heath	Cost Reporting/Data	Collection (CRDC)

DHCS Legal Entity Name (MH)/C	contractor Name (SA):		ortingibutu ot	leouon (one	•/	Appendix/Page #:	B-3, Page 1
	Provider Name:	Seneca Center/San Fran				Document Date:	7/1/2015
	Provider Number:	38CQ	38CQ	38CQ .	38CQ	Fiscal Year.	2015-16
	Program Name:	ST Connections- Intensive Support Services	Intensive	Intensive	ST Connections- Intensive Support Services		• .
Program Code (for	merly Reporting Unit):	38CQ3	38CQ3	38CQ3	38CQ3		
	(MH) or Modality (SA)		15/10-57	15/70-79	15/60-69		
· · · · · · · · · · · · · · · · · · ·	Service Description:	Case Mgt Brokerage	MH Svcs	OP	Medication Support	0	TOTAL
	FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
FUNDING USES		100-0100010	11110-0/00/10	11110-0100/10		W. C. BARRING S. M. S. M.	· 你们这些"你们的"。
	& Employee Benefits:	44,848				A THE REAL PROPERTY OF THE PARTY OF T	373.723
	Operating Expenses:	4,354					36,286
	(greater than \$5,000):						C
Subto	tal Direct Expenses:	49,202		19,267		0	410,009
	Indirect Expenses:	5,904					49,201
	AL FUNDING USES:	55,106	372,883	21,579	9,642		459,210
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:	an an ann an					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	25,816	174,692	10,109	4,517	A CONTRACTOR OF A CONTRACTOR O	215,134
MH STATE - PSR-EPSDT	HMHMCP751594	9,735		3,812	1,703		81,120
Manyachterneteletzahlenenenenenenenenenenenenen	halide had a state of the state						
	10400754504	17,503			1		4.45.05
MH COUNTY - General Fund . MH COUNTY - General Fund- CODB.	HMHMCP751594 HMHMCP751594	954					145,857
Min Cookin - Contra - and Cooking a	Sumple 20094						
TOTAL CBHS MENTAL HEALTH		55,106	372,883	21,579	9,642	te tradición de la del Carlos de Carlos -	459,210
	Index Code/Project						
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:			Anna Sainnairt			
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	-	•	-	•	-	-
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	· · ·					-
	FUNDING SOURCES		372,883	21,579	9,642		459,210
NON-DPH FUNDING SOURCES	而的过去时,这个54	的政府的建立的意义。	一般的 是他的问题的		STATES AND	STREET, STREET, STREET,	
TOTAL NON-DPH FUNDING SOURCES		-) 0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		55,106	372,883	21,579	9,642	-	459,210
CBHS UNITS OF SERVICE AND UNIT COST				1	1		把的资料用的资料
	rchased (if applicable)						1945年1949年1949年1949年1
Substance Abuse Only - Non-Res 33 - ODF # of Gro							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Cost Reimbursement (CR) or F		FFS	FFS	FFS	FFS		
	DPH Units of Service:	26.881	140,182	5,533	1,996	-	
	Unit Type:						
Cost Per Unit - DPH Rate (DPH FUND			2.66	3.90	4.83	0.00	ter i statistic des
Cost Per Unit - Contract Rate (DPH & Non-DPH F		2.05		3.90	4.83	0.00	
Published Rate (Me	di-Cal Providers Only):						Total UDC:
Undur	plicated Clients (UDC):	60	60	60	60		60

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-3 Page 2

Program Code: 38CQ3 Program Name: <u>Short Term Connections - Intensive Support Services</u> Document Date: 7/1/15

Position Title FTE Salaries Indican 0.07 \$ 0.2541 0.75 \$ 27,437 0.75 27,437 0.75 27,437 0.75 27,437 0.75 27,437 0.75 0.00 1 0.00 1 0.00 1 0	Name and Project DA#)	urce Name and ode/Project /CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	de Funding Source 4 (Inclu d Funding Source Name an Index Code/Project Detail/CFDA#)	
an Francisco Program Director 0.10 \$ 9,784 0.10 \$ 9,784 0 1 rogram Manager 0.75 \$ 62,541 0.75 \$ 62,541 0 1 linician 2.00 \$ 112,000 2.00 \$ 112,000 1 1 1 upport Counselors 2.00 \$ 87,216 2.00 \$ 87,216 1 1 1 irect Clerical 0.75 \$ 27,437 0.75 27,437 1 1 1 0.00 \$ - 1		7/1/15-6/30/16	Term:	Term:	
rogram Manager 0.75 \$ 62,541 0.78 \$ 62,541 0 linician 2.00 \$ 112,000 2.00 \$ 112,000 0 0 upport Counselors 2.00 \$ 87,216 2.00 \$ 87,216 0 0 irect Clerical 0.75 \$ 27,437 0.75 27,437 0 0 0 0.00 \$ - 0.00 \$ - 0<	alaries	Salaries	FTE Salaries	FTE	Salaries
Inician 2.00 \$ 112,000 2.00 \$ 112,000 upport Counselors 2.00 \$ 87,216 irect Clerical 0.75 \$ 27,437 0.75 \$ 27,437 0.00 \$ - 0.00 \$ - 0.00 \$ -					
upport Counselors 2.00 \$ 87,216 2.00 \$ 87,216			· · · · · · · · · · · · · · · · · · ·	ļ	
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25% \$74,745 25% \$74,745 #DIV/0! \$0.00 #DIV/0! #DIV/0! #DIV/0! Employee Fringe Benefits:

TOTAL SALARIES & BENEFITS

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\$373,723

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\$373,723

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DPH 4: Operating Expenses Detail

Appendix/Page #: ____ B-3 Page 3

Program Code: <u>38CQ3</u> Program Name: <u>Short Term Connections - Intensive Support Services</u> Document Date: <u>7/1/15</u>

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:
Occupancy:						
Rent	\$ 13,000.00	\$ 11,500.00	\$ 1,500.00			
Utilities(telephone, electricity, water, gas)	\$ 3,655.00	\$ 2,655.00	\$ 1,000.00			
Building Repair/Maintenance		\$ 2,170.00				
Materials & Supplies:	·····					
Office Supplies	\$ 1,842.00	\$ 1;295.00	\$ 547.00			
Photocopying		.,200.00	<u> </u>	f	f	· · · · · · · · · · · · · · · · · · ·
Printing						
Program Supplies		\$ 1,300.00	\$ 1,000.00		1	
Computer hardware/software		¥1,000.00	φ 1,000.00			
General Operating:	*	·····				
Training/Staff Development	\$ 588.00	\$ 588.00				
Insurance		\$ 588.00				
Professional License		· · · · · · · · · · · · · · · · · · ·				
		· · · · · · · · · · · · · · · · · · ·				·
Permits Equipment Lease & Maintenance		\$ 585.00	· · · · · · · · · · · · · · · · · · ·			· · · · · ·
	\$ 585.00	\$ 585.00				
Staff Travel:						
Local Travel		\$ 3,330.00	\$ 3,500.00	<u> </u>		
		·	· · · · · · · · · · · · · · · · · · ·			
Field Expenses	\$					
Consultant/Subcontractor: Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 57 hours	\$ 3.990.00	2.000				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 3,990.00	3,990				
w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail					•	
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					
			l			
Other:					<u> </u>	
Staff Recruitment		705				
Depreciation			· · · · · · · · · · · · · · · · · · ·			
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	\$ -					
	\$	L				
TOTAL OPERATING EXPENSE	\$36,286	\$28,118	\$8,168	\$0	\$0	\$

	2: Department of		st Reporting/I	Data Collection	n (CRDC)			
DHCS Legal Entity Name (MH)/C							Appendix/Page #:	B-4, Page 1
	Provider Name: Provider Number:	Seneca Center/San Fran	38CQ	38CQ			Document Date:	7/1/2015
· · · · · · · · · · · · · · · · · · ·	Provider Number:	38CQ			38CQ	38CQ	Fiscal Year:	2015-16
	Program Name:	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP		
	nerly Reporting Unit):		38CQ4	38CQ4	38CQ4	38CQ4		
Mode/SFC	(MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/78		
Na	Service Description:		MH Svcs	OP	Medication Support	Client Support Exp		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	& Employee Benefits:	617.839	2,883,247	205.946	411.892	225.671	MERTICLE MURIES	4.344.595
Calabo	Operating Expenses:	72,022	336,101					502,467
	greater than \$5,000):	-0						0.00
Subto	tal Direct Expenses:	689,861			459,906		0	4,847,062
	Indirect Expenses:	82,783						581,645
IUI • De Martinester et al	AL FUNDING USES:	772,644	3,605,668	257,547	515,095	277,753		5,428,708
and the second secon	Index Code/Project		States and shares	and the state of the state	in the second second	and the second second	and the second second second	
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	and the second second	和基金的意思			14464 (14967 St.		and the second second
VH FED - SDMC Regular FFP (50%)	HMHMCP751594	379,237	1,769,767	126,412	252,823	A CONTRACTOR OF THE CONTRACT	Contraction of the second s	. 2,528,239
VIH STATE - PSR-EPSDT	HMHMCP751594	341,312	1,592,789	113,771	227,541			2,275,413
	hi di di serre se		A STAND	<u>1 </u>	C. S. C. Marcul	ولين الرواك مداري الم	1 States of 2	Standy Land State
	FUN 1000 1500		·		<u> · · · · · · · · · · · · · · · · · · ·</u>		}	0
VH STATE - MHSA (CSS) VH COUNTY - General Fund- CODB	PMHS63-1503 HMHMCP751594	13:629	63.606	4.542	9,086	277,753		277,753
VH COUNTY - General Fund	HMHMCP751594	1.772					A CONTRACTOR OF A CONTRACT	11.815
THE CONTRACT OF THE STATE OF TH	Maria Maria Maria	(1998)			-			11,010
TOTAL CBHS MENTAL HEALTH I	UNDING SOURCES	772,644	3,605,668	257,547	515,095	277,753	· •	5,428,707
and the second secon	Index	and the second second	Shear Shear and	- 29月1日日本		and the state of the		
	Code/Project		21 S. 2010		and the second second			
BHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:		No CONTRACTOR DE LA CONTRACTÓRIO DE LA CONTRACTÓRIA DE LA CONTRACTÓRIA DE LA CONTRACTÓRIA DE LA CONTRACTÓRIA D	All and the second second	A CONTRACTOR OF THE OWNER			
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TOTAL CBHS SUBSTANCE ABUSE I		-	•	-	•	-	-	-
	Index		动力的主义	a strike state				生活であれたの
THER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Code/Project	Contract and the provide state of the		and the second sec	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			
JITER DETIGOMMONITEPROGRAMS FUNDING SOURCES	Detall/CFDA#;	TOWNED CONTRACTOR	101102291010001020202000140		Contraction of the second	DESCRIPTION OF THE OWNER	A DATE OF THE OWNER WATER OF THE OWNER	NUEPOSTE SUBSECT
		· · · · · · · · · · · · · · · · · · ·				l		-
TOTAL OTHER DPH-COMMUNITY PROGRAMS			·.=	•	•	-	-	-
	UNDING SOURCES		3,605,668	257,547	515,095	277,753		5,428,707
ION-DPH FUNDING SOURCES	and the second second second	********	MONTANG ING	C CRAME AND A CONTRACTOR				0
TOTAL NON-DPH FUNDING SOURCES		-	. 0	0	0	0	· 0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		772.644	3,605,668	257,547	515,095	277,753	-	5,428,707
BHS UNITS OF SERVICE AND UNIT COST			1			1		Service and the service of the servi
	chased (if applicable)							a sha a s
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes)							國家國家和陸位 34%
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	Narcotic Tx Program	· .						AND THE REPORT OF
Cost Reimbursement (CR) or F		FFS 276 000	FFS 1,355,514	FFS 66,038	FFS 106,645	CR 12		Carlos and Carlos and Carlos
	DPH Units of Service:	376,900	1,555,514		100,045	Month of Client		
		,	1		1	Support		Charles and the
	Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute			的情况的
Cost Per Unit - DPH Rate (DPH FUND			2.66	3.90		23,146.08	0.00	1940 Carlo Bank
Cost Per Unit - Contract Rate (DPH & Non-DPH F		2.05	2.66	3.90	4.83	23,146.08	0.00	
	i-Cal Providers Only):	2.05	2.66		4.83		ļ	Total UDC:
Undup	licated Clients (UDC):	160	160	160	160	1		160

DPH 3: Salaries & Benefits Detail

Appendix/Page #: ____ B-4 Page 2

Program Code: 38CQ4
Program Name: Long Term Connections - Wraparound Services
Document Date: 7/1/15

		TOTAL		НМНМСР7515	нинис	rder # 1 HSA SHMTCHWO	HMHMPRO	(Prop 63)-CSS 1963 PMHS63-1503	Funding Inde D	Source 3 (Include J Source Name and Ex Code/Project etall/CFDA#)	Funding	Source 4 (Include Source Name and x Code/Project etail/CFDA#)
Position Title	Term: FTE	7/1/15-6/30/16 Salarles	Term: FTE	7/1/15-6/30/1 Salaries	5 Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	Term: FTE Salaries		Salaries
Regional Director	0.75		0.75			Salaries	<u> </u>	Salaries		Jaiaries	FTE	Oddaries
Wrap Services Director	1.00	\$ 85,000	0.90			8,500			1			· · · · · · · · · · · · · · · · · · ·
Asst, Director/Administrator		\$ 163,717	1.81			17,078	1	14,639	1			
Team Supervisor	2.00	\$ 130,000.00	2.00									
Care Coordinator/Facilitators		\$ 1,512,000.00	28.00			74,582	2.00	96,000				
Family Specialist Supervisor	3.00	\$ 153,000.00	2.80	\$ 142,8	0 0.20	10,200						
Family Specialist/Counselors	31.67	\$ 1,215,885.00	30.02	\$ 1,125,6	0.50	20,384	1.15	69,898				
QA Billing Specialist	1.40	\$ 56,354.00	1.00	\$ 40,2	52 0.40	16,102						
Administrative Support	2.25	\$ 77,220.00	1.75	\$ 60,0	0.50	17,160						
	0.00	\$-										•
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Totals:	75.57	\$ 3,475,676	69.03	\$ 3,131,1	33 .30	\$164,006	3.24	\$180,537	0.00	\$0	0.00	\$(

Employee Fringe Benefits:	. 25%	\$868,919	25%	\$782,783	25%	\$41,002	25%	\$45,134	#DIV/0!	#DIN	//0!	
			•	· · · ·	•							
TOTAL SALARIES & BENEFITS	Г	\$4.344.595	ſ	\$3,913,916		\$205,008		\$225.671	1	¢n		50
TOTAL SALAKED & DEREI 115	. - - - -	\$4,544,535	L	\$3,313,310		\$203,000		4223,011	i -	φU	1	<u>, , , , , , , , , , , , , , , , , , , </u>

DPH 4: Operating Expenses Detail

Appendix/Page #: B-4 Page 3

Program Code: <u>38CQ4</u> Program Name: <u>Long Term Connections - Wraparound Services</u> Document Date: <u>7/1/15</u>

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	MHSA (Prop 63)-CSS HMHMPROP63 PMHS63- 1503		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:
ccupancy:						
Rent	\$ 75,000.00	\$ 75,000	·			
Utilities(telephone, electricity, water, gas)	\$ 57,828.00	\$ 52,000	\$ 2,828	\$ 3,000		
Building Repair/Maintenance	\$ 18,607.00	\$15,826	\$ 2,781	\$		
aterials & Supplies:						
Office Supplies	\$ 33,990.00	\$ 29,462	\$ 1,705	\$ 2,823		
Photocopying	\$					
Printing	\$ -					
Program Supplies	\$-					· ·
Computer hardware/software						
eneral Operating:		·				
Training/Staff Development	\$ 10,000.00	\$ 10,000				
Insurance						
Professional License				······		
Permits						-
Equipment Lease & Maintenance		\$ 6.948	·		· · · · · ·	······································
aff Travel:	• 0,040.00	\$ 0,040				
Local Travel	\$ 153,000.00	\$ 153,000				
Out-of-Town Travel						
Field Expenses				· · ·		
onsultant/Subcontractor:	-					
enter on Juvenile and Criminal Justice & Edgewood, Support			· · .			
ervices, various, monthly rate of \$2628 per client, approx 76 clients	\$ 39,094.00	16,500	6,094	16,500		
eats, Rhymes & Life, therapuetic activity, various, hourly rate \$100,		. 70.000				
0 hours inguage People, Translation Services, various monthly rate \$2000	\$ 72,000.00 \$ 24,000.00	72,000	1		······································	
dd more Consultant lines as necessary)	¥ 24,000.00		•			
iher:						
Staff Recruitment	\$ 12,000.00	12,000				
Depreciation		•				
	\$	•				
	\$ -					
	\$-	•				
	\$ -					1
			I			
DTAL OPERATING EXPENSE	\$ 502,467	\$ 466,736	\$ 13,408	\$ 22,323	\$0	50

PH	2:	Department	of	Public Heat	h Cost	Reporting/	Data	Collection ((CRDC)

			Reporting/Data Collection	on (CRDC)			
DHCS Legal Entity Name (MH)/C						Appendix/Page #:	B-5, Page 1
		James Baldwin Academy				Document Date:	7/1/201
	Provider Number:	8980				Fiscal Year:	2015-16
	Program Name:		Sch	ool Based Services			
Program Code (for	merty Reporting Unit):		8980OP	8980OP	8980OP		
Mode/SFC	(MH) or Modality (SA)		15/01-09	15/10-56	15/60-69		
	Service Description:		Case Mgt Brokerage	MH Svcs	Medication Support	0	TOTAL
	FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	-	
FUNDING USES	And the second second second second			TO PERSONAL PROPERTY	No Providence Anna Provi	CALCENTRA PROVINCE	
	& Employee Benefits:	0		250,019	17,362		347.24
	Operating Expenses:	ő		17,276	1,200		23.99
Canital Expenses	(greater than \$5,000):	0			1,200		20,00
	tal Direct Expenses:	0		267,295	18,562	0	371,24
Jubic	Indirect Expenses:	0		32,075	2.227		44,54
TOT	AL FUNDING USES:	.0	95,632	299,370	20,790	0	415,79
			50,002	LUU,UI	esta anno escatatoria arandez	NAME AND ADDRESS OF THE ADDRESS OF T	STREET BE CREATER AND
	Index Code/Deviced						
ODUC MENTAL MEALTH EINIDING COMPACE	Code/Project		7				
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:		4		40.005		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	· 0		149,540	10,385		207,69
MH STATE - PSR-EPSDT	HMHMCP751594	O Nacionale de la construcción de la	41,609	130,255	9,046		180,91
MERAANISANISANISANIANANANANANANANANANANANAN	HARIGANICI FILMESI FINALEI				an a		
MH: GOUNTLY: COMPANY DISODB	IMMAMARASISSA					المحمد المتكر المترزي والمراج	
TOTAL CBHS MENTAL HEALTH		•	95,632	299,370	20,790	-	415,792
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OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:		a sa kata na kata kata kata kata kata kata	and the second second			
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TOTAL OTHER DPH-COMMUNITY PROGRAMS			-	-	+	-	-
TOTAL DPH	FUNDING SOURCES	•	95,632	299,370	20,790	u .	415,792
NON-DPH FUNDING SOURCES	和学校的教育和 这种研究		sensitively to be address and the second	的问题和任何问题的	and a local sector of the sect	学生的教育和学校的社会学的	的目
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH		-	95,632	299.370	20,790	-	415,792
CBHS UNITS OF SERVICE AND UNIT COST		t			,		
	rchased (if applicable)						4. 1998年1月1日日本市 第三章中的新闻家家家主要的新闻
Substance Abuse Only - Non-Res 33 - ODF # of Gro							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							
Cost Reimbursement (CR) or F		0	FFS. Website	解你是SFFS-COLOR	FFS		an a
	DPH Units of Service:		46,650	112,545	4,304	-	ten in de la composition de la composit La composition de la c
	Unit Type:			Staff Minute	4,504 Staff Minute		en allas. A segue a segue
Cost Per Unit - DPH Rate (DPH FUND							
Cost Per Unit - DPH Rate (DPH FUNL Cost Per Unit - Contract Rate (DPH & Non-DPH F		0.00	2.05	2.66	4.83		
				2.66	4.83	0.00	T-4-LUDO:
	di-Cal Providers Only):		2.05	2.66	4.83		Total UDC:
- Undu	licated Clients (UDC):	0	20	20	20		2

DPH 3: Salaries & Benefits Detail

Appendix/Page #: _____B-5 Page 2

Program Code:	89802/8980OP
Program Name:	Seneca School Based Programs
Document Date:	7/1/15

		TOTAL		ral Fund CP751594		rk Order HSA MCHMTCHWO	Funding Inde	Source 2 (Include Source Name and x Code/Project etail/CFDA#)	Funding Inde	nding Source 3 (Include F unding Source Name and Index Code/Project Detail/CFDA#)		Source 4 (Include Source Name and x Code/Project etail/CFDA#)
	Term:	7/1/15-6/30/16	Term:		Term:	7/1/15-6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
irector	0.20		0.20				Į					
linical Supervisor	0.50	\$ 42,248	0.50	\$ 42,248								
herapist	2:75	\$ 158,950	2.35	\$ 139,531	0.40	19,419	ļ					
lental Health assistant	1.60	\$ 57,600	1.60	\$ 57,600								
	0.00	\$	0.00	0								
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Totals:	5.05		4.65	\$ 258,379	0.40	\$19,419	0.00	\$0	0.00	\$0	0.00	\$0
											•	
Employee Fringe Benefits:	25%	\$69,450.00	25%	\$64,595	25%	\$4,855	#DIV/0!		#DIV/01		#DIV/0!	-
		-					_				_	
TOTAL SALARIES & BENEFITS		\$347,248		\$322,974		\$24,274		\$0		· \$0		\$0

DPH 4: Operating Expenses Detail

Appendix/Page #: B-5 Page 3

Program Code: 89802/89800P Program Name: Seneca School Based Programs Document Date: 7/1/15

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHI	мснмтснwo	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
·	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:
Occupancy:						
Rent	\$ -	•				
Utilities(telephone, electricity, water, gas)	\$ 3,600.00	\$ 3,600.00	\$ -			
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 1,200.00	\$ 1,200.00	\$ -			· · · ·
Photocopying		.,				· · · · · · · · · · · · · · · · · · ·
Printing						
Program Supplies						
Computer hardware/software		\$ 3,500.00	\$ -			
General Operating:	• 0,000.00	• 0,000.00				
Training/Staff Development	\$ 2,000.00	\$ 2,000.00	\$ -	<u> </u>		
insurance		\$ 2,000.00				
			1	· · · · · · · · · · · · · · · · · · ·		
Professional License						
Permits						
Equipment Lease & Maintenance	\$ 995.00	\$ 995.00	\$ -			
Staff Travel:						
Local Travel		\$ 10,000.00	\$			
Out-of-Town Travel						
Field Expenses	\$ -					
Consultant/Subcontractor:	0 700 00		·	· · · · · · · · · · · · · · · · · · ·		
Language People Inc, interpreting, \$75/Hour, various dates, 36 hours CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 2,700.00	2,700	0	· · · · ·		
w/Dates, Hourly Rate and Amounts)	\$-					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts)	\$-					
(add more Consultant lines as necessary)		L				
Other:			ļ			
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	\$-					
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	\$ -					
TOTAL OPERATING EXPENSE	\$23,995	\$23,995	\$0		\$0 \$0	\$0

DPH 2. Departmen	t of Public Heath Cos	t Reporting/Data	Collection (CRDC)

		ic Heath Cost Report	ing/Data Colle	CTION (CRUC)			
DHCS Legal Entity Name (MH)/C		Seneca Center Seneca Center/San Francisco Co	41			Appendix/Page #: Document Date:	B-6, Page 1
	Provider Number:	Seneca Center/San Francisco Co 38CQ	onnections			Fiscal Year:	7/1/2015
	Flovider Number.	3800			·	riscal rear:	2015-16
	Program Name:	Parenting Training Institute					
Program Code (form	nerly Reporting Unit):	38CQPTI					
	MH) or Modality (SA)	60/78					
	<i>y</i>	Other Non-MediCal Client Support					
	Service Description:	Exp	0	0	0	0	TOTAL
	FUNDING TERM:	7/1/15-6/30/16		-	-	-	
JNDING USES				TE STATE BUILDE ANTA	A MARINE STATE STATE	See and the second second second	ETATION STREET
	& Employee Benefits:	103,206	And the Design of the Annual State of the Annual State	Contraction of the second s	Contraction of the second states of the second	AND AND ADDRESS AND ADDRESS ADDR	103,206
	Operating Expenses:	0	,				0
	greater than \$5,000):	0					0
	al Direct Expenses:	103,206	0	0	0	0	103,206
	Indirect Expenses:	12,385	· · · ·				12,385
TOT	AL FUNDING USES:	115,591	0	0	0	0	115,591
	Index						
	Code/Project						
BHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						0
H WORK ORDER - Human Services Agency	HMHMCHTHFCWO	113,883					113,883
H COUNTY - General Fund WO-CODB	HMHMCP751594	1,708					1,708
		0	· ·				0
							0
TOTAL CBHS MENTAL HEALTH F	UNDING SOURCES	115,591	0	0	0	0	115,591
	Index			A 12 12 4 12 12 12 12 12 12 12 12 12 12 12 12 12			
	Code/Project						
BHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:			語を認定する	時間的時間的	のなどのなどの	vrestati ses 0
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	Code/Project			Construction of the	and the second	and a second second	
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	UNDING SOURCES		v	<u> </u>			115,591
DN-DPH FUNDING SOURCES	and a second		WARD CONTRACTORS OF CONTRACTORS	TRANSPORT DE LA CARA		South and the second	
AN-DELIEONDING SOOKCES				HERE BREAK WERE STORE TO SHE			0
TOTAL NON-DPH FUNDING SOURCES			0	0	· · · 0	ó	Y
		446 504					115,591
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		115,591					
3HS UNITS OF SERVICE AND UNIT COST	abagad (if applicable)						anter ante
Number of Beds Pun Substance Abuse Only - Non-Pers 33 - ODE # of Gray					· · · · · · · · · · · · · · · · · · ·	and the second secon	
	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 Fe	e-For-Service (FFS)	CR					A (342 A 2028 4 21 31
	OPH Units of Service:		-	-	-	-	
	Unit Type:			0	0	0	LENDER DE LE COMPANY
Cost Per Unit - DPH Rate (DPH FUND)	NG SOURCES Only)	60.20	0.00	0.00	0.00	0.00	THE REPORT OF THE
Cost Per Unit - Contract Rate (DPH & Non-DPH FU			0.00	0.00	0.00	0.00	的形式的变形
Published Rate (Medi	-Cal Providers Only):						Total UDC:
Undupl	icated Clients (UDC):						

DPH 3: Salaries & Benefits Detail

· Appendix/Page #: B-6 Page 2

Program Code: 38CQPTI Program Name: Parenting Training Institute Document Date: 7/1/15

TOTAL		General Fund	НМНМСР751594	• нмн	Work Order HSA HMHMCHMTCHWO HMHMCP751594		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/1/15-6/30/16	Term:		Term:		Term:	7/1/15-6/30/16	. Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
arenting Training	1.00	\$ 82,56	5 0.10	\$ 7,985	0.90	\$ 74,580						j
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Totals:	1.00		5 0.10	\$ 7,985	0.90	\$ 74,580	0.00	\$0	0.00	. \$0	0.00	\$

Employee Fringe Benefits:	25%	\$20,641.00	25%	\$1,996.00	25%	\$18,645.00	#DIV/0!		#DIV/0!		#DIV/0!	
				-								
TOTAL SALARIES & BENEFITS		\$103,206		\$9,981	[\$93,225		· \$0		\$0		\$0

DPH 4: Operating Expenses Detail

Appendix/Page #: _____B-6 Page 3

Flogram Code.	SOUGPH
Program Name:	Parenting Training Institute
Document Date:	7/1/15

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Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:	Term:
scupancy:						
Rent	\$ -					
Utilities(telephone, electricity, water, gas)	\$-	\$ -			•	
Building Repair/Maintenance						
aterials & Supplies:						
Office Supplies	\$ -					
Photocopying						
Printing						
Program Supplies						
Computer hardware/software		•	· · · · · ·		· · · · ·	
eneral Operating:	<u> </u>					· · · · · · · · · · · · · · · · · · ·
Training/Staff Development	s -					
		·	}			
Professional License						
Permits Equipment Lease & Maintenance			· ·			
	ə -	· · ·				
aff Travel:	•					
Local Travel						
Out-of-Town Travel			·			·
Field Expenses	\$					
onsultant/Subcontractor:						
DNSULTANT/SUBCONTRACTOR (Provide Name, Service Detail Dates, Hourly Rate and Amounts)	s -					
ONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	Ψ					
Dates, Houriy Rate and Amounts)	\$ -					
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DPH 2: D	epartment of Pul	olic Heath Cost Reportin	ng/Data Collec	tion (CRDC)			
DHCS Legal Entity Name (MH)/C				Appendix/Page #:	B-7, Page 1		
<u>5</u>		Seneca Center/San Francisco Conne	ctions			Document Date:	7/1/2015
	Provider Number:	38CQ	V # +	N 10 7 10 1	N 11 - 11 1	Fiscal Year:	14/15
	Program Name:	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	Youth Transitional Services (YTS)	
	merly Reporting Unit):	38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	
Mode/SFC ((MH) or Modality (SA)	15/01-09	15/10-57	.15/70-79 Crisis intervention-	15/60-69	60/78 Outer tron-medical citetit	
	Service Description:	Case Mgt Brokerage	MH Svcs	OP	Medication Support	Support Exp	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
FUNDING USES	Self and the second state of the Policy of States (States)		的建筑和中国新闻的国际		建立等的的变势的变势	利用和各性 物化的	
Salaries	& Employee Benefits:	4,494	27,652	1,728	691	128,063	162,628
Conital European	Operating Expenses:	748	4,601	288	115	21,305	27,057
	(greater than \$5,000): tal Direct Expenses:	0	32,253	0 2,016	0 806	149,368	189,685
3000	Indirect Expenses:	5,242	3,870		97	149,300	22,762
тот	AL FUNDING USES:	5,871	36,123	2,258	903	167,292	212,447
	Index	()	strain states and sol	in the second second	PROPERTY AND INCOME.		
	Code/Project		and the state of the	rie also de la secola de la secol La secola de la secol	Sec. Sec.		
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	2,935	18,061	1,129	452	0	22,577
MH STATE - PSR-EPSDT	HMHMCP751594	2,642	16,256	· 1,016	406	0	20,320
MH COUNTY - General Fund	HMHMCP751594	294	1,806		45	167,292	169,550
TOTAL CBHS MENTAL HEALTH F		5,871	36,123	2,258	903	167,292	212,447
No president and a second strain dependence of the second second second second second second second second seco	Index			a section of a		E-manager and a state of the second	
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Code/Project				Manager Harses		Hilling and the
CBR3 JUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:		SA MARCANE STREET	Photo Carlos Contratos de Pro-			
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TOTAL CBHS SUBSTANCE ABUSE I	UNDING SOURCES	-	-	-	-	-	-
	Index						
an a	Code/Project	the second second second	all in the protect	and the second	COMPLETE STREET		
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:				1. 上午日本日本日		
						•	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS I	L				_		
	FUNDING SOURCES	5,871	36,123	2,258	903	167,292	212,447
NON-DPH FUNDING SOURCES		and the second of the second sec	计学习出现和问题之子	STREEPENDER PROMIN		NO CONTRACTOR	
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TOTAL NON-DPH FUNDING SOURCES			0	0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5,871	36,123	2,258	903	167,292	212,447
CBHS UNITS OF SERVICE AND UNIT COST	•						
	chased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Grou	up Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							
Cost Reimbursement (CR) or Fe		FFS	FFS	FFS	FFS	CR	的基本的建立
	DPH Units of Service:	2,864	13,580	579	187	3,648	
	Unit Type:	Staff Minute	Staff Minute	Staff Minute	Staff Minute	<u>اليوين (الدين أو</u> جد كارية في المحافة (الرية، الشيد	
Cost Per Unit - DPH Rate (DPH FUND			2.66	3.90	4.83	45.86	新教育保護 科学校
Cost Per Unit - Contract Rate (DPH & Non-DPH F		2.05	2.66	3.90	4.83	45.86	Tatal UDC:
	i-Cal Providers Only): licated Clients (UDC):		2.66		4.83 15		Total UDC: 15
Undup	incated chemis (UDC):	10	13	1 15	10	L	13

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-7 Page 2

Program Code:	38CQMTS	
Program Name:	Youth Transitional Services (YTS)	
Document Date:	7/1/15	

		TOTAL	General Fund H	IMHMCP751594		t Reimbursement HMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:	7/1/15-6/30/16		7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
S Supervisor	0.50	\$ 30,000	0.10	\$ 6,000	0.40	\$ 24,000						
S Clinician	1.60	\$ 89,902	0.35	\$ 19,902	1.25	\$ 70,000						
ect Clerical	0.30	\$ 10,200	0.05	\$ 1,750	0.25	\$ 8,450					·	
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· · · ·	0.00											
	2.40		0.50	\$ 27,652	1.90	\$102,450	0.00	\$0	0.00	\$0	0.00	\$0
Totals.	2.10						,	•••				
Employee Fringe Benefits:	25%	\$32,526.00	25%	\$6,913	25%	\$25,613	#DIV/0!		#DIV/0!		#DIV/0!	
		······································								· · ·	·	

\$34,565

TOTAL SALARIES & BENEFITS

\$162,628

\$128,063 \$128,060 \$0

\$0

\$0

CBHS BUDGET DOCUMENTS

DPH 4: Operating Expenses Detail

Appendix/Page #: <u>B-7 Page 3</u>

Program Code: <u>38CQMTS</u> Program Name: <u>Youth Transitional Services (YTS)</u> Document Date: <u>7/1/15</u>

Expenditure Category	TOTAL	General Fund HMHMCP751594	GF Cost Reimbursement HMHMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
· · ·	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:
Occupancy:						
Rent	\$ 15,107	\$ 5,752	\$ 9,355			,
Utilities(telephone, electricity, water, gas)	\$ 450		\$ 450			
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 1,200		\$ 1,200			
Photocopying	\$ -					
Printing						
Program Supplies						
Computer hardware/software				·····		· · · · · · · · · · · · · · · · · · ·
General Operating:	· · · · · · · · · · · · · · · · · · ·	· · · · ·				
Training/Staff Development	\$ -					
Insurance		· · ·				
Professional License				· · · ·		
Permits						
Equipment Lease & Maintenance						
Staff Travel:				-		
Local Travel	\$ 7.500		\$ 7,500			
Out-of-Town Travel	and the second		φ 1,000			
Field Expenses	· · · · · · · · · · · · · · · · · · ·					
Consultant/Subcontractor:	÷					
CONSULTANT/SUBCONTRACTOR (Note Approver, various dates \$50						
@4 hours a week	\$ 2,400		\$ 2,400			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						ł
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ -					
w/Dates, Hourly Rate and Amounts)	\$-					
add more Consultant lines as necessary)						
Other: Staff Recruitment	\$ 400		\$ 400			
	\$ -					
	\$					
	\$					
· · · · · · · · · · · · · · · · · · ·	\$-					
	\$-					
	\$ -					
TOTAL OPERATING EXPENSE	\$ 27,057	\$5,752	\$21,305	\$0	\$0	\$(

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

	epartment of Public He		ing/Data Colle	ction (CRDC)			
DHCS Legal Entity Name	(MH)/Contractor Name (SA):					Appendix/Page #:	B-8, Page 1
		Seneca Center/San Fran				Document Date:	7/1/2015
	Provider Number:	38CQ	38CQ	38CQ	38CQ	Fiscal Year:	2015-16
······································	Program Name:	AIIM Higher	AllM Higher	AIIM Higher	AIIM Higher	AIIM Higher	
	de (formerly Reporting Unit):	38CQAH	38CQAH	38CQAH	38CQAH	38CQAH	
Mode	e/SFC (MH) or Modality (SA)	15/01-09	15/10-57	60/78	60/78	60/78	
· · · · ·	Service Description:	Case Mgt Brokerage	MH Svcs	Client Support Exp	Client Support Exp	Support Exp	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	
INDING USES		的问题的管理的	の見たなななななので	ter management and an entre	世界を思いていた。	》如27年大多世的影响中的第5	的情况的理论的问题
S	alaries & Employee Benefits:	8,788	35,150	273,848	157,500	274,650	749,936
	Operating Expenses:	91	365	16,070	0	93,392	109,918
Capital Exp	enses (greater than \$5,000):	0	0				0
	Subtotal Direct Expenses:	8,879		289,918		368,042	859,854
	Indirect Expenses:	1,065	4,262	34,789		30,211	87,652
The following states that the states of the balance of the states are stated as the state of the states of	TOTAL FUNDING USES:	9,944	39,777	324,707	174,825	398,253	947,506
3HS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:			n alternativ productiv production and the second			an a
I FED - SDMC Regular FFP (50%)	HMHMCP751594	4,972	19,888	0			24,860
I STATE - PSR-EPSDT	HMHMCP751594	4,475	17,900	0			22,375
H STATE - MHSA	PMHS63-1510	0	0	324,707			324,707
ack Grant	HMCH04-1400				174,825		174,825
DJ Grant	HMCH05-1400	•				398,253	398,253
H COUNTY - General Fund	HMHMCP751594	· 497	1,989	0			2,486
TOTAL CBHS MENTAL HE		9,944	39,777	324,707	174,825	398,253	947,506
3HS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
		-					-
· · · · · · · · · · · · · · · · · · ·							-
							-
•							-
TOTAL CBHS SUBSTANCE A	BUSE FUNDING SOURCES		-	-	-		-
THER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	 Index Code/Project Detail/CFDA#: 						
		Contraction of the second contractions	Children and a state of the second	Contactor pages to the participation of the	an in the second s	action of the first of the state of the second s	-
· · · · · · · · · · · · · · · · · · ·	·····						
							•
TOTAL OTHER DPH-COMMUNITY PROG	RAMS FUNDING SOURCES	. .	•		-		-
TOTAL	DPH FUNDING SOURCES	9,944	39,777	324,707	174,825	398,253	947,506
DN-DPH FUNDING SOURCES							
· · · · · · · · · · · · · · · · · · ·		·				•	0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	· · · · · · · · · · · · · · · · · · ·		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,944	39,777	324,707	174,825	398,253	947,506
3HS UNITS OF SERVICE AND UNIT COST							
	eds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF #		l					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provid		FFS	FEQ	CR	CR		
	R) or Fee-For-Service (FFS): DPH Units of Service:	4,851	FFS 14,954	7,277		CR 7,872	
	UPH Units of Service: Unit Type:	Staff Minute	Staff Minute	Staff Hours	Staff Hours	Staff Hours	
Cost Per Unit - DPH Rate (DPH		2.05	2.66	44.62		50.59	
Cost Per Unit - DPH Rate (DPH Cost Per Unit - Contract Rate (DPH & Non-		2.05	2.66	44.62	50.59	50.59	
	e (Medi-Cal Providers Only):	2.05	2.66		50.09	00.09*	Total UDC:
	Unduplicated Clients (UDC):	2.05	2.00	195	40	40	10tal UDC: 195
	ondupicated citerits (ODC).	190	100	190	40	40	190

CBHS BUDGET DOCUMENTS

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-8 Page 2

Program Code: <u>38CQAH</u> Program Name: <u>AIIM Higher</u> Document Date: 7/1/15

Funding Source 4 (Include Street. Funding Source Name and DOJ HMCH05-1400 TOTAL General Fund HMHMCP751594 MHSA HMHMPROP63 Track Grant HMCH04-1400 Index Code/Project Detail/CFDA#) 7/1/15-6/30/16 Term: 7/1/15-6/30/16 7/1/15-6/30/16 Term: 7/1/15-6/30/16 Term: Term: 7/1/15-6/30/16 Term: Term: **Position Title** FTE Salaries FTE Salaries FTE Salaries FTE Salaries Salaries FTE Salaries FTE Program Director 0.30 24,500 \$ 0.20 \$ 16,500.00 \$ 0.10 8,000.00 \$ \$ 1.33 \$ 89,228 0.09 \$ 5,400.00 \$ 0.84 53,828.00 \$ 0.40 30,000.00 Team Supervisor \$ \$ \$ 7.80 \$ 459,000 0.50 \$ 28,000.00 \$ 2.50 140,000.00 165,000.00 Clinician \$ 1.80 \$ 126,000.00 \$ 3.00 Direct Clerical 0.70 \$ 25,476 0.05 \$ 1,750.00 \$ 0.25 8,750.00 \$ 0.40 14,976.00 \$ \$ 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 \$ -598,204 0.64 \$ Totals: 10.13 \$ 35,150 3.79 \$219.078 1.80 \$126,000 3.90 \$217.976 0.00 \$0

Employee Fringe Benefits:	25%	\$151,732	25%	\$8,788	25%	\$54,770.00	25%	\$31,500	26%	\$56,674	#DIV/0!	
								·				
TOTAL SALARIES & BENEFITS		\$749,936	ĺ	\$43,938		\$273,848		\$157,500		\$274,650		\$0

DPH 4: Operating Expenses Detail

Appendix/Page #: _____B-8 Page 3

Flogram Code.	38UUAH
Program Name:	AllM Higher
Document Date:	7/1/15

Coder anoo M

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Expenditure Category	TOTAL			General Fund HMHMCP751594		MHSA HMHMPROP63		Track Grant HMCH04-1400		DOJ Grant- HMHMGRANTS HMCH05-1400	Funding Source 4 (Include Funding Source Name and Index Code/Projec Detail/CFDA#)
	7/1/1	5-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16		7/1/15-6/30/16	· ·	7/1/15-6/30/16	Term:
ccupancy:											
Rent	\$	4,800.00							\$	4,800.00	······································
Utilities(telephone, electricity, water, gas)	\$	4,620.00			\$	1,500.00	[\$	3,120.00	······
Building Repair/Maintenance		2,500.00			\$	2,500.00	Γ.				
aterials & Supplies:											
Office Supplies	\$	1,800.00	\$	150.00	\$	450.00	\$	-	\$	1,200.00	
Photocopying		-		<u></u>							
Printing							1				
Program Supplies		306.00	\$	156.00	\$	150.00	\$		\$	-	
Computer hardware/software			Ť		Ť		<u>†~</u>		† –		· · · · · · · · · · · · · · · · · · ·
eneral Operating:	*				1		†		 		
Training/Staff Development	\$	400.00	6	150.00	•	250.00	\$	·····			
Insurance		400.00	 ≁_	100.00	۴	230.00	 ♥		<u> </u>		
	···· , ···· ··				<u> </u>		├				
Professional License			<u> </u>				<u> </u>			······	······································
Permits									<u> </u>		·
Equipment Lease & Maintenance	\$	-			-						
aff Travel:									<u> </u>		•
Local Travel	· · · · · · · · · · · · · · · · · · ·	9,386.00	<u> </u>		\$	3,490.00	\$	-	\$	5,896.00	
Out-of-Town Travel		62,776.00	<u> </u>		ļ		ļ		\$	62,776.00	
Field Expenses	\$	-	<u> </u>						L_		
onsultant/Subcontractor:							L			• •	
ancy Fey (L.C.S. W). Various Dates, \$70/hr, 89 hours	\$	6,230.00	ļ		\$	6,230.00					
DNSULTANT/SUBCONTRACTOR (Provide Name, Service Detail Dates, Hourly Rate and Amounts)	\$	-									
hild Psychiatrist - 2 hrs/week @ \$150/hr	\$	15,600.00	<u> </u>	<u></u>					\$	15,600.00	·······
dd more Consultant lines as necessary)											
iher:			 		1		L	·····	 		······
Staff Recruitment	\$	1,500.00			\$	1,500.00	L		L		
	\$	-					L				
	\$	-			L		L		L	•	
	\$	-									
	\$	-									
	\$	· _			1					·	

CBHS BUDGET DOCUMENTS

DPH 7: Contract-Wide Indirect Detail

Contractor N	Jame S	Seneca I	Family	of Ag	gencies

 Document Date:	07/01/15	
 Fiscal Year:	2015-16	

1. SALARIES & BENEFITS

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

2. OPERATING COSTS

Expenditure Category		Amount
· · · · · · · · · · · · · · · · · · ·		
Accounting and Audit Costs	\$	20,000
Legal Costs	\$	10,000
Joint Commission Cost	\$	5,000
Meeting and Conferneces	\$	30,000
Office Supplies	\$	38,000
Occupancy	\$	25,000
Insurance	\$	23,000
Medical Director - Contract Program Support	\$	10,000
Computer Consulting - Medical Records, HIPPA etc	\$	7,569
	1996	
5. 13、1. 2017年4月1日、19、19、19、19、19、19、19、19、19、19、19、19、19、	1997.3	প্রবিদ তেপিক 🖓
TOTAL OPERATING COSTS	\$	168,569
TOTAL INDIRECT COSTS	\$	933,458

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

Appendix D Additional Terms

1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

CONTRACTOR <u>will</u> 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 <u>not</u> 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.



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 <u>https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf</u>

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



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 HITECT 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

2 Page



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.

- 1. **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



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.
- Accounting of Disclosures. Within ten (10) calendar days of a request by CE for f. 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.
- 1. 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 or 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 <u>https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf</u>
- 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: <u>compliance.privacy@sfdph.org</u> Office telephone: 415-554-2787 Confidential Privacy Hotline (Toll-Free): 1-855-729-6040 Confidential Compliance Hotline: 415-642-5790 ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS							DLDER. THIS
CERTIFICATE DOES NOT AFFIRM BELOW. THIS CERTIFICATE OF I REPRESENTATIVE OR PRODUCER,	NSURAN AND THE	CE DOES NOT CONSTITU CERTIFICATE HOLDER.	UTE A CONTRACT	BETWEEN	THE ISSUING INSURE	R(8), A	UTHORIZED
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			ANCELLATION				
City & County of San Franc	isco Dep	artment of Public		DATE THEF	Scribed Policies be ca EOF, notice Will be Provisions.		

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – OWNERS, LESSEES OR CONTRACTORS – SCHEDULED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s):	Location(s) Of Covered Operations
City & County of San Francisco, It's Officers, Agents and employees	All insured premises and operations
. 4.	
	<u> </u>

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

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

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above. B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

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

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

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of October 25, 2010, in San Francisco, California, by and between Seneca Center ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

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

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

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

1.a Agreement. The term "Agreement" shall mean the Agreement dated July 1, 2010 from the RFP23-2009 dated July 31, 2009, Contract Number COHM11000159 between Contractor and City, as amended by this First Amendment.

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

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

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

2. TERM OF THE AGREEMENT

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

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

2. TERM OF THE AGREEMENT

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

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

COMPENSATION

CMS #6941 P-550 (5-10)

5.

Seneca Center 10/25/10 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 15th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302). 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 15th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327) The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein.

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

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

2.c Appendix B dated 7/1/10 (i.e. July 1, 2010) is hereby deleted and Appendix B dated 10/25/10 (i.e. October 25, 2010) is hereby substituted and incorporated by reference for Fiscal Year 2010-2011.

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

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.

CMS #6941 P-550 (5-10)

4.

Seneca Center 10/25/10 IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

Recommended by:

CHELL H. KATZ, M.D.

MIPCHELL H. KATZ, M.I Director of Health

Approved as to Form:

DENNIS J. HERRERA City Attorney

TERENCE HO

Deputy City Attorney

10 Date

KÉN BERRICK **Executive Director** 2275 Arlington Drive San Leandro, California 94578

City vendor number: 24631

Approved:

By:

1 2/15/10 Date NACMI KELLY Director Office of Contract

"DireMor Office of Contract Administration and Purchaser CONTRACTOR Seneca Center /

<u>10-28-10</u> Date

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Seneca Center 10/25/10

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10/26/10

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Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

1

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

2. Program Budgets and Final Invoice

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

Budget Summary

CRDC B1-B12

Appendix B-1 Adolescent Community Treatment Facility, San Francisco (CTF)

Appendix B-2 Adolescent Therapeutic Behavioral Services (TBS)

Appendix B-3 Adolescent Community Treatment Facility (CTF)

Appendix B-4 Multi-Dimensional Treatment Foster Care (MTFC)

Appendix B-5 Short Term Connections - Intensive Support Intensive Stabilization Services

Appendix B-6 Long Term Connections - Wraparound Services

Appendix B-7 Long Term Connections - Wraparound Probation

Appendix B-8 Intensive Day Treatment - San Leandro/S. Francisco

Appendix B-9 Oak Grove Intensive Day Treatment - San Francisco

Appendix B-10 Parent Training Institute

Appendix B-11 Multi-Systemic Therapeutic Services (MST)

Appendix B-12 MHSA & PEI

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, **\$6,803,070** 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

Seneca Center 10/25/10 (2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year,

July 1, 2010 through December 31, 2010	\$920,477 (BPHM06500043)
July 1, 2010 through December 31, 2010	\$4,233,365 (BPHM06500043)
July 1, 2010 through June 30, 2011	\$5,153,842
July 1, 2011 through June 30, 2012	\$10,307,683
July 1, 2012 through June 30, 2013	\$10,307,683
July 1, 2013 through June 30, 2014	\$10,307,683
July 1, 2014 through June 30, 2015	\$10,307,683
July 1, 2015 through December 31, 2015	\$5,153,841
Total of July 1, 2010 through December 31, 2015	\$56,692,257

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

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

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

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

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

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

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CONTRACT TYPE - This contract ts:	Renewal												8/16/2010
If modification, Effective Dete of Mod.:	# of Mad;		VENDOH ID TOP	HUSE ONLY 1	STATES AND A STATES			编的影响和其实的深入	يتقالعه أأدمت فشقط تشاهده والاناب	francis na stidular		the start the party	andre a de la calegia de la
LEGAL ENTITY NUMBER: #00115 LEGAL ENTITY/CONTRACTOR NAME; Sanaca Canter						·····	····						
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APPENDIX NUMBER	8-1	8-2	₿-3	8-4	B-5	B-6	9-7	B-8	B-3	8-10	8-11	8-12	1
]	}						<u> </u>		
PROVIDER NUMBER	8989	38¢Q	5589	3600	3800	3800	3800	8780	38CA	38CQ	38HD	38HD	1
PROVIDER NAME:	Seneca Conter	Seneca Center	Senece Center	Saneca Center	Seneca Center	Seneca Center	Sancca Canlar	Saneca Centar	Sensos Cantar	Senaca Cantar	Senata Contat	Seneca Center	TOTAL
CEHS FUNDING TERM:	27/1/10-6/30/114	371/10-8/30/11	37/10 8/30/112	37/1/18-6/30/11-5	ATTI/10 8/30/112	37/1/16-6/30/11	71/10-8:30/1 (2)	37/1210-8/30/11	1.7/1/10-8/00/11.2.		27/1730-696/117	2010 6-8-5011	18564.000 7.4%
FUNDING USES:	CTF SF	TĖS	Slate Suppl.	MTFC pl.	ST Connections	LT Connections	LT Conn Prob	SL Day IX	OG Day TX	Parent Tring, Inst.	MST FFS/cost		
SALARIES & EMPLOYEE BENÉFITS	1,979,917	534,450	139,042		133,852	4,134,397	301,522	81,079	12,772	107,595	254,945	MHSA FACE 381,776	
OPERATING EXPENSE	360,038	31,052	100,042	9,729	37,447	424,693	·····						8,207,444
CAPITAL DUTLAY (COST 55,000 AND OVER)				3,720	51,44)	4£4,050	47,139	3,700	300	600	58,894	\$3,088	1,035,820
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SUBTOTAL DIRECT COSTS	2,339,955	566,5112	138,042	152,815	177,309	4,569,290	349,681	84,779	13,072	108,166	313,789	444,844	\$,244,283
INDIRECT COST AMOUNT	280,786	67,862	3,364	18,172	23,815	524,686	39,739	10,510	1,541	1,804	37,651	53,378	1,083,419
INDIFECT %	12%	12%	2%	12%	13%	12%	£1%	12,5%	12%	2%	12%	12%	11.5%
TOTAL FUNDING USES:	2,620,741	533,384	139,408	170,987	201,124	5,083,986	388,400	95,389	14,613	110,000	351,450	498,223	10,307,863
CBHS MENTAL HEALTH FUNDING SOURCES	対ときなななので	同語言語自然思想	对的方法的问题	推進的研究的	采約 次認能的結果	地理的影响	新常常部の学術が	AND AND AND AND A	STORE STORE	ALC: NO.	STATES AND	MARIE STREETS	·2017年後年初5-11
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SDMG Regular FFP (50%)	995,450	316,550		65,490	80,130	2,409,630	194,200	47,890	7,310		92,050	44,610	4,4 0
ARRA SDMC FFP (11,59)	230,745	73,407		19,816	20,893	358,600	45,018	\$1,056	1,694		21,344	10,341	B92,912
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STATE REVENUES - click below											[
Family Mosaic Capitalad Medi-Cal	65,528			i									55,528
EPSOT State Match	146,960	211,507		57,132	60,231	1,610,255	129,754	31,874	4,678		61,526		
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MHSA						264,318						0	264,318
MHSA Follover												309,000	309,000
CTF Fund (Cremity Tx Facility)			139,466					******					139,406
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HSA (Human Svos Agency)			· [B,548	9,013	240,303	19,420	¥					277,965
HSA (Human Sves Agency)										110,000			110,000
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REALIONMENT FUNDS	501,412					l					9,208	1	<i>σ</i> fι.
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COUNTY GENERAL FUND	540,748	31,670			20,857		I	4,769	731	· 0	167,292	4,461	770,526
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CBHS SUBSTANCE ABUSE FUNDING SOURCES	ST ADDRESS FOR MARK	目的語言或認知	Server and the server of the	國後國際保護	NAME OF COMPANY	なる影響を設定部			THE SHORE SHORE	CARACTER STATE	ISSUED BOOK	AND HALL MARKED	NAMES & CONSIGNATION OF CONSIGNATICON OF CONSIGNATICON OF CONSIGNATICON OF CONSIGNATICON OF CO
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Prepared by/Phone #: Janel Briggs (510) 317	-1444 ext.240												

FISCAL YEAR LEGAL ENTITY NAME: PROVIDER NAME:	2010/2011			ADDENIDY 4. I	
PROVIDER NAME:	Concer Contor		<u></u>	APPENIDX #: 1	
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REPORTING UNIT NAME::	CTF SF	CTF SF	CTF SF		, 10/2030
REPORTING UNIT:	89892	89890P	89890P		
MODE OF SVCS / SERVICE FUNCTION CODE	10/85-89	15/10-59	15/60-69		
SÉRVICE DEBORIPTION	Day Tx intensive Full day	MH Svcs	Medication Support		TOTAL
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FUNDING USES;					
SALARIES & EMPLOYEE BENEFITS	670.823	1,166,148	122,946		1,979,917
OPERATING EXPENSE	121,986	215,695	22,357		360,038
CAPITAL OUTLAY (COST \$6,000 AND OVER)		·			0
SUBTOTAL DIRECT COSTS		1,401,843	145,303	0	2,339,955
INDIRECT COST AMOUNT		156,215 4 1,570,059	17,436		280,786
TOTAL FUNDING USES:			162,739 Silisii (1974 - 553	0 Received and the state	2,620,741
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SDMC Regular FFP (50%)	309,490	521,537	64,423		995,450
ARRA SOMC FTP (11.59)	71,740	144,072	14,933		230,745
STATE REVENUES - click below	t				
CTF Fund (Cinmity Tx Facility)					
EPSOT State Match	36,365	100,206	10,387		146,950
Family Mosaic Capitated Medi-Cal	66,528				65,528
MHSA					
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MHSA WORK DRDERS - click below	<u> </u>				
Juvenile Probation	38,900		·		38,900
HSA (Human Svcs Agency)	1				
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COUNTY GENERAL FUND	165026	340,433.53	35,286		540,746
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COUNTY GENERAL FUND		1			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	885,396	1,572,866	14四月末年月162,979	14月1月1月1日	黑河东 12,620,74 1
NON-DPH REVENUES - click below	+	ł	+	<u> </u>	
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TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE LANTS OF TIME	22 5) 280.01 () 280.01	410,53	9 28,344		

DPH 2: Department of Put Heat	2010/2011	APPENIDX #:	B-2	
LEGAL ENTITY NAME:	Seneca Center	PROVIDER #;		
PROVIDER NAME:	Seneca Center			B/16/2D
REPORTING UNIT NAME .:	TBS SF			
REPORTING UNIT:	36CQ5			
MODE OF SVCS / SERVICE FUNCTION CODE	15/58			
SERVICE DESCRIPTION	TBS			ΤC
STAR STAR STAR STAR STAR STAR STAR	7/1710-6/30/11	Wei <u>rleit P</u> ari	<u>ran hand</u> eke	
FUNDING USES:				
SALARIES & EMPLOYEE BENEFITS	534,450	·····		
OPERATING EXPENSE	31,052			
CAPITAL OUTLAY (COST \$5,000 AND OVER)				
SUBTOTAL DIRECT COSTS	565,502	·····		
NDIRECT COST AMOUNT	67,862			
TOTAL FUNDING USES:	633,364			
CBHSIMENTAL HEALTH FUNDING SOURCES 计注意分词的指示的	1999 757 60 80 80 80 80		- WEIGHT BERNER	36.258
FEDERAL REVENUES - click below		······································		
SDMC Regular FFP (50%)	316,680			
ARRA SDMC FFP (11.59)	73,407	······	·	
	- //	·		
STATE REVENUES - click below				
EPSDT State Match	211,607			
Family Mosaic Capitated Medi-Cal	· · · · · · · · · · · · · · · · · · ·			
CTF Fund (Cminity Tx Facility)	······			
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REALIGNMENT FUNDS				
COUNTY GENERAL FUND	31,670			
COUNTY GENERAL FUND	633,364			-
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COUNTY GENERAL FUND TOTAL CBHS WENTAL HEALTH FÜNDING SOURCES 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 SRD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down COUNTY GENERAL FUND TOTAL COBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL OPH REVENUES - click below TOTAL OPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL SUBSTANCE - Click below CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE	633,264			
COUNTY GENERAL FUND TOTAL CBIS MENTAL HEALTH FÜNDING SOURCES TOBHS 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 SRD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down SRD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down COUNTY GENERAL FUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL OPH REVENUES - click below TOTAL OPH REVENUES - click below TOTAL OPH REVENUES - click below TOTAL SUBSTANCE ABUSE FUNDING SOURCES TOTAL OPH REVENUES - click below TOTAL SUBSTANCE ABUSE FUNDING SOURCES TOTAL OPH REVENUES - click below TOTAL SUBSTANCE SUBSTANCE - CLICK DEIOW TOTAL SUBSTANCE - CLICK DEIOW TOTAL OPH REVENUES - click below TOTAL SUBSTANCE - CLICK DEIOW TOTAL SUBSTANCE - CLICK DEIOW	633,264 			

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DPH 2: Department of Pu	فيداحه ويبريه ومبطول البناغ ومناهمه والمتكر	APPENIDX #:		
LEGAL ENTITY NAME		PROVIDER #:		
PROVIDER NAME				8/16/2010
REPORTING UNIT NAME:	CTF SF	1		
REPORTING UNIT	8989OP			
MODE OF SVCS / SEAVICE FUNCTION CODE				
SERVICE DESCRIPTION	, State Supplement			TOTAL
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FUNDING USES:				
SALARIES & EMPLOYEE BENEFITS	3 136,042			136,0
OPERATING EXPENSE				
CAPITAL CUTLAY (COST \$5,000 AND OVER	***************************************			
SUBTOTAL DIRECT COST				136,0
INDIFIECT COST AMOUN				3,3
TOTAL FUNDING USES		C.	and the state of t	139,4
CBHSMENTAL HEALTH FUNDING SOURCES	e doctrigozooti i foregalaria		THE PROPERTY OF	
FEDERAL REVENUES - click below				
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ARRA SDMC FFP (11.59)	1	<u> </u>		•
STATE REVENUES - click below	1	l		
EPSDY State Match				
Family Mosaic Capitated Medi-Cal	1			
CTF Fund (Cmmty Tx Facility)	139,406		*****	139,40
GRANTS - click below CFDA #:				
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COUNTY GENERAL FUND TOTAL-CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL-DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST:	139,400 189,400 189,400			189,4
COUNTY GENERAL FUND TOTAL OPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL REVENUES (OPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVIC	2 139,400 140,400 140,			289,4 20 20 20 20 20 20 20 20 20 20 20 20 20
COUNTY GENERAL FUND TOTAL OPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL REVENUES (OPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVIC UNITS OF TIM	2 139,4000 139,4000000000000000000000000000000000000			189,4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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DPH 2: Departme. Jf Publ FISCAL YEAR:	2010/2011	ost nepon	ung/Data C	onection ((APPENIDX #: 1	3-4		
LEGAL ENTITY NAME:	Seneca Center	· · · · · · · · · · · · · · · · · · ·	·····		PROVIDER #: 3			
PROVIDER NAME: S								
	MTFC	MTFC	MTFC	MTFC	1			
REPORTING UNIT NAME .:	Placements	Placements	Placements	Placements				
REPORTING UNIT:	38CQ6	38005	36006	36006				
MODE OF SVGS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79 Crisis Intervention-	15/60-69	· · · · · · · · · · · · · · · · · · ·			
SERVICE DESCRIPTION	Case Mgr Brokerage	MH Svcs	OP	Med Support		TOTAL		
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	7/110-6/30/11	.0//1140-6/80/1329	行行的6/30/19	·····································	Contraction and the second	eeliet et en en de die en t		
FUNDING USES: SALARIES & EMPLOYEE GENEFITS	17,8B4	122,449	1,376	1,376		143,065		
OPERATING EXPENSE	1,016	8,557	78			9,729		
CAPITAL OUTLAY (COST \$5,000 AND OVER)						0,1-2		
SUBTOTAL DIRECT COSTS	18,900	131,807	1,454	1,454	0	152,815		
INDIRECT COST AMOUNT	2,217	15,614	171	171		18,172		
TOTAL FUNDING USES:	21,117	146,620	1,625	1,625	0	170,987		
CBHS MENTAL HEALTH FUNDING SOURCES	自然可能的问题	影響等影響影響	國政策和目的的認識	他的问题问题是学习	服抑的影响的自由			
FEDERAL REVENUES - click below								
SDMC Regular FFP (50%)	11,114	72,668	855	855		85,490		
ARRA SDMC FFP (11.59)	2,575	16,845	198	198	- ,	19,817		
STATE REVENUES - click below						<u>.</u>		
						<u> </u>		
EPSDT Slate Match	7,427	48,560	572	572		57,131		
Femily Mosaic Cepitated Medi-Cal GRANTS - click bolow CFDA #:			····			····		
GRANTS - click bolow CFDA #:			<u> </u>	<u> </u>	·			
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PRIOR YEAR ROLL OVER + click below		†	<u> </u>	1		·····		
		<u> </u>	t	1		•		
WORK ORDERS - click below			1	1		•		
HSA (Human Svcs Agency)		8,549	>			8,549		
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REALIGNMENT FUNDS		<u> </u>	<u> </u>	. <u> </u>				
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FEDERAL REVENUES - click below			·					
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STATE REVENUES - click below		+						
GRANTS/PROJECTS - click below CFDA #:		+			<u> </u>			
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WORK ORDERS - click below		1	/ /	1	1			
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SRD PARTY PAYOR REVENUES - click below								
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COUNTY GENERAL FUND		ollow		1.0.00000000000000000000000000000000000		· ·		
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TOTAL DPH REVENUES			1	-t	<u> </u>	ļ		
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NON-DPH REVENUES - click below						<u>+</u>		
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES		(·	7 1940-09 1999-044 5-44			
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH:AND NON-DPH)		5 (1997)	· ·	5 0/625	Neterskou (* 1949)			
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH:AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST:		146;620	" 空影研究和1621	51 Wile 1976 1975	1 362 256245575			
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH:AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX							
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE UNITS OF TIME ⁴	10,155	54,711) 405	7 326				
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH:AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SRVICE' UNITS OF TIME ² UNITS OF TIME ² COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	10,155 2.04	3 54,710 3 2.61	0 403 8 3.04	7 <u>326</u> 9 4.96	0.00	65,69		
NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE UNITS OF TIME ⁴	10,15 2,08 2,08	3 54,710 3 2.61	0 403 8 3.04	7 <u>326</u> 9 4.96	0.00	65,69		

DPH 2: Departme of Public Heath Cost Reporting/Data Collection (CRDC)

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DPH 2: Depaire	FISCAL YEAR:		n nepulan	J/Dala Gua		APPENIDX #: B	.5
	LEGAL ENTITY NAME:			······································		PROVIDER #: 3	
	PROVIDER NAME:	Seneca Center				B/	16/2010
6 5	PORTING UNIT NAME .:	ST Consections	ST Connections	ST Connections	ST Connectione		
	REPORTING UNIT:	38003	38CQ3	38CQ3	38003		
MODE OF SVCS / SEF	VICE FUNCTION CODE	15/01-08	15/10-59	15/70-79	15/60-69		
		Case Mgi		Crisis Intervention-			
فالأكال وتوجونها السواميين وأشائل بجابا كيكك التعميسية الكووجرا بستناصيب ويبتبتها وتوريها	SERVICE DESCRIPTION	Brokerage	MH Sycs	ÖP	Med Support		TOTAL
。1997年1月1日1月1日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	BHS FUNDING TERM	出7/4/10-6/30/14 美	27/1/10-6/30/114	7/1/10-6/30/11	27/1/10-6/30/mV	al and the second s	新闻的问题
FUNDING USES;		15,702	115,263	5,149	2,748		100.000
SALAHES 8	OPERATING EXPENSE	4,494	4	¢	2,748		139,862 37,447
CAPITAL OUTLAN	(COST \$5,000 AND OVER)						0
SUE	TOTAL DIRECT COSTS	20,196	145,670	7,909	3,534	Ó	177,309
IN	DIRECT COST AMOUNT	2,658	19,336	1,119	500		23,815
	TOTAL FUNDING USES:	23,063	165,008	9,028	4,034	0	201,124
CENSIMENTAL HEALTH FUNDING SOURCES		et an a chairte an			THE STREET	NORCHEROPART	如何通信无序的问题
FEDERAL REVENUES - click below		10,816	73,36	6 4,236	1,893		90,130
SDMC Regular FFP (50%) ARRA SDMC FFP (11.59)		2,507	10,965		439		20,693
STATE REVENUES - click below		2.,	10,000	1			20,040
EPSDT State Malch		7.228	48,90	8 2,631	1,265		60,231
Family Moselc Cepitated Medi-Cal		Į	l	<u> </u>			
CTF Fund (Cmmly Tx Facility)		 		<u> </u>	<u> </u>		<u>·</u> [
GRANTS - click below	CFDA #;	<u> </u>			<u> </u>		
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PRIOR YEAR ROLL OVER - click below							+
			4				•
WORK ORDERS - click below							-
HSA (Human Svcs Agency)		+	9,01	3			9,013
Please enter other here if not in bull down 3RD PARTY PAYOR REVENUES - click below	<u></u>	+			+		-
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REALIGNMENT FUNDS							-
COUNTY GENERAL FUND	• • • • • • • • • • • • • • • • • • •	2.50				and the second s	20,857
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NON-DPH REVENUES - click below	and a second		- Constant of the Party of the	In end of the second	Contraction of the local diversion of the loc	A CRASCO WAS PROVIDED AND A	
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TOTAL REVENUES (DPH AND NON-DPH)		行 心深的深端23.0	54	08	8 4,03	4 进始到海豚市共同	201,122
CBHS UNITS OF SVCS/TIME AND UN	**************************************					_	
	UNITS OF SERVIC		00				<u> </u>
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COST PER UNIT-OPH BAT				.68 3.6			*******
PUBLISHED RATE (ME							1
	UNDUPLICATED CLIEN		60	60	60	60	1

FISCAL	EAR:	R: 2010/2011 APPENIDX #; B-6					
. LEGAL ENTITY N	IAME:	Seneca Center			PROVIDER #:	38CQ	
PROVIDER N	AME:	Seneca Center					B/16/2010
Reporting Unit N	AME::	LT Connections	LT Connections	LT Connections	LT Connections	LT Connections - MHSA	
REPORTING		38CQ4	38CQ4	38CQ4	38CO4	38CO4	
MODE OF SVCS / SERVICE FUNCTION (CODE	15/01-09 Case Mgl	15/10-59	15/70-79 Crisis Intervention-	15/60-69	60/72 Flexible Support	
SERVICE DESCRIP		Brokerage	MH Svcs	OP	Med Support	Expenditure	TOTAL
Carling Constant Const	ERM:	27/1/10-6/30/112	37/1/10-6/30/41号	习/1/10-6/30/11章	7/1/10-6/30/11	\$7/17/10-6/30/11	ka se
FUNDING USES:			\$ 450 000	105 5 10	70.05	001 700	
SALARIES & EMPLOYEE BEN OPERATING EXP		508,658	3,130,203 327,522	195,549 20,461	78,254	221,732 15,500	4,134,397 424,893
CAPITAL OUTLAY (COST \$5,000 AND		JO,EEL	521,322	20,401	6,100	000,61	424,033
SUBTOTAL DIRECT C		561,880	3,457,725	216,010	86,442	237,232	4,559,290
INDIRECT COST AM		64,691	398,097	24,870	9,952	27,086	524,696
TOTAL FUNDING		626,571	3,855,822	240,880	96,395	264,318	5,083,986
CEHSIMENTAL HEALTH FUNDING SOURCES						104010 1010033000(#863*4	and the second s
FEDERAL REVENUES - click below	~~~~						
SDMC Regular FFP (50%)		313,285	1,927,908	120,440	48,187		2,409,830
ARRA SDMC FFP (11.59)		72620	446,890	27,918	11,172		558,600
STATE REVENUES - click below			L				
		L		L			
EPSDT State Match		209,338	1,288,233	B0,478	32,206	ļ	1,610,255
Family Mosaic Capitated Medi-Cat		<u></u>	L	 	ļ	ļ	
MHSA		ļ	<u> </u>	<u> </u>	<u></u>	264,318	264,318
GRANTS - click below CFD	A #;	ļ		<u> </u>	[•
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		ļ	ļ	·	<u> </u>		·
Please enter other here If not in pull down			ļ	1	<u></u>	ļ	•
PRIOR YEAR ROLL OVER - click below		ļ		·			· .
			ļ				
WORK ORDERS - click below							
HSA (Human Svcs Agency)		31,325	192,791	12,044	4,819	} 	240.983
HSA (Human Svos Agency)			<u> </u>	<u> </u>	<u> </u>	<u> </u>	
Please enter other here it not in pull down			<u> </u>		<u> </u>	<u> </u>	
3RD PARTY PAYOR REVENUES - click below		+	1	+	+		
Please enter other here if not in pull down		<u> -</u>	+	+		+	
REALIGNMENT FUNDS		<u> </u>			+	<u> </u>	
COUNTY GENERAL FUND		· · · · · · · · · · · · · · · · · · ·	1		+	 	
TOTAL CONSIMENTAL HEALTHFUNDING SOURCES							
CBHS SUBSTANCE ABUSE FUNDING SOURCES	ie ie	No. of the Local Division of the Local Divis	影响影响影响明白		FURNING STREET	國際的政治的目的	使的理论和关键
FEDERAL REVENUES - click below		+	+				
STATE REVENUES - click below							
GRANTS/PROJECTS - click below CFDA	#:		<u> </u>		+		· · ·
		<u> </u>		<u> </u>			<u> </u>
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		<u> </u>	+		<u> </u>	<u> </u>	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURC	:ES:						
TOTAL DPH REVENUES		626,57	2 3,855,82	2 240,88	0 0000000000000000000000000000000000000	4 完全结关 264,311	5,083,986
NON-DPH REVENUES - click below							
TOTAL NON-DPH REVENUES			~1	0	0		0
TOTAL REVENUES (DPH AND NON-DPH)		······································	3,855,82	240,88() 1490-196,394	·王公(1)264,318	5,083,986
CBHS UNITS OF SVCS/TIME AND UNIT CO			<u></u>				
UNITS OF SE			1,438.740	60,371	1,662		and the second
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVE	INUES	2.08	2,68	3 3.99) 5B.00	145.00	
COST PER UNITDPH RATE (DPH REVENUES PUBLISHED RATE (MEDI-CAL PROVIDERS			3 2.61	3.99	58.00	145.00	1
UNDUPLICATED C			12	20 12	0 120	12	<u>ا</u>

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

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'Units of Service: Days, Client Day, Full Day/Half-Day

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

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DPH 2: Department of Public Heath Cost Reporting/Data Columniation (CRDC)					
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LEGAL ENTRY NAME:			PROVIDER #: 3		
PROVIDER NAME:	LT Connections	LT Connections	LT Connections	LT Connections	16/2010
REPORTING UNIT NAME .:	Probation	Probation	Probation	Probation	· •
REPORTING UNIT:	38CQ4	38CQ4	38004	3BCQ4	
MODE OF SVCS / SERVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69	
SERVICE DESCRIPTION	Case Mgt Brokerage	MH SVCs	Crisic Intervention-OP	Medication support	TOTAL
NAME AND THE PROPERTY OF THE PUNDING TERM	**************************************			With His Based His Ale	nukitarintari
PUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	39,199	241,218	15,076	6,030	301,522
OPERATING EXPENSE	6,128	37,711	2,357	943	47,139
CAPITAL OUTLAY (COST \$5.000 AND OVER)			·		0
SUBTOTAL DIRECT COSTS	45,327	278,829	17,433	6,972	34B,661
INDIRECT COST AMOUNT	5,166	31,791	1,987	795	39,739
TOTAL FUNDING USES:	50,493	310,720	18,420	7,767	368,400
CBHSMENTAL HEALTH FUNDING SOURCES	2021年4月1日日日日 日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	相關國際國際			
FEDERAL REVENUES - click below					
SDMC Regular FFP (60%)	25.247	155,360	9,710	3,884	794,200
ARRA SDMC FFP (11.59)	5,852	36,013	2,251	900	45,016
STATE REVENUES - click below					Ď
EPSDT State Malch	18,870	103.811	6,488	2,595	129,764
Family Mosaic Capitated Medi-Cal					0
GRANTS - click below CFDA #:					0
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Please enter other here if not in pull down					0
PRIOR YEAR ROLL OVER - click below	•				0
					. 0
WORK ORDERS - click below	1				. 0
HSA (Human Svos Agency)	2,525	15,595	971	386	19,420
Please enter other hare if not in put down					0
TRD PARTY PAYOR REVENUES - click bolow	<u> </u>				0
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REALIGNMENT FUNDS					0
COUNTY GENERAL FUND	•				0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS/BUBSTANCE/ABUSE/FUNDING SOURCES		和海洋的产品的同时	10%。25%。16%。26%。26%	运行的。 第三个时间	的法律部署的
FEDERAL REVENUES - click below					<u>_</u>
		<u> </u>	<u></u>		
STATE REVENUES - click below				ļ	
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GRANTS/PROJECTS - click below CFDA #:		<u> </u>	l	Ì	
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3RD PARTY PAYOR REVENUES - click below			•	<u> </u>	<u> </u>
The second se			+	+	<u> </u>
Please enter other here if not in pull down			+	+	<u> </u>
COUNTY GENERAL FUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	(in the second	in another and the second states	and a star and a star and a star and a star a st	i Thereitory and the second s	and the second
TOTAL DPH REVENUES					
	an distant and a state of the		24. P.S. rolling Rate & Change & Later	1. 1. 2. 47 10 10 10 10 10 10 10 10 10 10 10 10 10	
NON-DPH REVENUES - click below				+	<u> </u>
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TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)	AN CALLING BE WANNED	al (monthe-last to-last		antanni lizenieriku 2	- and and a line and a line
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CBHS UNITS OF SVCS/TIME AND UNIT COST:					+
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COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE		····			
COST PER UNIT-DPH RATE (DPH REVENUES ONL		2.6	38 3.99	4.96	+
PUBLISHED RATE (MEDI-CAL PROVIDERS ONL			20 12		
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¹Units of Service: Days, Client Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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FIGORE I BARI	2010/2011	APPENIDX #:	B8
LEGAL ENTITY NAME:	Seneca Cemer	PROVIDER #	6980
PROVIDER NAME:			B/16/2010
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	San Leandro		
REPORTING UNIT NAME:	Day Treatment		
REPORTING UNIT:	89802		
MODE OF SVCE / SERVICE FUNCTION CODE	10/85-89		
	Day Tx Intensive		
SERVICE DESCRIPTION	Full day		TOTAL
CBNS FUNDING TERM	17/11/10:6/30/11	the state of the second states	美国的东京和 1999年1993年1993年1993年1993年1993年1993年1993
UNDING USES:			
SALARIES & EMPLOYEE BENEFITS	61.079		81,079
OPERATING EXPENSE	3.700		\$,700
CAPITAL OUTLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS	84,779		84,779
INDIRECT COST AMOUNT	10,610		10,610
TOTAL FUNDING USES:	95,389		95,389
BHEMENTAL HEALTH FUNDING BOURCES	THE WORLD	ANY OF MALERY	BRANKSERSKA VAREN
EDERAL REVENUES - click below			
DMC Regular FFP (50%)	47,690		47,890
RRA SOMC FFP (11.59)	11,056		11.056
TATE REVENUES - click below			0
PSDT State Match	31.674		31,674
anity Mosaic Capitated Medi-Cel			~
HISA			0
MANTS - Click below CFDA #:			
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RIOR VEAR ROLL OVER « click below			0
MISA			0
YORK ORDERS - click below			0
ouniy Work Order Fund			0
ISA (Human Svos Agency)			<u>ں</u> ·
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RD PARTY PAYOR REVENUES - click below			Ć
lease enter other here if not in pull down			0.
EALIGNMENT FUNDS	4 775		4,789
COUNTY GENERAL FUND	4,769	artesandets in tellariandi	
OTAL CBHS MENTAL HEALTH FUNDING SOURCES 將岸談	The second se	ويتصد المتعرب المتعد المتعرب الم	
CBHS SUBSTANCE ABUSE FUNDING SOURCES	The second second	的论语并如此言言是是	細胞和正常時的時代的意識的
EDERAL REVENUES - click below			<u> </u>
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TATE REVENUES - click below	,		· · · · · · · · · · · · · · · · · · ·
RANTS/PROJECTS - click below CFDA #:			
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RD PARTY PAYOR REVENUES + click below			
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OUNTY GENERAL FUND	Martin 22 M	网络新闻的空间和高声	
OUNTY GENERAL FUND DTAL/CBHS/SUBSTANCE/ABUSE/FUNDING SOURCES #			And the second sec
OUNTY GENERAL FUND OTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES T TOTAL DPH REVENUES			And the second sec
OUNTY GENERAL FUND OTAL CENES SUBSTANCE ABUSE FUNDING SOURCES T TOTAL DPH REVENUES			And the second s
OUNTY GENERAL FUND DTAL/CBH5/SUBSTANCE48BUSE/FUNDING SOURCES TOTAL/DPH REVENUES ION-DPH REVENUES - click below	\$\$\$\$ \$\$ \$\$\$\$\$		And the second s
OUNTY GENERAL FUND DTAL'CBHE SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES ION-DPH REVENUES - click below DTAL NON-DPH REVENUES	95,480 0		21992(9722999 95,389
OUNTY GENERAL FUND DTAL CBHE SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES ION-DPH REVENUES - click below OTAL NON-DPH REVENUES OTAL REVENUES (DPH AND NON-DPH)	95,480 0		29999999999999999999999999999999999999
COUNTY GENERAL FUND COTAL-CBHE SUBSTANCE ABUSE FUNDING SOURCES TOTAL-DPH REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES COTAL-REVENUES (DPH/AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST:	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		29999999999999999999999999999999999999
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COUNTY GENERAL FUND TOTAL COME SUBSTANCE ABUSE FUNDING SOURCES TOTAL COME SUBSTANCE ABUSE FUNDING SOURCES TOTAL OPH REVENUES TOTAL NON-DPH REVENUES TOTAL THEVENUES (DPH AND NON-DPH) COMESSION OF SVCS/TIME AND UNIT COST: UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE UNITS OF TIME COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES	0 537 177.65		29999999999999999999999999999999999999
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FISCAL YEAR:	2010/2011	APPENIDX #: 89				
LEGAL ENTITY NAME:	Seneca Center	PROVIDER #: 3BCA				
PROVIDER NAME:	Seneca Center		8	16/2010		
		Oak Grove Day				
REPORTING UNIT NAME:		Treatment 38CA2				
REPORTING UNIT: MODE OF SVCS / SERVICE FUNCTION CODE		10/85-89				
		Day Tx Imensive Fuli day		TOTAL		
SUPPORT SHOW THE SECOND CONSTRAINED BIS FUNDING TERMIN	aliter and and	7/1/10 8/20/15	eren en en e	allow Harris		
UNDING USES:	من من من من المن من م	1				
SALARIES & EMPLOYEE BENEFITS		12.772		12,77		
OPERATING EXPENSE		300		30		
CAPITAL OUTLAY (DOST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS		13,072		13,07		
INDIRECT COST AMOUNT		1,541		1,54		
TOTAL FUNDING USES:	askinatesta	14,610	diane and a	14,61		
EDERAL REVENUES - click below	1	1.000 ale	······			
OMC Regular FFP (50%)	·····	7,310	+	7,51		
BRA SDMC PFP (11.59)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,694		1,65		
TATE REVENUES - CACE below			1	·····		
PSDT State Match		4,878		4,8		
amily Mosaic Capitaled Medi-Cal						
HSA	<u> </u>					
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RIGR YEAR ROLL OVER - click below	ļ					
1HSA	<u> </u>	4				
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RD PARTY PAYOR REVENUES - click below	+			······		
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COUNTY GENERAL FUND		731		7		
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CBHS SUBSTANCE ABUSE FUNDING SOURCES	增加自动的社会	山的兴趣或加强的	的形式和建立	化活动输送的影		
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NORK ORDERS - click below	4					
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IRD PARTY PAYOR REVENUES - click below	<u>+</u>		<u> </u>	<u> </u>		
Support optor whor hore is not in suit down	+					
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	i rizzeriendatari	A CARLES AND AND A CARLES	CARLO HAR HER DE	北京市市市市市市市		
TOTAL DPH REVENUES				1201 Hall		
NON-DPH REVENUES - click below	1					
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TOTAL NON-DPH REVENUES	1	. (1			
TOTAL REVENUES (DPH AND NON-DPH)		14018	Market Contract	A. C. Statistics		
CBHS UNITS OF SVCS/TIME AND UNIT COST:				1		
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UNITS OF SETVICE			1	1		
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UNITS OF TIME		214.90	1			
	5)	214.90				
UNITS OF TIME COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES	a) 0	···				

FISCAL YEAR:				APPENIDX #: 1	
LEGAL ENTITY NAME:		·····		PROVIDER #:	
PROVIDER NAME:	Seneca Center	·	Parent Training		116/2010
REPORTING UNIT NAME			institute	(
REPORTING UNIT:			3800771		
MODE OF SVCS / SERVICE FUNCTION CODE			60/78		
			Flexible Suppor		****
			Expenditure (Cost		
SERVICE DESCRIPTION		4	Rembursement)		TOTAL
CBHS'FUNDING TERM		· ·	77/1/10-6/30/11 **		** * . *** **
UNDING USES:					
SALARIES & EMPLOYEE BENEFITS		1	107,596		107,59
OPERATING EXPENSE			600		6(
CAPITAL OUTLAY (COST \$5,000 AND OVER)					······
SUBTOTAL DIRECT COSTS			108,196		108,11
INDIRECT COST AMOUNT			1,804		1,B
TOTAL FUNDING USES:			110,000		110.0
CBHS MENTAL HEALTH FUNDING SOURCES		•			ني · ·
EDERAL REVENUES - click below					
iDMC Aegula: FFP (50%)					
RRA SDMC FTP (11.59)					
ITATE REVENUES . click below		1			
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amily Mosaic Capitated Medi-Cal					······································
/HSA					
SRANTS - click below CFDA #:					
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Country Work Order Fund					
ISA (Human Svcs Agency)	·		110,000		110.00
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RD PARTY PAYOR REVENUES - click below					•
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COUNTY GENERAL FUND				·····	N. H. HAR
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	the second s		希望7%。在 7110,000 1		1061287831030
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STATE REVENUES - click below	· · · · ·	[
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Please enter other nere if not in pull down SRD PARTY PAYOR REVENUES - click below Please enter other nere if not in pull down COUNTY GENERAL FUND					
Please enter other nere if not in pull down IRD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down COUNTY GENERAL FUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES.					
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Please enter other nere if not in pull down BRD PARTY PAYOR REVENUES - citck below Please enter other nere if not in pull down COUNTY GENERAL FUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES.					
Please enter other nere if not in pull down SRD PARTY PAYOR REVENUES - click below Please enter other nere if not in pull down COUNTY GENERAL FUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES - click below			\\~~.+;;;;;;;;;;;;110,000	ingereinen son son son son son son son son son so	
Please enter other here if not in pull down SRD PARTY PAYOR REVENUES - click below Please enter other here it not in pull down COUNTY GENERAL FUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL CBHS REVENUES NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES	in the second	nai soundaiste	1.5.7.9.2000 	interest (system,);	2006/22007 410, 0
Please enter other here if not in pull down IRD PARTY PAYOR REVENUES - click below Please enter other here it not in pull down COUNTY GENERAL PUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)	in the second	nai soundaiste	1.5.7.9.2000 	ingereinen son son son son son son son son son so	2006/22007 410, 0
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Please enter other here if not in pull down IRD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down COUNTY GENERAL PUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES. TOTAL DPH REVENUES TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE	10-11-20-20-00-00-00 	nai soundaiste	1.5.7.9.2000 	ngaadayseen, g Noonseen ang	Niekowie (10)
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Please enter other here if not in pull down IRD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down COUNTY GENERAL PUND TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DPH REVENUES he compared to the second NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DPH AND NON-DPH)	10 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	nai soundaiste	0 0 110,000	ngaadayseen, g Noonseen ang	Niekowie (10)

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• 'Units of Service: Days, Client Day, Full Day/Hall-Day 'Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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DPH 2: De	ment of Public Heath Cost Reporting/Data Col
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ion (CRDC)

DPH 2:	يسي خبيسي		olic Heath (Cost Repor	rting/Data	Col ion	(CRDC)		
······································	ISCAL YEAR:				······································			APPENIDX #:	the second s
		Seneca Center				·····		PROVIDER #:	
PHO REPORTING		Seneca Center	MST	MST	MST	MST	MST		8/16/2010
BEFORING							Cost		
REPC	RTING UNIT;		36HDOP	38HDOF	38HD:0P	36HDOP	Remounsement		
MODE OF SVCS / SERVICE FUN	CTION CODE		15/01-09	15/10-59	15/60-69	15/70-79	80/72		
				mental beatth	Medication		Flexible Support		
SERVICED	ESCRIPTION		Case management	Services	Bupport	Crisis Services	Expensione		TOTAL
CBHSEUN	DING TERM:	al constants	7/1/10-0/30/11	7/1/10-6/30/11	171/10-8/30/115	7/1/10-5/30/11	7/1/10-8/30/11		
Funding Uses:	·~								
SALARIES & EMPLOY			15,112	104.986	4.607	808.8	324.253		254,846
······································	NG EXPENSE		3,925	27,262	1,249	1,508	24.971		66,854
CAPITAL OUTLAY (COST 55,	·····		18,037	132,228	6,056	7,314	149,164		313,799
SUBTOTAL DE	DST AMOUNT		2,256	16,663	718	867	10.120		37,655
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OBHS MENTAL HEALTH FUNDING SOURDES		· · · · · · · · · · · · · · · · · · ·	STREES CAR	17.1.20 AV4 454		ALLO DE CRECCES	the second s		Sector Content and
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SDMC Regular FFP (50%)			10,645	72,955	3,387	4,091			Ø2,080
ARRA EDMC FFP (11.59)			2,468	17,143	785	948			21,344
STATE REVENUES · click bolow			L						
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EPSOT Stelle Match			7.115	49,415	2,283	2.733	.		67,526
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REALIGNMENT FUNDS		+	1,065	2,391	334	401	2		\$,208
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¹Units of Service: Days, Client Day. Full Day/Hall-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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FISCAL YEA	R: 2010/2011			APPENIDX #:	B-12
LEGAL ENTITY NAM	E: Seneca Center			PROVIDER #:	38HD
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REPORTING UNIT NAM	2::	MHSA Pace	MHSA Pace	MHSA Pace	
REPORTING UN		38HD2	38HD2	38HD2	· · · · ·
NODE OF SVCS / SERVICE FUNCTION COL		60/72	60/72	60/72	
SERVICE DESCRIPTIC		Flexible Support Expenditure (cost rembursement	Flexible Support Expenditure (cost reinbursement	Fiexible Suppon Expenditure	TOTAL.
SCHOOL STORE ST	d Rebuilding		1.7/1/10-6/30/11	****	Server Street State
UNDING USES:					
SALARIES & EMPLOYEE BENEFT	rs	236,701	76,355	68,720	381,1
OPERATING EXPEN		39,191	12,931	10,946	63,
CAPITAL OUTLAY (COST \$5,000 AND OVE					
SUBTOTAL DIRECT COS		275,692	89,266	79,666	444.
INDIRECT COST AMOU		33.108	10,714	9,560	53,
TOTAL FUNDING USE		309.000	100,000	\$2,225	498.
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ounty Work Order Fund		T			
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¹Units of Service: Days, Cilent Day, Full Day/Half-Day ²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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APPENDIX #: B-1 Page 1 Document Date: 08/16/10

Provider Number: Provider Name:

8989 Seneca Center - CTF Unit SF

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		TOTAL		al Fund & Other Revenue		RANT #1: Supplement	. GR	ANT #2:	WORK O	RDER #1: DHS	ORDER #	2: DJP
		Proposed		Proposed		roposed		oposed		oposed	1	roposed
		: 7/1/10-6/30/11		ransaction : 7/1/10-6/30/11	Term:	insaction	Term:	nsaction	Term:	insaction		ansaction 7/1/10-6/30/11
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
CTF Division Director	0,30	39,375	0.29	38,063							0.01	1,313
San Francisco Program Director	0.84	79,380	0.83	78,435							0.01	945
Asst. Director	2.00	132,000	1.97	130,020		•					0.03	1,980
Nurse	1.85	149,912	1.82	147,481							0.03	2,431
Clinician /Therapist	3.75	198,000	3.70	195,360							0.05	2,640
Milieu Supervisor/ Manager	3.82	154,343	3.76	151,919						· .	0.06	2,424
Mental Health Asst./Counselors	19,29	611,054	19.00	601,870							0.29	9,184
Direct Clerical	1.75	58,240	1.73	57,574							0.02	666
Shift Coordinator	2,68	112,515	2.64	110,835							0.04	1,680
									<u></u>			<u> </u>
					<u>.</u>							
TOTALS	36.28	\$1,534,819	35.74	\$1,511,557	0.00	\$0	0.00	\$0	0.00	\$0	0,53	\$23,262
EMPLOYEE FRINGE BENEFITS	29%	\$445,098	29%	\$438,352	29%	\$0	29%	\$0	29%		29%	\$6,746
······································												
				•		•					•	
TOTAL SALARIES & BENEFITS	ſ	\$1,979,917	· [\$1,949,909	[\$0	[\$0	[\$0	[\$30,008
				•								rev. 11/8/2000
DPH #2 (CMHS & CSAS)			•			•.	·					IT. HIGIZOUU

FY10-11 Senaca Appendix B(Revised 9-14-10) xis

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APPENDIX #: B-1 Page 2 Document Date: 08/16/10

Provider Number: 8989

Provider Name:

Seneca Center - CTF Unit SF .

	•	TOTAL.	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1; State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER #2: DJ
•		PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
		TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Calegory		Term: FY2010/11	Term: FY2010/11	Term:	Term:	Term:	Term: FY2010/11
Contract Services						1	
Psychiatric Services		150,000	148,795				. 1,205
Computer and Program Consultant	······.	20,000	19,640	·			360
Total Contract Services		170,000	168,435				1,565
Program Support			·		<u></u>	<u> </u>	<u> </u>
Olfice Supplies		16,987	16,687				300
Telephone		6,000	6,000	·			[
Stall Travel-(Local & Out of Town)		7,000	6,900				100
Staff Tràining		9,000	9,000			•	[
Stalf Recruitment		10,000	9,840		· ·		160
Total Program Support	· ·	48,987	48,427		-		560
Facility and Vehicle Expense				·-		3	
Facility Loase		0					
Jülities		0					
Expendable Equipment	I	8,520	8,520				
Equipment Lease		4,200	3,700		· · · · · · · · · · · · · · · · · · ·		500
Bldg. Mt. and Repair		10,000	10,000	1			
/ehicle Lease/Depreclation		0.	0				
/ehicle Operations		Ö	0				
Total Facilities/Vehicle Expense		22,720	22,220				500
Child and Family Related Expense	<u> </u>					•	
Food	· [0		•			
lousehold Supplies	[1,500	1,500				
herapeutic Supplies	ſ	79,231	77,086				2,145
edications/Personal Supplies	[20,000	20,000	<u>, </u>			
Child Transportation	[6,100	6,100	1			······································
urriculum	ř	0					
Classroom Supplies	T	0					······································
pecial Events	· [11,500	11,500				
amily Support	_ [0		· · · ·			
olal Child and Family Expense	F	118,331	116,186			0	2,145
	ŀ						· · · · · · · · · · · · · · · · · · ·

DPH #3 (CMHS & CSAS)

CBHS Budget Justification

Provider Number: 8989

Provider Name: Seneca Cantar CTF Unit SF Date: 8/16/10

Budget Amount Budget Line fiem Oescription inits: FTE's Selary Tousi Salary 0.30 x \$131,260 ± s \$9,376 CTF Division Director Responsible to program development and oversight of all program services 79,380 San Francisco Program Director Provides organizational tesdership to the operation of the program 6.84 X \$ 94,500 = \$ 102.000 Assistant Director/Administration \$ 00,000 # £ Assist in the losdership of the program and monitore day to day junctioning of the program 2,00 X Responsible and accountable for prescribing, implementing and evaluating the nursing care 1.65 X 6 A1,024 = \$ 148,813 Heren delivered to clients Provide on-going mental health services to cliente, participate in mikey activities and work closely 3 75 X \$ 52.800 = 198.000 Cénician Therapist with other statt to provide clinical Guidance Responsible for maintaining a core milian environment. These staft are available to havde misis o 3,82_X \$ 40.404 E 154.347 Milleu Scioer visor Menager critical incidente that may arise \$ 31.677 = 811.049 Mental Heelth Assistant Frovide services to clients in both the milieu and in the community as well 19.29 X 1,75 X ¥ 33,280 ÷ s 58,240 Dueon Clanced Fravides on going actrinetrative elegent to all staff Otter wad stall nervices, including million and intervening with clients as needed throughout the 112,514 Shill Guordinator 2.66 X · \$ 41.988 = \$ course of a shift \$5.2E \$ 1,534,819 Total Salerias 6.20% Stone Suburity 65 169 22,205 3,697 111,274 6.20% Social Security 1.46% Mediane 6.20% Unemployment Insurance 7.25% Workers' Compensation 12.00% Health Insurance . . 191.652 1.30% other 28.00% Total Employee Fringe Benefit Rate 20,721 445.098 Employee Fringe Banefit Beto 1,279,817 Totel Selecter and Benefits Obstaling Expenses: \$ **8.520** Expendable Environent \$ 8,520 Based on an average of \$710 is mobilit for New equipment 4200 Equipment Rental 10,000 Building Maintenance Fiental of Copier and postage machine Maintenance for office site (approx \$800month) -4200 ŝ **#30** 22,720 Total Occupancy (Facility and Vehicle Expense \$ \$ 150,000 Psychiatric Services \$ 150,000 These costs are for an CTF psychiatest to be available on out as needed but in addition to provide medicelian support, psychietric assessment and evaluation and transment consultation services 20,000 Program Consultation 20,000 . Consultant dosts to labilitate program \$ \$ 2 170,000 Totel Contract Betvices 18,987 Office Supplies, Postage \$ 16.987 Office Supplies and planage for 36.28 staff - 100% (avg of \$500 per staff) ¢ 6.665 Telephone Telephono (avp. \$600 moj s 5 6.000 These costs include net phones, land lines and internet eccess 7,000 Staff Travel S \$ 7,000 Based on prior years openence. Staff havel is reinbursed at the IRS relimbursement rate par mile. Not all staff travel in this program. However on average . 5553 hes been reimbursed per month. 9,000 Stall Training 2 Training costs for 36.26 eraployees - 100% 10.000 Staff Recomment Recruiting Costs for 36.28 employees - 100% \$ 48,997 Total Program Bupport 1,500 Household Supplies \$ \$ 1,800 on Average \$100 month for 15 clients On werease \$5,200 is sport a year percellant and larviy. These costs are associated with individualized communit activities that involve additional \$ 75,201 Therepeulic Supplies \$ 79,231 resources to implement treatment sorvices. These costs may include mention basic neets of families to ensure success, allow for creativity when determining treasment implementation strategies 20,000 Medication and Fersional Supplies 20,000 On svenov \$1333 per user based on 15 nilenia ş 0,100 Child Transponation 6,100 Gased on Monthly Savel costs of \$500 11,500 Special Events \$ \$1,600 Camp costs of \$6(100, prom \$2000 and other outings. 5 118,231 380,038 Joint Operating Costs 2,339,955 Total Direct Costs (Salaries & Benefits and Operating Expenses)

Appendix: E-1, Fage 3

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APPENDIX #: B-2 Page 1 Document Date: 8/16/10

Provider Number: Provider Name: 38CQ Seneca Center - TBS SF

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		TOTAL		AL FUND AND	GR	ANT #1:	GR	RANT #2:		ORDER #1: DHS		ORDER #2: DJP
	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:			oposed nsaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
									ļ			
Asst. Director	0.40	26,000	0.40	26,000					<u> </u>		<u> </u>	
TBS Clinician	3.15 6.50	157,500	<u>3,15</u> 6.50	· 157,500		• .						
TBS Coach		205,842		205,842				······································		l		
Direct Clerical	0.75	24,960	0.75	24,960				<u> </u>				
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TOTALS	10.80	\$414,302	10.80		0.00	\$0	0.00	\$0	0.00	\$0	. 0.00	
IUTALS	10.801		10.60 [\$414,302	0.00 [<u>\$0 [</u>	0.00	<u>20</u>	0.001	20	0.00	\$0
•	-				-		· –		, r			p
EMPLOYEE FRINGE BENEFITS	. 29%	\$120,148	29%	· \$120,148	29%	\$0	29%	\$0	29%	\$O	29%	\$0
TOTAL SALARIES & BENEFITS	· Г	\$534,450	Ŀ	\$534,450	F	\$0	Г	\$0	Ī	\$0		\$0
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DPH #2 (CMHS & CSAS)						· ·				·		rev. 11/8/2000
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FY10-11 Sensce Appendix B(Revised 9-14-10).xis	·											

APPENDIX #: B-2 Page 2 Document Date: 08/16/10

Provider Number: 38CQ **Provider Name:** Seneca Center - TBS SF ÷ GENERAL FUND & WORK ORDER #1: WORK ORDER #2: GRANT #1: TOTAL (Agency-generated) GRANT #2; na DJ₽ State Supplement DHS OTHER REVENUE . PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term; Expenditure Category Term: Term: Term: **Contract Services Psychiatric Services** 0 0 Program Consultation Computer and Program Consultant 0 Program Services(Speech, Trans.) 0 **Total Contract Services** 0 0 Program Support Office Supplies 2,700 2,700 Telephone 7,200 7,200 Staff Travel-(Local & Out of Town) 6,000 6,000 0 Staff Training . 3,341 Staff Recruitment 3,341 Total Program Support 19,241 19,241 **Facility and Vehicle Expense** Facility Lease 0 Utilities 0 1,000 Expendable Equipment 1,000 Equipment Lease 0 1,500 1,500 Bidg, MI, and Repair Vehicle Lease/Depreciation 0 0 Vehicle Operations 0 2,500 Total Facilities/Vehicle Expense 2,500 . Child and Family Related Expense Food 0 **Household Supplies** Ô. 5,311 5,311 Therapeutic Supplies Medications/Personal Supplies 3,000 3,000 Child Transportation 1,000 1,000 Curriculum 0 0 Classroom Supplies Special Events 0 0 Family Support 9,311 Total Child and Family Expense 9,311

\$31,052

\$0

\$0

\$31,052

TOTAL OPERATING EXPENSE

DPH #3 (CMHS & CSAS)

\$0

\$0

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Appendix: B-2, Page 3

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Provider Number: 38CQ Provider Name: Seneca Center TBS - SF Date: 8/16/10

3.15 X \$ 50,000 = \$ 157,500 TBS Clinician To 6.50 X \$ 31,668 = \$ 205,842 TBS Coach To	25,657 6,20% Social Security B.007 1,45% Medicere 1036 0,25% Heady ment leurance 80,037 7,25% Monte vortere 80,037 7,25% Medicere 10,35 0,25% Heady ment leurance 80,037 7,25% Medicere 10,35 12,50% Heady market 80,037 7,25% Heady market 80,037 7,25% Heady market 80,037 7,25% Heady market 12,50% Heady market 12,50% Heady market 12,50% Heady market 12,50% Heady market 14,50% Heady market 15,705 12,50% Heady head
3.15 X \$ 50,000 = \$ 157,500 TBS Cliniteren To 6.50 X \$ 31,668 = \$ 205,842 TBS Coach To 0.75 X \$ 63,280 = \$ 24,960 Direct Clerical Pr 10.80 \$ 414,302 Total Salaries \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Provide behaviorally-focused mental health services to children and tamilies Provide behaviorally-focused mental nealth services to children and tamilies wides on-going administrative support to all staff 25.687 6.20% Social Security 5.007 1.45% Medicare 1.036 0.25% Unemplyment Insurance 80.037 7.25% Workers Companedon 81.765 1.25% Workers Companedon 81.765 1.25%
6.50 X \$ 31,668 ± \$ 205,642 TBS Coach To 0.75 X \$ 63,280 ± \$ 24,960 Direct Clerical Pr 10.80 \$ 414,302 Total Salaries \$ 5 \$ 120,148 Employse Fringe Benefit Rate \$ 5	Provide behavorelly-focused mental neath services to children and families. wides on-going administrative support to all staff 25.667 6,20% Social Security 0.007 1,45% Medicaro 1.036 0,25% Usenbyoyment insurance 80.037 7,25% Workers' Companisation 81.765 12,50% Heathy miscrance
0.75 X \$ 33,280 = \$ 24,960 Direct Clerical Pr 10.80 \$ 414,302 Total Salaries \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Vides on-going administrative support to all staff 25.667 6.20% Social Security 0.007 1.45% Medicaro 1.036 0.25% Upenphyment Insurance 80.037 7.25% Workers' Companyation 81.765 1.250% Heady negrance
10.80 \$ 414,302 Total Salaries \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	25,557 6,20% Social Security 0.007 1,45% Medicare 1.036 0,25% Usentykyment Insuratice 90,037 7,25% Workers' Companyston 51,765 12,55% Healty instrance
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	B.007 1.45% Medicaro 1.035 0.25% Usentykyment Insurance 80.037 7.25% Wortlers' Compensation 57.755 12.50% Healty instrance
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	B.007 1.45% Medicaro 1.035 0.25% Usentykyment Insurance 80.037 7.25% Wortlers' Compensation 57.755 12.50% Healty instrance
	B.007 1.45% Medicaro 1.035 0.25% Usentykyment Insurance 80.037 7.25% Wortlers' Compensation 57.755 12.50% Healty instrance
	1.03/5 0.25% Upenhymed Insurance 80,037 7.25% Workwar Companyation 81,765 12.50% Healty Instructor
	80.037 7.25% Workers' Companyation 51,768 12.50% Health Instrance
	51,766 12.50% Health Instrance
	5.593 1.25% other
5 524 456 Total Salarian and Banatika	120,146 29,00% Total Employee Fringe Benefit Rate
Operating Expenses;	
\$ 1,000 Expendable Equipment \$	1,000 Based on an average of \$83,83 a month for new equipment
Equipment Lease	Rental of Copler and postage machine for 850 month
5 1,500 Building Malmenance	Maintanance for office site (approx \$125/month)
\$ 2,500 Total Occupancy (Facility and Vehicle Expense	
\$ 2,700 Office Supplies, Postage	Office Supplies and portage for 10.80 staff - 100% (avg of \$250 per staff)
\$ 7,200 Telephone	Telephone (svg. \$600 mo)
\$ 6,000 Staff Travel	Based on past experience for conf and travel
5 - Staff Training	Training costs for 36.28 employees - 100%
\$ 3,941 Stall Recruitment	Recuting Casts for 10.08 employees • 100%
\$ 19,241 Total Program Support	······································
· · ·	
. Household Supplies	۰.
\$ 5,311 Therepeutic Supplies	5311 On average \$442/month per client
\$. 3,000 Medicetions and Personal Supplies	SDOO Besed on \$250/ month
\$ 7,000 Child Transportation	1000 Based on \$83.33/ month
\$ 9,311	
\$ 31,052 Total Operating Costs	
\$ 565,502 Total Direct Costs (Salaries & Benefits	and Operating Expenses)

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			DPH3: 5	Salaries & Benefits	Detail	·					PENDIX #: ment Date:	B-3 Page 1 8/16/10
Provider Number:	8989			· .	-	• • • •					ļ	
Provider Name:		nter - CTF Supple	enent SF	· · ·						•		
						•						
						• • •						λ,
		TOTAL		FUND & OTHER EVENUE		IRANT #1: Supplement	G	RANT #2:	WORK C	RDER #1: DHS	ORDER #2	2: DJP
	Tre	roposed Insaction 7/1/10-6/30/11	Tra	roposed ansaction 7/1/10-6/30/11		Proposed ransaction		troposed ansaction		roposed ansaction		roposed insaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Mileau Supervisor Mental Health Asst.	0.90	35,381 70,902	0.90 2.25	<u>35,381</u> 70,902					<u> </u>	<u> </u>		
Mornal Plotad Plota		10,002	2.23	10,002				1	[
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TOTALS	3.15	\$106,283	3,15	\$106,283	0.00	\$0	0.00	\$0	0.00	-\$Q	0.00	· · ·
	terrando contractores de la cont	anterna and a star for the star					•				an a construction of the	and the second
EMPLOYEE FRINGE BENEFITS	28%	\$29,759	28%	\$29,759	28%	 \$0	28%	\$0	28%	\$0	28%	\$0
		•		•			•					
TOTAL SALARIES & BENEFITS		\$136,042		\$136,042	Ľ	\$0		\$0		· \$0	i [\$0
DPH #2 (CMHS & CSAS)												KRE
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FY10-11 Seneca Appendix B(Hevised 9-14-10),xis

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CBHS Budget Justification

Provider Number: 8989 Provider Name: Senece Center Date: 8/16/10 CTF Supplement - SF

Budget Budget Line Item Descaption Amount Salaties: FTE's Selary Total Salary Responsible for maintaining a safe milieu environment and ensuring successful implementation of Therapeutic openavioral programs within the milieu 35,381 Milleu Supervisor 0.90 X \$ 36,312 . \$ 70,902 Mental Health Assistant Works as pan of a therepeutic feam to provide appropriate edult role model for children 225 X \$ 31,512 = \$. 3.15 \$ 106,283 Total Salaties 5.20% Social Security 1.45% Metilicare 0.25% Unemployment Insurance 7.25% Workers' Compensation 12.50% Heath Insurance 0.35% other 28.00% Total Employee Frage Benefit Rate 6,590 1,541 286 7,706 13,285 372 29,759 \$ \$ \$ Ş 29.769 Employee Frings Benefit Rate 136,042 Total Salaries and Benefits Ċ, 136,042 Total Direct Costs (Salaries & Benefit's and Operating Expenses) \$

Appendix: B-3, Page 2 .

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APPENDIX #: B-4 Page 1 Document Date: 8/16/10

Provider Number: Provider Name: 38CQ

Seneca Center - MFTC Placement

. General Fund & Other TOTAL WORK ORDER #1: DHS GRANT #2: WORK ORDER #1: DHS DRK ORDER Revenue Proposed Proposed Proposed Proposed Proposed Proposed Transaction Transaction Transaction Transaction Transaction Transaction Term: FY2010/11 Term: FY2010/11 Term: FY2010/11 Term: _ Term: Term: POSITION TITLE SALARIES FTE SALARIES FTE SALARIES FTE FTE SALARIES FTE SALARIES FTE SALARIES Wrap Services Director 0.08 6,720 0.08 6,720 Licensed Clinical Supervisor 0.25 0.25 18,638 18,638 Therapisl/Social Worker 0.95 52,800 0.95 50,160 0.050 2,640 Mental Health Assistant 0.95 32,760 0.95 31,122 0.050 1,638 ~ \$0 0,00 \$0 0.00 \$0 0.10 \$4,278 0.00 TOTALS 2.23 \$110,918 2.23 \$106,640 \$0 \$0 29% \$0 \$32,168 \$30,926 29% \$1,242 29% EMPLOYEE FRINGE BENEFITS 29% 29% 29% **TOTAL SALARIES & BENEFITS** \$143,086 \$137,566 \$0 \$0 \$5,520 \$0 #REF! -DPH #2 (CMHS & CSAS) FY10-11 Senara Appendix B(Revised 9-14-10) zis

APPENDIX #: B-4 Page 2 Document Date: 08/16/10

Provider Number 38CQ

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Provider Name: Seneca Center - MFTC Placement

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		TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #2: na	WORK ORDER #1; DHS	WORK ORDER
•		PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category		Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term: 7/1/10-6/30/11	Term;
Rental of Property		0				·	
Utilities(Elec, Water, Gas, Phone, Scavenger)							
Ollice Supplies, Postage		1,490	1,140			350	
Building Maintenance Supplies and Repair				•			
Printing and Reproduction		1,500	1,000			- 500	
insurance			•				
Staff Training		2,800	2,550	• •		250	
Staff Travel-(Local & Out of Town)		0	· · · ·				
Rental of Equipment		0					
·	- ·	0					
OTHER		0		i			
Sheller Costs Treatment Supplies	-	3,939	3,122			. 817	
Child Transportation	-	0					
Other - Clerical Temp	-			·····	·		
Outer - Olencer Temp	1		· · ·			······	
TOTAL OPERATING EXPENSE	- ·	\$9,729	\$7,812	. \$0	· \$0	\$1,917	:

DPH #3 (CMHS & CSAS)

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Appendix:

Appendix:

B-4, Page 3-

Provider Number: 38CQ Provider Name: Senace Center MTFC Piscement Date: 8/16/10

Amount			Budget Line Item	Description
alaries: FTE's	Salary	Totel Salary	م منهم منهم المنهم ا ا	
0.06 X	\$ B4.000 =	\$ 6,720	Wrap Services Director	Provides organizational leadership for coordinating Wrap Services
			and the second	Responsible for providing supervision to Team leaders and ensuring Senece's practices (
0,25 X	\$ 74,550 =	\$ 18,635	Loensed Clinical Supervior	implemented correctly
X 00.1	\$ 52,800 =	\$ 52,600	Therapist/Sociel Worker	Provide on-going mental health services to clients.
1 00 X	\$ 32,760 =	\$ 92,760	Mental Health Assistant	Works as part of a therapeutic learn to provide appropriate adult fore model for children
2.83		\$ 110,918	Total Selaries	5 6.677 6.20% Social Security \$ 1,608 1,45% Modileare \$ 2.77 0.25%, Unemployment Assurance \$ 6.042 7.25%, Workers' Compensation \$ 13,655 12,60% Health Hautringe \$ 1,656 12,60% Health Hautringe \$ 1,656 12,60% Health Hea
	~ ~~~		Employee Fringe Benefil Rate Total Sularies and Benefite	1.005 1.007 Uviet 1.007
• .		Operating Expense	s:	
		•		· · · ·
		\$ 1,500 \$ 2,800 \$) Office Supplies, Postage 1 Telephone 9 Staff Training Total Program Support	Office Supplies and postage for 2.33 staff - 100% (evg of \$640 per staff) Printing and Reproduction - approximately \$125 month Training costs for 2.33 employees - 100% Recruiting Costs for 10.08 employees - 100%
		t 3.039	Sheller Costs	5311 Based on past experience, as needed basis per family
		\$ 3,935		
			Total Direct Costs (Salaries & Ber	nefits and Operating Expenses)

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Provider Number: Provider Name: **DPH3: Salaries & Benefits Detail**

APPENDIX #: 8-5 Page 1 Document Date: 8/16/10

38CQ Seneca Center - Short Term Intensive Support Services

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		TOTAL		al Fund & Other Revenue	G	RANT #1:	G	RANT #2:	WORK O	IRDER #1: DHS	PRK ORDEI	٩
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed. Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:			roposed ansaction		roposed ansaction		roposed ansaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
San Francisco Program Director	0.10	9,450	0.10	9,450	·····		ļ		L			
Program Manager	0.15	11,183	0.15	· <u>11,183</u>				· · · · · · · · · · · · · · · · · · ·				
Clinician	1.00	52,800	1.00	52,800		•						
Support Counselors	1.00	31,668	1.00	31,668								-
Direct Clerical	0.10	3,329	0.10	3,329								
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	<u> </u>	· · · · ·		·				·				·
TOTALO	2.35		2,35		-0.00	\$0	; 0.00	\$0	0.00	\$0		<u></u>
TOTALS	2.35	\$108,430	2.30	\$108,430		\$U	0.00	\$0	0_00	\$0	0.00	. \$0
•				·			•					
EMPLOYEE FRINGE BENEFITS	29%	\$31,433	29%	\$31,433	29%	\$0	29%	\$0	29%	\$0	29%	\$0
								•				
	•											
TOTAL SALARIES & BENEFITS	Γ	\$139,862	Г	\$139,862	Í	\$0		. \$0	ſ	\$0	L L	\$0
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DPH #2 (CMHS & CSAS)												#REFI
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FY10-11 Senace Approxix E(Revised 9-14-10),xis

APPENDIX #: B-5 Page 2 08/16/10 Document Date:

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Provider Number: 38CQ Provider Name: Seneca Center - Short Term Intensive Support Services

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK ORDER
· ·	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term: 7/1/10-6/30/11	Term:
Contract Services	· ·					
Psychiatric Services	1,000	1,000			TT	····
Program Services(Speech, Trans., computers)	3,000	3,000				
Total Contract Services	4,000	4,000				
Program Support			····		<u> </u>	
Office Supplies	1,175	1,175			 	hanna , H
Telephone	2.180	1,680		·····	500	
Staff Travel-(Local & Out of Town)	2,820	2,320		* <u>16-7</u>	500	· · · · · · · · · · · · · · · · · · ·
Staff Training	588	588			1	
Staff Recruilment	705	705				
Total Program Support	7,468	6,468			1,000	
Facility and Vehicle Expense		·				
Facility Lease	12,000	11,500		·····	500	·····
Ullities	975	. 975				
Expendable Equipment	1,910	1,410		·····	500	
Equipment Lease	900	900				
Bldg. Mt. and Repair	881	881				
Vehicle Lease/Depreciation	0	1				
Vehicle Operations	. 0					
Total Facilities/Vehicle Expense	16,666	15,666			1,000	
Child and Family Related Expense					<u> </u>	
Food	0					······································
Household Supplies						
Therapeutic Supplies	0				-	••••••••••••••••••••••••••••••••••••••
Medications/Personal Supplies	2,300	1,300		······································	1.000	
Child Transportation	1,000	1,000				· · · · · · · · · · · · · · · · · · ·
Curriculum	0		· · · · · · · · · · · · · · · · · · ·			
Classroom Supplies	6,013		· · · · · · · · · · · · · · · · · · ·		6.013	
Special Events	0					
Family Support						•
Total Child and Family Expense	9.313	2.300	· · · ·		7.013	
TOTAL OPERATING EXPENSE	- \$37,447	\$28,434	\$0	\$0	\$9.013	

DPH #3 (CMHS & CSAS)

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Appendix: B-5, Page 3

Provider Number: 38CQ Provider Name: Seneca Center ST Connections Intensive Support Services

Date: 8/16/10

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Budgel Amount Budget Line Item Description Salaries: FTE's Saiary Total Salary Responsible for program development and oversight for all of Seneca's Community Based 0.10 X \$ 94,500 = 9 450 San Francisco Program Director Programs \$ Provides organizational leadership for the operation of the program on a daily basis and 11,185 Program Manager oversees the ongoing development of the wrap around program 015 X \$ 74,550 = 5 Provide time-timited child and tamily series with an emphasis in crisis stabilization and 52,800 Chridens 1.00 X \$ 52,800 = emergency planning 5 Provides Family based mental nealth counseling, support, class intervention and case 1.00 X 31,598 Support counselors management services to children and families. \$ 31,668 010 X \$ 33,280 3,329 Direct Clerical Provides on-going administrative support to all staff 2.35 108,430 Total Salaries ۰. \$ 6 20% Social Security 6.723 1,572 271 1 45% Medicare 0.25% Uperployment Insurance 7.25% Workers' Compensation 12.60% Health Insurance 7.561 13,554 1.35% other 29,00% Total Employee Fringe Benefit Rate 1,452 31,433 Employee Fringe Benefit Rate 138,852 Totel Selector and Benefits 31,43 Operating Expenses: 12,000 Facility Lease S £ 12 000 Monitriv Rent of 1000 12 months 975 Utilities s Σ 975 Gas & Electric average \$82/month 1.910 Excendable Epuloment 2 s 1.910 Based on an average of \$160 a month for new equipment 900 Equipment Rental 900 Rental of Copier and postage machine \$ 66) Building Maintenance Maintenance for office site (approx \$75/month) 16,665 Total Occupancy (Facility and Vehicle Expanse 5 \$ 1,000 Psychiatric Services \$ 1,000 Based on one hour a month 3,000 Program Consultation \$ 3,000 Consultant costs to lacilitate a Task Force and training 4.000 Total Contract Services \$. \$ 1,175 Office Supplies, Postage Office Supples and postage for 2.35 staff - 100% (avg of \$500 per staff) 2,180 Telephone Telephone (avg. \$1,81 mo) \$ 2,820 Staff Travel Based on average of 2.95 FTE staff for mileage raimb, based on \$1200 per FTE 5 5 568 Staff Training Training costs for 2.35 employees - 100% 705 Staff Recruitment Recruiting Costs for 2.35 employees -100% 7,468 Total Program Support Ś 2.300 Medication/Personal Supplies Based on monthly expense of \$191 s 1,000 Child Transportation Based on monthly expense of \$83 6.012 Supplies Based on budget of \$100 per client 9,313 \$ 37,447 Total Operating Costs Ś 177,309 Total Direct Costs (Salarles & Benefits and Operating Expenses) S

Provider Number: Provider Name: 38CQ Seneca Center - Long Term Connections Intensive Support Services

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	TOTAL Proposed Transaction Term: 7/1/10-6/30/11			General Fund & Other Revenue		WORK ORDER #1:		MHSA		IANT #2:	ORK ORDER	
			Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Regional Director	0.25	32,500	0.25	32,500						······		
Program Services Director	0.50	42,500	0.50	42,500								
Wrap Services Director	1.00	83,152	0.90	74,837					0.10	8,315		
Asst. Director/Administrator	2.00	164,800	1.75	· 144,200					0.25	20,600		
Team Supervisor	1.00	60,000	1.00	60,000					•			
Care Coordinator/Facilitators	31.00	1,438,187	27.00	1,252,787			2.50	115,875	1.50	69,525		
Family Specialist Supervisor	4.00	204,000	3.75	191,250	·				0.25	12,750		
Family Specialist/Counselors	28.00	1,045,520	26.00	970,840			1,50	56,010	0.50	18,670		
OA Billing Specialist	1.50	55,500	1.00	37,000					0.50	18.500		
Administrative_Support	2.35	78,800	1.85	61,050					0.50	17,750		
												{
	+											
TOTALS	71.60	\$3,204,959	64.00	\$2,866,964	0.00	\$0	4.00	\$171,885	3,60	\$166,110	0.00	

EMPLOYEE FRINGE BENEFITS	29% \$929,438	29% \$831,419	29% \$0	29% \$49,847	29% \$48,172	29% \$0
			· .	• • •		
TOTAL SALARIES & BENEFITS	\$4,134,397	\$3,698,383	\$0	\$221,732	\$214,282	\$0
DPH #2 (CMHS & CSAS)					• •	*R5F)

PY10-11 Senoce Appendix B(Revised 9-14-10).xls

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APPENDIX #: B-6 Page 1 Document Date: 8/16/10

B-6 Page 2 08/16/10 APPENDIX #: Document Date:

Provider Number 38CQ Provider Name: Seneca Center - Long Term Connections Intensive Support Services

	- TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1:	MHSA	GRANT #2: na	WORK ORDER
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
~ ~	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:
Contract Services		•				
Psychiatric Services	. 186,000	180,000		6,000		
Computer and Program Consultant	25,000	20,000		5,000	·	
Total Contract Services	211,000	200,000	0	11,000		
	·				****	
Program Support	······	· · · · · · · · · · · · · · · · · · ·				
Office Supplies	36,489	33,000		2,000	1,489	
Telephone	13,000	10,000		1,000	2,000	
Staff Travel-(Local & Out of Town)	46,155	46,155	· · · · · · · · · · · · · · · · · · ·	· · ·	·····	
Staff Training		<u> </u>	•.			
Stall Recruitment	12,000	12,000	•		•	
Total Program Support	118,773	112,284	0	3,000	3,489	<u> </u>
Facility and Vehicle Expense	-		•			
Facility Lease	60,000	60,000				
Utilities		. 10,400	•			
Expendable Equipment	8,520	8,520				
Equipment Lease	3,700	3,700				
Bidg. Mt. and Repair	12,500	. 11,000		1,500		
Vehicle Lease/Depreciation	0	· · 0				
Vehicle Operations	0	. 0				
Total Facilities/Vehicle Expense	95,120	93,620	0	1,500		
Child and Family Related Expense	#		•	· · · · · · · · · · · · · · · · · · ·		······
Food	. 0					
	· ····					
Household Supplies		, 				
Therapeutic Supplies				•	······································	
Medications/Personal Supplies	<u>.</u> <u>0</u> .	· .				······································
Child Transportation	0					
Curriculum .	0.			44,		
Classroom Supplies	<u> </u>	•			······	
Special Events	U	· ·				
Family Support	<u> </u>		·	~		
Total Child and Family Expense TOTAL OPERATING EXPENSE	\$424,893	\$405,904	0 \$0	0 \$15,500	\$3,489	\$0

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Appendix: B-6, Page 3

Provider Number: 38CQ

Provider Name: Senece Center Long Term Intensive Support Services Date: 8/16/10

Budget Line item Budget Amount Description Salarius; FTE's Selary Total Selev \$190,000 = 32,500 Regional Cirector Responsible for program development and oversight for all of Seneccia Community Based Programs 2 0.25 X Provides organizational leadennith for the operation of the program on a daily basis and everyees the 0.50 X \$ 89,000 = 42,500 Program Director ongoing development of the wrap around program 1.00 X 1 83,152 -83,152 Wrap Service Director Provides organizational leadership for coordinating Wrap Services \$ 2.00 X \$ 62,400 ; 164,800 Assistant Director/Administrator Assponsible for the overell management and on-going running of several program warne Lisison between patents and caregivers to help support and facilitate tamily members of all childron enrolled in the Connections Program 1.00 % 5 60,000 # 60,000 Team Supervisor Responsible for the care and stabilization of clients, families and caregivers 1.498.187 Care Coordinator/Facilitator 31.00 X 5 46,393 = \$ 4.00 X 5 61,000 = 204,000 Family Finding Specialist Supervisor Lialson between clients, parents and caregivers to facilitate reunification Conducts the search for relatives of children who are without permanent family connections and assist 1.045.520 Family Finding Specialists/Courselors \$ 37,340 = in promoting reunification with families. 28 00 X 2 1.50 X \$ 37,000 = ¢ 55,500 QA Billing Specialist Responsible for tracking and billing at services in Program 75.800 Administrative Support Provides on-going administrative support to all staff 2.35 X \$ 33,531 3,204,958 Total Salarias 71.60 \$ 6.20% Social Sociality 1.45% Medicans 198,707 46,472 9.25% Linemployment Insurance 6.012 7.25% Workers' Compensation 12.50% Haalth Instrume 202.980 400,620 1.85% other 29.09% Total Employee Friggs Bonelli Reto 40.267 829,438 Employee Fringe Benefit Rate 4,134,387 Total Salacies and Benefits 829.496 Operating Expenses: 60,000 Focility Lonne \$ 50,060 Munifity Frent of 5000 *12 months \$ F . 10.400 Utilition \$ 10.400 Gan & Einstein everene \$666/month 6,520 Expendable Equipment \$ 8,520 based on an avorage of \$710 a month for new equipment Rantel of Copier and postage machine Maintenance (or office site (approx \$1040/month)) 3,700 Environt Rontal 12,500 Building Maintenauve \$ 95,120 Total Occupancy (Facility and Vehicle Expense £ 196.000 Psychiatric Services \$ 186,000 Brassd on per oftent of \$1550 multinited by 120 offente 25,000 Program Consultation \$ 25,000,00 Consultant poets to facilitate a Treak Force and maining \$ 211,000 Total Contract Services 86,489 Office Supplies, Postage Office Supplies and posinge for 71.6 staff - 100% (avp of \$500 per staff) \$ 10,000 Takephone Teleptioner (avp. \$1,063 ma) Based on everage of 60.25 FTE staff for misance relimb, based on \$600 per FTE \$ RG 155.00 Based on actual expected costs. Staff is reimbureed at the current IRS reimburgement rate per mite. Beside on historical averages staff will be remburged appox. \$60/month 5 10,000.00 Out of Town Travel for Stall and Families 46,150 Gtall Travel \$ 46,155.00 11.129 Stall Training Costs associated with conducting expert trainings 7-9 times a year ¢ 12,000 Staff Recruitment Rectuiding Costs for 71.6 employees - 100% 118,773 Total Program Support **:**\$ 424.803 Total Operating Costs \$ 4,559,290 Total Direct Costs (Salaries & Benefits and Operating Expenses)

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B-7 Page 1 APPENDIX #: 8/16/10 Document Date:

Provider Number: Provider Name:

38CQ Seneca Center - Long Term Connections Probation Intensive Support Services

		TOTAL	•	ll Fund & Other Revenue	WORK D	RDER #1: DHS	WORK ORDER #2:		GF	tANT #2:	DRK ORDER		
	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: 7/1/10-6/30/11			roposed .	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	
Regional Director	0.02	2,600	0.02	2,600									
Program Services Director	0.05	4,250	0.05	4,250									
Wrap Services Director	0.10	8,315	0.10	8,315						-			
Asst. Director/Administrator	0.20	16,480	0.20	16,480									
Care Coordinator/Facilitators	2.70	115,875	2.50	106,605					0.200	9,270			
Family Specialist Supervisor	0.40	20,400	0.40	20,400									
Family Specialist	1,75	65,818	1.75	65,818									
TOTALS	5.22	\$233,738	5.02	\$224,468	0.00	\$0	0.00	\$0	0.20	\$9,270	0.00		
	_				-			·	-	A 41-14 - 14 - 14 - 14 - 14 - 14 - 14 -			
MPLOYEE FRINGE BENEFITS	29%	\$67,784	29%	\$65,096	29%	\$0	29%	\$0	29%	\$2,688	29%		
		•					. ·						
TOTAL SALARIES & BENEFITS		\$301,522		\$289,564	[· \$0	Ē	\$0	[\$11,958			
PH #2 (CMHS & CSAS)					~ '	· .				• .		#F	

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APPENDIX #: B-7 Page 2 Document Date: 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - Long Term Connections Probation Intensive Support Services

	f		·····	······································		y
	TOTAL	GENERAL FUND & (Agency- generated) OTHER REVENUE	WORK ORDER #1: DHS	MHSA	GRANT #2: na	WORK ORDER
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Calegory	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:
Contract Services						
Psychiatric Services	19,300	18,200	1,100	-		[
Computer and Program Consultant	2,200	2,000	200			
Total Contract Services	21,500	20,200	1,300	0		
Program Support						······································
Office Supplies	2,610	2,510	100	······································	······································	
Telephone	1,200	1,000	. 200			٠
Staff Travel-(Local & Out of Town)	3,612	3,012	600	· · · · · · · · · · · · · · · · · · ·		
Stalt Training	2,000	1,750	250		·	
Staff Recruitment	1,500	1,200	300			
Total Program Support	10,922	9,472	1.450	0	· · · · · · · · · · · · · · · · · · ·	
						······································
Facility and Vehicle Expense						
Facility Lease						,
Utilities	0			······		
Expendable Equipment	1,666	900	766	·····		
Equipment Lease	0				·····	
Bldg. ML and Repair	1,850	1,500	350			
Vehicle Lease/Depreciation	0	0				
Vehicle Operations	0	0				
Total Facilities/Vehicle Expense	3,516	2,400	1,116	0		
		· · ·				
Child and Family Related Expense	·			•		
Food	· 0	. [
Household Supplies	266		266			
Therapeutic Supplies	7,665	7,415	250	****		
Medications/Personal Supplies	1,510	1,510				+
Child Transportation	610	610		·······		
Curriculum	0	0	t			
Classroom Supplies	0	0	······			
Special Events	1,150	1,150				
Family Support	0			· · ·		
Total Child and Family Expense	11,201	10,685	515	0	· 0	
TOTAL OPERATING EXPENSE	\$47,139	\$42,757	\$4,382	\$0	\$0	\$0
DPH #3 (CMHS & CSAS)					ال الإنتيبية (الثانية فيلنا الثالثة الينية في المراجع المراجع العربية في المراجع العربية الع	

Provider Number: 38CO Provider Name: Seneca Cemer Long Term Intensive Probation Support Services Date: 8/16/10 Appendix: B-7, Page 3

Budget		
Amount	Budget Line nem	Description
laties: FTE's	Salaty Totel Selaty	Assponsible for program development and oversight for sli of Serieca's Community Ease
0.02 X \$13	8,000 = \$ 2,600 Regional Director	Programs
0.05 × \$ 8	5,000 = \$ 4,250 Program Diredor	Ploudes organizational leadership for the operation of the program
0.10 X \$8	19.152 = 5 8.015 Wrap Service Director	Provides organizational leadership for coordinating Wrap Services
• 0.20 X \$B	12,400 = \$ 16,480 Assistant Director/Administrator	Responsible for the overall management and on-going running of several program learn
2.70 X \$ 4	12 920 = \$ 115,875 Care Coordinator/Facilitator	Responsible for the care and stabilization of clients, tamilies and caregivers
0.40 X \$ 5	1.000 = \$ 20,400 Family Finding Specialist Supervisor	Lisison between clients, parents and caregivers to lacilitate reunification
175 X \$3	17,610 = \$ 65,618 Family Finding Specialists/Counselors	Conducts the search for relatives of children who are without permanent family connecti and assist in promoting reunification with temilies.
5.22	\$ 233,738 Totel Salaries	
		\$ 14,492 5.20% Secial Security
		\$ 16,946 7.25% Workers' Compensation
		\$ 29.217 12.50% Health Insurance \$ 3,155 1.35% other
	\$ 67,784 Employse Fringe Benefil Rate	\$ 3,155 1,35% other \$ 67,784 29,00% Total Employee Fringe Bensfit Rate
	\$ 301,522 Total Salaries and Benefits	
		•
	Operating Expenses:	
	•	
		·
		Gas & Electric average \$868/month
,	1.666 Expendable Equipment	\$ 1,666 Based on an everage of \$136 a month for new acciptment
	\$ - Equipment Rental	
	\$ 1.850 Building Maintanance	Repairs for program sile (approx \$154/month)
•	\$ 3,516 Total Occupancy (Facility and Vehicle E	(pensa
		•
	19.300 Psychiatric Services	\$ 19,300 Based on approximately 128 hours of service
	\$ 2,200 Program Consultation	\$ 2,220.00 Consultant costs to teclitate a Task Force and training
	5 21,500 Total Contract Services	· · · ·
	\$ 2.610 Office Supplies, Postage	Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff)
•	S 1,200 Telephone	Telephone (avp. \$1,063 mp)
	· · · · · · · · · · · · · · · · · · ·	
	\$ 3,512 Staff Travel	Based on avorage of 5.22 FTE staff for mileage relimb, based on \$690 per FT
	· · · ·	We do not set to the set of the s
•	5 2000 Staff Treining	Training costs for 5.22 employees - 100%
		Recruiting Costs for 5.22 employees - 100%
· ·	 totate of the Lindley o	·
		. · · · ·
· ·		
•	\$ 266 Household Supplies	. Based on incidental costs
	\$ 7,605 Therapautic Supplies	Average opent per month on clients of \$638
	5 . 1,510 Medication/Personal Supplies	Besed on average of \$120 month
	S 610 Child Transportation S 7,150 Special Events	Based on monthly expense of \$50 Based on budget of \$100 per client
	\$ 7,150 Special Events \$ 11,201	créasen ou conñer of a ron ber cueur
	40 23 JACO 1	
	•	·
	•	Ϋ́
•	\$ 47,139 Total Operating Costs	
	\$ 348,661 Total Direct Costs (Salaries	& Benefits and Operating Expenses)

Provider Number: Provider Name:

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Seneca Center - San Leandro Day Tx Day Treatment Services

8980

• •	Proposed Transaction			General Fund & Other Revenue		RDER #1: DHS	GRANT #1:		GF	IANT #2:	DRK ORDER	
			Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Regional Director	0.02	2,472	0.02	2,472						•		
Clinical Supervisor	0.02	1,478	0.02	1,478				•		·		
Therapist	0,65	34,320	0.65	34,320								
Aental Health assistant	0.65	20,584	0.65	20,584								
lurse	0.05	4,052	0.05	4,052								
							-					
،										, af a second		
					~~~~~		····				1	
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	+									·····		
	-			····								
	· { {·											
	- <u> </u>											
TOTALS	1.39	\$62,906	1.39	\$62,906	0.00	\$0	0.00	\$0	0.00	\$0	0.00	

EMPLOYEE FRINGE BENEFITS	29%	\$18,173	29%	\$18,173	29%	\$0	29%	\$0	29%	<u>\$0</u>	29%	\$0	
			• •	•	•								
		· · · · · · · · · · · · · · · · · · ·				•							
TOTAL SALARIES & BENEFITS		\$81,079		\$81,079		\$0		\$0		\$0		\$0	
1				•								ʻ~.	

# DPH #2 (CMHS & CSAS)

FY ID-11 Seneca Appendix B(Revised 9-14-10), xis

Document Date: 8/16/10

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APPENDIX #:

### APPENDIX #: B-8 Page 2 Document Date: 08/16/10

Provider Number 8980

Provider Name: Seneca Center - San Leandro Day Tx Day Treatment Services

. GENERAL FUND & TOTAL (Agency-generated) OTHER REVENUE WORK ORDER #1: DHS GRANT #1: na GRANT #2: na WORK ORDER PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION Expenditure Category Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term: Term: Term: Term: Rental of Property 0 Utilities(Elec, Water, Gas, Phone, Scavenger) 1 0 Office Supplies, Postage 500 500 . 1,200 1,200 Telephone Rental of Equipment 0 CONSULTANT/SUBCONTRACTOR PSYCHIATRIST 1,000 1,000 1,000 1,000 TOTAL OPERATING EXPENSE \$0 \$3,700 \$3,700 \$0 \$0 \$0 DPH #3 (CMHS & CSAS)

Provider Number: 8980 Provider Name: Sensce Center SL DT Budget Date: 8/16/10

Appendix: B-8, Page 3

Amount		Budget Line flem	Description
slaries: FTE's Salary		Totel Seisty	
0.02 X \$123,500	× \$	2,472 Regional Director	Frovides organizational leadership for the operation of the program
0.02 X \$ 73,500	= \$	1,478 Clinical Supervisor	Responsible for providing supervision to Team leaders and ensuring Senece's practices a implemented correctly
0 65 X \$ 52,800 ;	=` \$	34,320 Therapist	Provide on-going mental health services to clients, participate in milieu activities and work closely with other staff to provide clinical Guidence
0.65 X \$ 91,688 :	,	20,584 Mental Health Assistani	Works as part of a therapeutic team to provide appropriate adult role model for children
D 05 \$ 81,034	3	4.052 Nurse	Responsible and accountable for prescribing, implementing and evaluating the nursing or delivered to clients
	*		
1.39	\$	62,906 Totel Salaries	\$ 3,800         6,20% Social Social Social           \$ 91,2         1,46% Modicare           \$ 157         0,25% Unomployment insurance           \$ 4,561         7,25% Workwa' Compensation           \$ 7,799         12,25% Health regimence
	\$	18,173 Employes Frings Benolit Rate	849     1.55% other     16,173     20.00% Total Employee Frigge Benefit Rate
	\$	81,079 Total Salaries and Benefits	······································
	Орыт	why Expenses:	
	\$ \$	1,000 Psychiatric Services 1,000 Program Consultation 2,000 Total Contract Services	\$ 1,000 Average of \$400 per student based on 2.5 students \$ 1,000 Actual Consultant costs to facilitate program
	\$	500 Office Supplies, Postage 1,200 Telephone	Office Supplea and postage for 1.59 staff - 100% (avg of \$359 perstaff) Besed on monthly usage of \$100 month
. • •		1,700 Total Program Support	Croser on Underlink readle of a normatist
	•	the root to Brant and bot	
	\$	3,700 Total Operating Costs	
		84,779 Total Direct Costs ( Salaries &	Deposite and Anatoling Evenness)

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# APPENDIX #: B-9 Page 1 Document Date: 8/16/10

Provider Number: Provider Name: 38CA Seneca Center - Oak Grove Day Tx Day Treatment Services

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		TOTAL		al Fund & Other Revenue	WORK O	RDER #1: DHS	GI	ANT #1:	. GF	RANT #2;	ORK ORDE	R
	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:		Tr Tr	Proposed ansaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	Term: FTE	SALARIES
Division Director	0.00	0	· · · · ·									·····
Program Manager/ Clinical Supervisor	0.01	. 746	0.01	746				······		· · · · · · · · · · · · · · · · · · ·		
Nurse	0.01	810	0.01	810				•				
Clinician/Therapist	0.10	5,280	0.10	5,280								
Mental Health Asst./Counselors	0.10	3,169	0,10	3,169								
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											L	
										······		
			·····	·····						<u></u>		
		·		· ·					·			
										·		
				· · · ·								
TOTALS	0.22	\$10,005	0.22	\$10,005	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
	<u>,,,,,,</u>		<u> </u>								0.001	φ0
EMPLOYEE FRINGE BENEFITS	29%	\$2,767	29%	\$2,767	· 29%	\$0	29%	\$0	29%	\$0	29%	\$0
_										•		
	r	· · · ·	-		· · .	· · · · · · · · · · · · · · · · · · ·						
TOTAL SALARIES & BENEFITS	L	\$12,772	· L	\$12,772	1	\$0		\$0	. L	\$0		\$0
DPH #2 (CMHS & CSAS)				· ·	•					· .		#REFI
	-											
		• .							•			
FY10-11 Senece Appendix B(Revised 9-14-10).	ds .					-						
				•								

# APPENDIX #: B-9 Page 2 Document Date: 08/16/10

Provider Number 38CA

Provider Name: Seneca Center - Oak Grove Day Tx Day Treatment Services

**GENERAL FUND &** TOTAL (Agency-generated) WORK ORDER #1: DHS GRANT #1: nk GRANT #2: na WORK ORDER OTHER REVENUE ... PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION Expenditure Category Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term: Term: Term: Term **Contract Services** -**Psychiatric Services** 300 . 300 **Total Contract Services** 300 300 Program Support Office Supplies 0 Telephone 0 Staff Travel-(Local & Out of Town) 0 Stalf Training 0 Staff Recruitment 0 **Total Program Support** 0 0 Facility and Vehicle Expense 0 Facility Lease 0 Utilities 0 0 Expendable Equipment . Equipment Lease 0 Bldg. MI. and Repair 0 Vehicle Lease/Depreciation 0 Vehicle Operations 0 Total Facilities/Vehicle Expense 0 0 Child and Family Related Expense Food 0 Household Supplies 0 Therapeutic Supplies 0 Medications/Personal Supplies 0 Child Transportation 0 0 Curriculum Classroom Supplies 0 0 Special Events Q Family Support 0 **Total Child and Family Expense** 0 Q • TOTAL OPERATING EXPENSE \$300 \$300 \$0 \$0 \$0 \$0 DPH #3 (CMHS & CSAS)

### **CBHS Budget Justification**

Provider Number: 38CA

Provider Name; Senece Center Date: 8/16/10 Oak Grove Day Treatment Services Appendix: B-9, Page 3

Budget Amount Budget Line Nem Description Salaries: FTE's Salary Total Selary К Responsible for providing supervision to Team teaders and ensuring Seneca's plactices are 746 Program Menager/Olinician Supervisor Implemented correctly 0.01 X 5 74,550 = 5 Responsible and accountable for prescribing, implementing and evaluating the nursing bate 0,01 X \$ 81,034 = 810 Nurse delivered to dients. 3 Responsible for the ongoing mental health services to chenis and internal and external 010 X \$ 52,800 = 5,280 Cludician/Therepist communication ŝ 5,169 Mental Health Ass./counselors \$ Works as part of a therapeutic team to provide appropriate adult role model for children 0.10 \$ 91,668 . 0.22 \$ 10,005 Total Salaties 620 145 25 6.20% Social Security * * * * * 6.20% Social Security 1.45% Medicare 0.25% Unemployment Insurance 7.25% Workers' Compensation 12.56% Health Insurance 0.35% other 26.00% Total Employee Fringe Benefit Rate . 725 1,217 35 2757 Employee Fringe Bettefit Rate 12,772 Total Salaries and Benefits 2,767 Ŧ , Operating Expenses: 5 300 Psychiatric Services 5 300 Based on one student for 2.5 months . \$ . 300 Total Contract Services 300 Total Operating Costs, \$ \$ 13,072 Total Direct Costs ( Salaries & Benefits and Operating Expenses)

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APPENDIX #: B-10 Page 1 Document Date: B/16/10

Provider Number: Provider Name: 38CQ Seneca Center - Parenting Training

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	TOTAL Proposed Transaction		WORK ORDER #1: DHS Proposed Transaction		WORK ORDER #2: Proposed Transaction		GRANT #1: Proposed Transaction		Proposed Transaction		DRK ORDER Proposed Transaction	
POSITION TITLE												
	FTE	: 7/1/10-6/30/11 SALARIES	FTE	: 7/1/10-6/30/11 SALARIES	Term: FTE	SALARIES	Term: _ FTE	SALARIES	Term: _ FTE	SALARIES	Term: _ FTE	SALARIES
Parenting Training	1.00	83,408	1.00	83,408							 	
						•		 				
		· · ·								· · · ·		
				· · · ·								
					·					•		
												· · ·
			· · · · · · · · · · · · · · · · · · ·									
TOTALS	1.00	\$83,408	1.00	\$83,408	0.00	\$0	0,00	\$0	0.00	\$0	0.00	\$0
				· ·	• •		·····					
EMPLOYEE FRINGE BENEFITS	29%	\$24,188	29%	\$24,188	29%	\$0	29%	\$0	29%	\$0	29%	\$0
	_	•			_		-	•		······		
TOTAL SALARIES & BENEFITS	. L	\$107,596	L	\$107,596	Ĺ	\$0	ļ	\$0		\$0	L	\$0
dph #2 (CMHS & CSAS)	ſ											#REF
												·
FY 10-11 Senaca Appendix B(Revised 9-14-10	]} xis	:								•		

APPENDIX #: B-10 Page 2 Document Date: 08/16/10

Provider Number 38CQ

Provider Name: Seneca Center - Parenting Training

GENERAL FUND & WORK ORDER #1: TOTAL GRANT #1: na (Agency-generated) GRANT #2: na WORK ORDER DHS OTHER REVENUE . PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION Expenditure Category Term: 7/1/10-6/30/11 Term: Term: Term: Term; 7/1/10-6/30/11 Term: . • . . . Rental of Property 0 . Utilities(Elec, Water, Gas, Phone, Scavenger) 0 0 Office Supplies, Postage Telephone 600 600 . Vehicle Lease 0 Vehicle Operations o -Staff Training 0 Mileage Reimbursement 0 Rental of Equipment 0 CONSULTANT/SUBCONTRACTOR 0 . PSYCHIATRIST 0 0 0 <u>g</u>) 0 OTHER 0 Staff Recrutiment 0 . Child Related 0 0 0 TOTAL OPERATING EXPENSE \$600 \$0 \$0 \$0 \$600 \$0 DPH #3 (CMHS & CSAS)

### CBHS Budget Justification

Provider Number: Provider Neme: Sensos C Date: B/15/10		ining	Appendix: B-10, Page 3
Budgel Amount		Budget Line Item	Description
Salarles: FTE's	Salary	Total Salary	
	=		
1.00 X	\$ 83,408 ÷ \$	ES.405 Parent Training	To provide trainining caregivers of young children with emotional and behavioral problems.
		الا من المار من المن من م	بدر المحمد ال محمد المحمد ال محمد المحمد ا
1.00	Ş	83,408 Totzi Saiaries	\$ 5.171 5,20% Social Security \$ 1.209 1.45% Medicare
	5	24,188 Empicyes Fringe Benefit Rais	\$         209         0.25%         Unemployment lesurates           \$         8.047         7.25%         Workers         Compensation           \$         10.426         12.50%         Health Insurance           \$         1.126         1.35%         other           \$         24.188         29.00%         Total Employee Fringe Benefit Rate
	Ş Oper	107.656 Totel Salaries and Benetiks rating Expanses:	
	\$	500 Telephone	\$ 500 Based on one FTE at 50 month
	3	500 Total Program Support	· ·
	\$	600 Total Operating Costs	
		108,196 Total Direct Costs ( Sa	varies & Benefits and Operating Expenses)

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APPENDIX #: 8-11 Page 1 Document Date: 8/16/10

Provider Number: Provider Name: 3BHD Seneca Center - MST

General Fund & Other TOTAL **GF-Cost Based** GRANT #1: WORK ORDER #1: WORK ORDER #2; Revenue . Proposed Proposed Proposed Proposed Proposed Proposed Transaction Transaction Transaction Transaction Transaction Transaction Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term; 7/1/10-6/30/11 Term: Term: Term: **POSITION TITLE** SALARIES SALARIES FTE FTE SALARIES FTE SALARIES FTE FTE SALARIES SALARIES FTE MST Supervisor 44,000 0.40 22,000 0.40 22,000 0.80 2,50 1.25 1.25 MST Cliniclan 132,000 66,000 66,000 Direct Clerical 0.65 21,632 0.40 13,312 0,25 8,320 ٠. . . . . . 2.05 \$0 0.00 \$0 TOTALS 3.95 \$197,632 \$101,312 1.90 \$96,320 0.00 0.00 \$0 . \$29,380 29% \$27,933 \$0 \$0 EMPLOYEE FRINGE BENEFITS 29% \$57,313 29% 29% 29% 29% \$0

\$124,253

\$0

 TOTAL SALARIES & BENEFITS
 \$254,945
 \$130,692

 DPH #2 (CMHS & CSAS)

#AEF(

\$0

\$0

FY10-11 Senece Appendix B(Revised 9-14-10), vis

# APPENDIX #: Document Date: B-11 Page 2 08/16/10

Provider Number 8989

Provider Name: Seneca Center - CTF Unit SF

	F						
	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	QF Cost Based	GRANT #1: na	GRANT #2: na	WORK ORDER	
	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	
	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	
Contract Services				<u> </u>			
Psychiatric Services	(	)		, .	······································		
Program Consultation	10,400	5,400	5,000				
Computer and Program Consultant							
Program Services(Speech, Trans.)		·····				<u> </u>	
MST contract Services	28,084		12,960		······································		
Total Contract Services	38.484		17,960			······································	
						<u> </u>	
Program Support							
Office Supplies	1,675	1,025	650				
felephone	2,850		1.140	· · · · ·	······································		
Staff Travel-(Local & Out of Town)	3,020		0		······································		
Staff Training	1,500		400				
Staff Recruitment	1,425						
Total Program Support	10,470		2,190				
Facility and Vehicle Expense	······································						
acility Lease	0						
Itilities	. 0	······································					
xpendable Equipment	2,780	1,500	1,280				
quipment Lease	1,620		720	•			
lldg. Mt. and Repair	0			•			
ehicle Lease/Depreciation	0						
ehicle Operations	Ó						
otal Facilities/Vehicle Expense	4,400	2,400	2,000				
hild and Family Related Expense			······	·			
amily Service Fund	3.000	1,557	1,443				
hild Behavior rewards	2,000		1,318			······································	
pecial Events	500				······································		
Total Child and Family Expense	5,500		2,761		······································		
OTAL OPERATING EXPENSE	\$58,854	\$33,943	\$24,911	\$0	\$0	······································	

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DPH #3 (CMHS & CSAS)

#### Provider Number: 38HD Provider Name: Seneca Center MST on Team Date: 8/16/10

Appendix: B-11, Page 3

Budget Amount Budget Line Item Description Salaries: FTE's Totel Selary Salary Responsible, for maintaining a program designed to make positive change in the social system 0.80 X \$ 55,000 = 44,000 MST Supervisor Supervises clinicians and direct derical ĩ Conduct MST assessments, Engage primary caregiver and other participants, provide direct 2.50 \$ 52,800 = \$ 132,000 MST Clinician clinical treatment 21,632 Direct Clencel 0.65 X \$ 33,280 + 2 Provides on -going administrative support to all staff 3.95 ŝ 197,532 Total Salaries 5.20% Social Security 12,253 •• 1.45% Medicere 0.25% Unemployment instrance 2.888 494 ε 5 14.325 7.25% Workers' Compensation 12.50% Health Insurance 24.704 1.30% citier 29.00% Tatel Employee Fringe Benefil Flate 2.666 57,913 Employee Fringe Benefit Rate 254,945 Total Salaries and Benefits ۰. Operating Expenses: 2,750 Expendeble Equipment \$ 2,780 Based on an overage of \$281a month for new equipment s \$ 1.620 Equipment losses 1,620 Frontial of conier nyiching s \$ 4,400 Total Occupancy (Feolity and Vehicle Expanse \$ 28,084 MST Contract Selvicee . 8 28,084 Monthly MSt consultation and language transalation services 10,400 Program Consultation \$ 10,400,00 *Actual costs \$ 38.484 Total Contract Services \$ . \$ 1,675 Office Supplies, Postage Office Supplies and postage (or 3.95 stall - 100% (avg of \$425 per stall) This includes all dask, couler and computer supplies 2,850 Telephone Telephone (avg. \$ 235 mo) s 3,020 Staff Trevel Based on Travel of 3.3 staff, average of approx \$75 month per staff Based on actual expected costs. Stall is reimbursed at the current IRS reimbursement rate per mile. Based on historical averages stall will be reimburged appox. \$120/month ŝ 1,600 Stuff Treining Cost associated with conducting an expert training per year 1,425 Staff Recruitment. Recruiting Costs for 3.95 employees - 100% 10,470 Total Program Support 9,000 Family Service Fund Based on \$200 per Family 8 5 2,000 Child Beluxforet Award Based on 15 clients average eward \$193 per client 500 Special Events actual experimes \$ \$ 5,500 56,854 Total Operating Costs s 313,799 Total Direct Costs ( Salaries & Benefits and Operating Expenses) \$ ,

Provider Number: Provider Name; 38HD Seneca Center - MHSA & PEI

**General Fund & Other** TOTAL WORK ORDER #1: · MHSA **MHSA Rollover** DRK ORDER Revenue Proposed Proposed Proposed Proposed Proposed Proposed Transaction Transaction Transaction Transaction Transaction Transaction Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term: Term: **POSITION TITLE** FTE SALARIES SALARIES FTE SALARIES FTE SALARIES FTE SALARIES FTE SALARIES FTE 2 1.00 48,000 0.200 Assessment Specialist 8.640 0.18 0.62 29,760 9,600 Youth Family Advocates 3.15 0.57 27,216 • 1.95 0.630 30,240 151,200 93,744 Family Partner 0 0.00 0 30,225 Program Supervisor 0.75 0.150 9,750 48,750 0.14 8,775 0.47 0 MST Ó . 1.00 48,000 0.62 29,760 0.200 9,600 MST Clinician 0.18 8,640 5.90 \$295,950 1.06 \$53,271 0.00 \$0 3.66 \$183,489 1.18 \$59,190 0.00 \$0 TOTALS \$15,449 29% \$17,165 29% \$0 **EMPLOYEE FRINGE BENEFITS** 29% \$85,826 29% 29% \$0 29% \$53,212 ₩. **TOTAL SALARIES & BENEFITS** \$68,720 \$0 \$76,355 \$0 \$381,776 \$236,701 DPH #2 (CMHS & CSAS)

#### FY10-11 Senece Appendix B(Revised 9-14-10) xis

APPENDIX #: B-12 Page 1 Document Date: 8/16/10 **DPH4: Operating Expenses Detail** 

#### APPENDIX #: _____ Document Date: ____ 6-12 Page 2 08/16/10

Provider Number 38HF Provider Name: Seneca Center - MHSA & PEI

	TOTAL	·   1	GENERAL FUND & Agency-generated} OTHER REVENUE	Work order #1:	MHSA :	MHSA Rollaver	Work order
	PROPOSED		PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
· · · ·	TRANSACTION		TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Expenditure Category	Term: 7/1/10-6/30	111 1	erm: 7/1/10-6/30/11	Term:	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:
Office Supplies, Postage		2,969	950		758	1,261	
Printing and Reproduction		3,125	· 1,351		621	1,153	· · · · · · · · · · · · · · · · · · ·
Staff Training		1,587	148		585	854	
Stall Travel-(Local & Out of Town)		7,125	2,141		1,956	3,028	·····
Rental of Equipment		5,625	2,855		. 379	2,391	
Contract Expense		3,750	1,199	· .	957	1,594	
Felephone/Communication		3,563	1,066		983	1,514	
Stall Recruitment		2,672	1,236		300	1,136	
DTHER	· ·	0					
Child Related	3	2,652			32,652	·	
	· · · · · · · · · · · · · · · · · · ·		· · ·				
			·		l		
TOTAL OPERATING EXPENSE	\$63	3,068	\$10,946	\$0	\$39,191	\$12,931	1

DPH #3 (CMHS & CSAS)

# CBHS Budget Justification

ovider Number: 38HD wider Name: Seneca Center le: 8/15/10		HHSA PE & I	Appendix: B-12, Page 3			
dget Amount	(7))))))))))))))))))))))))))))))))))))	Budget Line liem	Description			
aries: FTE's Salary	Total Salar	у				
100 X \$48,000 =	\$ 46,00	O Assessment Specialist	Mastar's level clincten who a certified to administer the CAN assessment for denied youth.			
9.15 X \$ 48,000 =	\$ 151,20	D Youth Family Advocates	Provide planning and advocary, and service analysis for youth and their family each year			
0.76 X \$ 65.000 =	\$ 48,75	D Pregram Supervisor	Supervises the Assessment Specialist. Youth and Family Advocated and Inerapist.			
1.00 X \$ 48,000 =	\$ 48,00	o MST Clinician	Will provide intensive (amily intervention for you'n transitioning back to the community			
δ.90	\$ 295,55	0 Total Selarios	10.940 6.20% Stocial Security			
			\$ 4,251         1.455: Mondpare           \$ 740         0,255: Unempiloyment insurance           \$ 21,450         7.255: Workser: Ourgonumbien           \$ 85,994         12.255: Workser: Ourgonumbien           \$ 3,5994         12.255: Mondpilot			
		5 Employee Friege Banofit flate 6 Total Salatins and Banafits	5 155,826 29,00% Total Employee Pringe Banefit Rate			
	Oporating Expons	`	· ·			
		5 Equipment lunsu	\$ 1.620 Frentral of coppler machine:			
	\$ 6.62	E Total Occupancy (Facility and Vahiole Expanse				
• •	\$ 3,70	G Contract Services	\$ 3,750 Monity MSI considering and requests transmission services			
	\$ 3,76	O Tolel Contract Services .				
	¥ 2,96	🕸 Olfice Supplies, Pontage	Office Supplies and postage for 5.00 staff - 190% (evg of 5500 per staff) The instactor all desk, copier and computer supplies			
	•	Si Talaphana 25 Printing and Production	Tolephone (mg. \$ 215 ma) Casis manaleted with developing printed materials for consumate.			
		-				
		25 Stall Travel	Baned on excuel expected coels. Staff is reinbursed at the ourrant IRB reinbursement rate per mais. Based on bistoricit everages staff will be reinbursed appox, \$120/month			
•		96 Stall Training 72 Stall Recutiment	Onsi associated with conducting an expert travity per year Recruiting Cosis for 5.90 employees - 1093-			
		10 Total Program Support	אנטיזוגעין געקאא זען ט.טי טוווזעיזעסא - וגעייס			
	\$ 32.69	32 Offic Robelso	This is reflects costs associated with providing services inkage for youth and their families. These basis are occlosed enoubly and changed to the program. Cast are based on listorical averages around \$100, however there is while range of a donucl news.			
	<b>\$</b> 32,60	52				
	\$ 83.0	57 Total Operating Costs				
		3 Total Direct Costs ( Salaries & Be	nefits and Operating Expenses)			
		•				

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LEGAL	ENTITY	#:00115

# 1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Executive Office	0.63	105,840
Information Technology (IT Dept)	2.41	159,844
Accounting	2.67	106,800
Human Resources	1.91	76,400
Administrative Support	4.59	183,600
Centralized Quality Assurance	1,88	100,843
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	<u> </u>	<u> </u>
	1	
		· · · · · · · · · · · · · · · · · · ·
	+	
EMPLOYEE FRINGE BENEFITS		\$ 212,665 \$ 945,992

## 2. OPERATING COSTS

Expenditure Category	/	Amount
Contract Service	\$	16,863
Meetings & Conf.	\$	19,007
Office Supplies	5	. 16,800
Occupancy	\$	17,000
Insurance	\$	24,560
Program Consultation	\$	23,200
TOTAL OPERATING COSTS	\$	117,430

TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)

1,063,422 \$



# CERTIF: ATE OF LIABILITY INS_RANCE

OP ID: PC

DATE (MM/DD/YYYY) 11/04/10

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

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

PRO	DUCER		626	-405-8031	CONTAC	27				
	ipman		626	-405-0585	PHONE (A/C, No	Erti:		FAX (A/C, No):		
	ense #0522024	•			E-MAIL		~~~***********************************	**************************************		1
	), Box 5455		•							
	adena, CA 91117-0455									
Tro	y Winkles				INSURER(S) AFFORDING COVERAGE				•••••	NAIC #
INSU	0011002 0011001						an nome A	ssurance Lo		
	2275 Arlington Drive San Leandro, CA 94578					RB: NIAC			<u>.</u>	
· ·	San Leandro, CA 94576				INSURE	R c : Nationa	I Union Fire	e insurance		19445
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ļ					INSURE	RE;				
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co	VERAGES CER	TIFIC	ATE	NUMBER:		· · · · · · · · · · · · · · · · · · ·		REVISION NUMBER:		
T	HIS IS TO CERTIFY THAT THE POLICIES									
	IDICATED, NOTWITHSTANDING ANY RE									
	ERTIFICATE MAY BE ISSUED OR MAY I XCLUSIONS AND CONDITIONS OF SUCH	PERT	AIN. DES	THE INSURANCE AFFORD	ED BY		S DESCRIBEL	D HEREIN IS SUBJECT IL	) ALL	THE TERMS,
INSR LTR		ADDL	SUBR		DECITI		POLICY EXP (MM/DD/YYYY)			
LTR		INSR	WVD	POLICY NUMBER		(MM/DD/YYY)	(MM/DD/YYYY)	LIMIT	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4 000 000
	GENERAL LIABILITY						-	EACH OCCURRENCE	\$	1,000,000
В	X COMMERCIAL GENERAL LIABILITY			201000557NPO		07/01/10	07/01/11	DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	100,000
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	10,000
	X Prof Liability			201000557NPO		07/01/10	07/01/11	PERSONAL & ADV INJURY	\$	1,000,000
1								GENERAL AGGREGATE	\$	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:			, ,				PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO- JECT LOC		•						\$	
	AUTOMOBILE LIABILITY	х		0040005573100		07/01/10	07104144	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
B	X ANY AUTO			201000557NPO		07/01/10	07/01/11	BODILY INJURY (Per person)	\$	
	ALLOWNED AUTOS .	•		•				BODILY INJURY (Per accident)	\$	
	SCHEDULED AUTOS							PROPERTY DAMAGE	<b>.</b>	
	X HIRED AUTOS		•					(Per accident)	\$	
	X NON-OWNED AUTOS								\$	
	X comp \$500				:	•			\$	
	UMBRELLA LIAB X OCCUR							EACH OCCURRENCE	\$	4,000,000
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	4,000,000
B	DEDUCTIBLE			201000557UMB		07/01/10	07/01/11		\$	
	RETENTION \$								\$	
	WORKERS COMPENSATION			·		·····		X WC STATU- OTH-		
	AND EMPLOYERS' LIABILITY VIN					44/04/40	11/01/11			4 000 000
A	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC0834106		11/01/10	11/01/11	E.L. EACH ACCIDENT	\$	1,000,000
	(Mandatory in NH)					1 1		E.L. DISEASE - EA EMPLOYEE	5	1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below			<u> </u>				E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Crime/Employee Dis			067766440		09/10/10	09/10/11	Emp Disho .		850,000
ļ				l						
DES	CRIPTION OF OPERATIONS / LOCATIONS / VEHICL Francisco Department of Public He	ES (A	ttach .	ACORD 101, Additional Remarks	Schedule	, If more space is	required}			
Sar	Francisco Department of Public He	aith i	is na the	med additional insured	1 with					
atta	pect to the Automobile Liability poli iched Auto Al endorsement. Worker dence only. 10 days notice of cancel	s Cor	mpe	nsation coverage exclu	ded,					
evi	dence only. 10 days notice of cancel	latio	n foi	non-payment of premi	um.					

CERTIFICATE HOLDER	CANCELLATION
SANFR-3 San Francisco Department	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
of Public Health Office of Contract Management 101 Grove Street, Room 307 San Francisco, CA 94102	AUTHORIZED REPRESENTATIVE

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# 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, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

City & County of San Francisco 1380 Howard Street San Francisco, CA 94103

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 Jiability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

#### City and County of San Francisco Office of Contract A dministration Purchasing Division City Hall, Room 430 I Dr. Carlton B. Goodlett Place San Francisco, California 94102-4685

## Agreement between the City and County of San Francisco and

#### Seneca Center

This Agreement is made this 1st day of July. 2010 in the City and County of San Francisco, State of California, by and between Seneca Center 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, Community Behavioral Health Services ("Department") wishes to provide therapeutic behavioral services to children, youth and families; and,

WHEREAS, a Request for Proposal ("RFP") was issued on July 31, 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 number PSC 4150-09/10 on June 21, 2010;

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, 2010. The City shall have the sole discretion to exercise the following options pursuant to RFP23-2009 dated July 31, 2009, to extend the Agreement term:

 Option 1:
 January 1, 2011 – December 31, 2011

 Option 2:
 January 1, 2012 – December 31, 2012

 Option 3:
 January 1, 2013 – December 31, 2013

CMS#6941

P-500 (05-10)

Seneca Center 7/1/10 Option 4: January 1, 2014 – June 30, 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 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 Five Million Seven Hundred Seventy Two Thousand Three Hundred Two Dollars (\$5,772,302). 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 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

CMS#6941 P-500 (05-10)

Seneca Center 7/1/10 IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

# CONTRACTOR

Recommended by:

Seneca Center

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

Approved as to Form:

DENNIS J. HERRERA City Attorney

TERENCE HOWZE

Deputy City Attorney

10/4/10 Date

KEN BERRICK **Executive Director** 2275 Arlington Drive San Leandro, California 94578

City vendor number: 24631

Approved:

By:

0

MI KELLY Director Office of Contract

Administration and Purchaser

# Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Private Policy Compliance
- I: Emergency Response

CMS#6941 P-500 (05-10) Seneca Center 7/1/10

Date

19410

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#### Appendix B Calculation of Charges

#### 1. Method of Payment

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

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

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

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

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

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

## B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

#### (2) Cost Reimbursement:

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

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

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

CMS#6941

Seneca Center

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 t0he C.ITY.

#### 2. Program Budgets and Final Invoice

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

Budget Summary CRDC B1 – B10 Appendix B-1 Therapeutic Behavioral Services (TBS) Appendix B -2 Intensive Therapeutic Foster Care (ITFC) Appendix B-3 Short Term Connections-Intensive Support Services Appendix B-4 Long Term Connections – Wraparound Services Appendix B-5 Residentially Based Services (RBS) Appendix B-6 San Leandro Day Treatment Appendix B-7 FMP (Family Mosaic Project) & CCCS

(Comprehensive Child Crisis Services) Wraparound Services

Appendix B-8 Parenting Training Institute

Appendix B-9 Youth Transitional Services (YTS)

Appendix B-10 AIIM Higher

#### B.. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Sixty Three Million Four Hundred Ninety Five Thousand Three Hundred Twenty Seven Dollars (\$63,495,327) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$7,090,735 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.

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Seneca Center

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2010 through December 31, 2010	\$920,477 (BPHM06500043)
July 1, 2010 through December 31, 2010	\$4,233,365 (BPHM06500043)
July 1, 2010 through June 30, 2011	\$5,224,592
July 1, 2011 through June 30, 2012	\$9,949,267
July 1, 2012 through June 30, 2013	\$8,310,219
July 1, 2013 through June 30, 2014	\$10,307,683
July 1, 2014 through June 30, 2015	\$10,307,683
July 1, 2015 through December 31, 2015	\$7,151,306
Total of July 1, 2010 through December 31, 2015	\$56,404,592

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

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Sur	mmarv
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DHCS Legal Entity Number (MH):		Prepa	ared By/Phone #:		gs/ 510-300-6325					Fiscal Year:	13/14
DHCS Legal Entity Name (MH)/Contractor Name (SA):	Seneca Center			Document Date:	6/30/2014					•	
Contract CMS # (CDTA use only):		•	•								
Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	B-7 (a&b)	B-8	B-9	B-10	
		Intensive		Long Term			•				
		Therapeutic	Short Term	Connections-	Residentially			Parenting Training			
Appendix A/Program Name:	TBS	Foster Care	Connections	WRAP	Based Services	San Leandro DT	Wraparound (b)	Institute	YTS	AllM Higher	
Provider Number	38CQ	38CQ	38CQ	38CQ	38CQ	8980	38CQ -	38CQ	38CQ	38CQ	
Program Code(s)	38CQ5	38CQ6	38CQ3	38CQ4	38CQ7	89802/8980OP	38CQWF	38CQPTI	38CQMST	38CQAH	
FUNDING TERM:	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	7/1/13 _ 6/30/14	7/1/13 _ 6/30/14	7/1/13 6/30/14	7/1/13 6/30/14	TOTAL
FUNDING USES								1	1		
Salaries & Employee Benefits:	712,423	353,223	366,623	4,168,135	470,278	53,523	183,318	101,681	162,625	313,500	6,885,328
Operating Expenses:	31,291	22,657	36,166	590,904	69,722	4,861	15,793	Ō	27,059	16,526	814,979
Capital Expenses:							· · · · ·				0
Subtotal Direct Expenses:	743,713	375,880	402,789	4,759,039	540,000	58,384	199,111	101,681	189,684	330,026	7,700,307
Indirect Expenses:	89,246	45,106	48,335	571,085			23,892				924,04
Indirect %:	12%	12%	12%	12%			12%				12
TOTAL FUNDING USES	832,959	420,987	451,124	5,330,124	604,800		223,003	113,883	212,447	369,629	8,624,346
										ringe Benefits %:	25
CBHS MENTAL HEALTH FUNDING SOURCES				· · · · · ·		<u> </u>					
MH FED - SDMC Regular FFP (50%)	356,682	210,494	215,134	2,528,239	238,548	32,695	82,251		22.577	24,860	3,711,480
MH STATE - PSR - EPSDT	321.014	189,444	81,120	2,275,413	214,694		74.027	,	20,320		3,227,832
MH STATE - Family Mosaic Capitated Medi-Cal	0	0	0	2,210,110		0 0	50,000			22,070	50,000
MH WORK ORDER - Human Services Agency (Match)	36,305	21,049	9,013	1 · · · · · · · · · · · · · · · · · · ·	23,515	3,270	00,000	<u> </u>		0	334,161
MH WORK ORDER - Human Services Agency	00,000		0,010	241,000	20,010	0,270	0	112,200	<u></u>		112,200
MH STATE - MHSA (CSS)	ň	0		273,648		0	o		<u></u>		273,648
MH STATE - MHSA (PEI)	ő			0	c						319,908
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster	¢ 0	0		0			8,500	<u>.</u>		010,000	8,500
MH COUNTY - General Fund	113.946		145,857		128,043		8,225		169,550	2,486	579,922
MH COUNTY - General Fund WO-CODB	5,012	0	110,007	11,010	120,010			1.683		2,700	6,695
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	113,883		369,629	8,624,346
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OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCE		1		+	1	1	<u> </u>	+	+		
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OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES		<u> </u>			+ <u>-</u>						
TOTAL DPH FUNDING SOURCES	832,959		451,12	5,330,12	4 604.80	0 65,390	223,00	3 113.88	-	7 369.629	8,624,346
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TOTAL NON-DPH FUNDING SOURCES						d (		d	d	d	
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TOTAL FUNDING SOURCES (DPH AND NON-DPH)	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	113,883	212,447	369,629	8,624,346

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DHCS Legal Entity Name (MH)/C	ontractor Name (SA):		Jung, Dua ee		- <u>/</u>	Appendix/Page #:	B-1, Page 1
Bride Legal Entry Maine (Milly)	Provider Name:	Seneca Center/San Fran	cisco Connections			Document Date:	6/30/2014
· ·	Provider Number:	38CQ				Fiscal Year:	13/14
	Program Name:	TBS		····; ····		· · · · · · · · · · · · · · · · · · ·	
Program Code (for	nerly Reporting Unit):	38CQ5					
	(MH) or Modality (SA)	.15/58					
	Service Description:	TBS	0	0	0	, 0	TOTAL
	FUNDING TERM:	7/1/13-6/30/14					
FUNDING USES					A Press	· 1823年中学学校学校学校学校	
Salaries	& Employee Benefits:	712,423		_			712,423
	Operating Expenses:	31,291				· · · · · · · · · · · · · · · · · · ·	31,291
	(greater than \$5,000): tal Direct Expenses:	0					0
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ΤΟΤ	Indirect Expenses: AL FUNDING USES:	89,246 832.959	0	0	0	0	89,246
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	Code/Project		1-1 Contraction of the second				
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						Marine Service
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	356,682	COMPANY AND ADDRESS (1973)	n y na se anna an a	n in standig of standard set	<ul> <li>prostantino a spirituidentajo e el Saldadar</li> </ul>	356,682
MH STATE - PSR-EPSDT	HMHMCP751594	321,014					321,014
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	36,305			· · ·		36,305
MH COUNTY - General Fund	HMHMCP751594	113,946					113,946
MH COUNTY - General Fund WO-CODB	HMHMCP751594	5,012		·			5,012
TOTAL CBHS MENTAL HEALTH I	FUNDING SOURCES	832,959	<b>-</b> .	-	-	-	832,959
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CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:						and interaction of the second second
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	· · · ·						<u>                                      </u>
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TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES		-	-			
	Index		2.1.1. <b>1.1.1</b> .1.1.1.1.1.1.1.1.1.1.1.1.1.1			BASHING REDUCTION	
	Code/Project						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:		State 1			1	
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		L	ļ. <u></u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES			·		<u> </u>	832,959
NON-DPH FUNDING SOURCES				- L (may der Hall (Sandtrikt auch 1944) (sandtrikt	-		
	N N DI BRENE DI MAN DA SA	CALCULAR DESIGNATION OF THE	A CONTRACTOR OF A	anon influenciation (1993)	Contraction of the second second		1002.25 CO22.27
TOTAL NON-DPH FUNDING SOURCES	si		0	c	) (		- 1
TOTAL FUNDING SOURCES (DPH AND NON-DPH		832,959			-		832.959
CBHS UNITS OF SERVICE AND UNIT COST	<u> </u>	002,000	<u> </u>	<u> </u>	1		
Number of Beds Pu	,	<u>  ··</u>		+		12002027.9127	
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes)		1	1	1	1	
	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				1	· · ·	
Cost Reimbursement (CR) or F	FFS					ESSINCE TO THE	
	319,141 Staff Minute	-	-	-	•	和自己的主要。在新闻	
	DPH Units of Service: Unit Type:						
Cost Per Unit - DPH Rate (DPH FUND				0.00	0.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH F				0.00	0.00	0.00	and the start of the start beauty and the
	di-Cal Providers Only)						Total UDC:
Undu	plicated Clients (UDC)	95	5	1		<u> </u>	9

DPH 3: Salaries & Benefits Detail

Appendix/Page # B-1 Page 2

Program Code: 38CQ5 Program Name: Therapeutic Behavioral Services (TBS) Document Date: 6/30/14

		TOTAL		General Fund MHMCP751594 General Fund MHMCHMTCHWO General Fund MHMCP751594 HMHMCHMTCHWO Funding Source 2 (Include Funding						Source Name and Code/Project	nd Funding Source Name and Index Code/Project Detail/CFDA#)				
	Term:	0.1	Term:			Term:		Term:		Term:		Term:			
Position Title	FTE	Salaries	. FTE		laries	FTE .	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries		
Asst. Director	0.70		0,70		49,000		······				<u> </u>				
TBS Clinician	7.84		7.43	\$	416,083	0.41	22,855								
TBS Coach	1.00	\$ 46,000	1.00	\$	46,000										
Direct Clerical	1.00	\$ 36,000	1.00	\$	36,000				· · · · · · · · · · · · · · · · · · ·		······································				
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Totals		1	10.13	\$	547,083	0.41	\$22,855	0.00	\$0	0.00	\$0	0.00	\$0		
			-	-	547,538 (455)		· ·		••••••••••••••••••••••••••••••••••••••	·					
Employee Fringe Benefits	: 25%	\$142,484.50	25%	6 ·	\$136,771	25%	\$5,713.75	#DIV/01		#DIV/0!	· ·	#DIV/0!			
											4 <u></u>				
<b>TOTAL SALARIES &amp; BENEFITS</b>		\$712,423			\$683,854	]	\$28,569		\$0		\$0		\$0		

## DPH 4: Operating Expenses Detail

Appendix/Page #: B-1 Page 3

Program Code: <u>38CQ5</u> Program Name: <u>Therapeutic Behavioral Services (TBS)</u> Document Date: <u>6/30/14</u>

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	. Term:	Term:
Occupancy:	•					
Rent	\$ 3,500.00	\$ 3,500.00			·	
Utilities(telephone, electricity, water, gas)	\$ 3,200.00	\$ 3,200.00				
Building Repair/Maintenance	\$ 2,667.00	\$ 2,667.00				
Materials & Supplies:						
Office Supplies	\$ 1,507.50	\$ 1,507.50				
Photocopying	\$ -					
Printing		-				
Program Supplies	\$ 3,036.00	\$ 3,036.00				
Computer hardware/software						
General Operating:			· .			
Training/Staff Development	\$ 1,400,00	\$ 1,400.00				
Insurance		+ <u>1,100.000</u>		· · · · · · · · · · · · · · · · · · ·		
Professional License		·····				· · · · · · · · · · · · · · · · · · ·
Permits		······				
Equipment Lease & Maintenance	and the second	\$ 1.015.00				
Staff Travel:	· 1,010.00	φ <u>1,010.00</u>		· · · ·		
Local Travel	\$ 8,248.00	\$ 6.002.00	\$ 2,246.00			
Out-of-Town Travel		\$ 6,002.00	\$ 2,246.00			
		· · ·				,
Field Expenses	<u> </u>	· · · · ·				·
Consultant/Subcontractor: CONSULTANT/SUBCONTRACTOR - Jessica Rock - Quality			· · · · · · · · · · · · · · · · · · ·	<u> </u>	·	
Assurance, \$25 Hour, various dates , 162 hours	\$ 4,050.00	2,450	1,600			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail					· ·	
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$					·····
w/Dates, Hourly Rate and Amounts)	s -				1	
(add more Consultant lines as necessary)						
Other:		·				
Staff Recruitment	\$ 2,667.00	2.667		······································		
	\$ -	<b></b>			······································	
an a	\$ -		1			
	s -	t			<u> </u>	
	\$' -	<u>+</u>				
	<u> </u>		L	I	L	L

TOTAL OPERATING EXPENSE

\$3,846

\$0

\$0

\$0

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DPH 2: Depa	rtment of Public	Heath Cost Repo	orting/Data Col	llection (CRDC	<b>;)</b>	·	
DHCS Legal Entity Name (MH)/C						Appendix/Page #:	B-2, Page 1
•		Seneca Center/San Franc				Document Date:	6/30/2014
	Provider Number:	38CQ	38CQ	38CQ	38CQ	Fiscal Year:	13/14
		· · ·	. Intensive	Intensive	Intensive		
• • · · · ·		Intensive Therapeutic				•	
	Program Name:	Foster Care	Care	Care	Care		•
Program Code (for	merly Reporting Unit):	38CQ6	38CQ6		38CQ6		
	(MH) or Modality (SA)		15/10-57	15/70-79	15/60-69		
	······································			Crisis Intervention-			
· · · · · · · · · · · · · · · · · · ·	Service Description:	. Case Mgt Brokerage	MH Svcs	OP	Medication Support	Ο.	TOTAL
	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		
FUNDING USES		小STATE 12 19 19 19 19 19 19 19 19 19 19 19 19 19		也已是不可能感到多少的	AND STREET	STRANGES IN THE REAL	Sector Sector
Salaries	& Employee Benefits:	45,920	300,236	3,534	3,534		353,223
	Operating Expenses:	2,946	19,259	227	. 227		22,658
	(greater than \$5,000):		0		0		(
Subto	tal Direct Expenses:		319,495		3,760	0	375,881
	Indirect Expenses:		38,340	451	451		45,100
T01	AL FUNDING USES:	54,730	357,834	4,211	4,211	0	420,987
	Index						
	Code/Project	·27主、安全地的			网络内部合理机	123月37270月133条	and the second state of the second
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:		The second second second second	and the second	enarge en 73 killen ik	No. of the second s	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	27,365	178,918	2,106	2,106		210,494
AND A WARDEN TO WARDEN AND A WARDEN AND A STREAM AND AND A STREAM AND A STREAM AND A STREAM AND AND AND A STREAM AND	HMHMCP751594	24,629	161,025	1,895			189,44
MH WORK ORDER - Human Services Agency (Match)	нмнмснмтснwo	2,/30	17,891	211	211		21,04
				·			
TOTAL CBHS MENTAL HEALTH	EUNDING SOURCES	54,730	357,834	4,211	4,211	<u> </u>	420,987
	Index	A CONTRACTOR OF A	337,034	ALL IL	and an and a second	i andring spinistically available	120,001
	. Code/Project	Standard Berger and Andrews		中国的主义		Contra States	
CBHS SUBSTANCE ABUSE FUNDING SOURCES				a periodical de la construcción de			
	Detail/CFDA#:	Che della contratta de la contr	The second s	AND A THE REAL PROPERTY OF			et al deserve estandarie
				<u> </u>	<u>+</u>		
	<u> </u>		<u> </u>		<u> </u>	· · · · · · · · · · · · · · · · · · ·	
					· · · ·		
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	-	-	· · · · · ·		-	
	Index	STY GENERAL STORE	a de la companya de l		Sector Sector	Conversion and the second	ant the gate period
	Code/Project				Contraction of the		a want in the
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:		1000	a national states in the second			
		AND ALL STOLD INCOME AND A				a a construction de la construction Internet de la construction de la co	-
					1		
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	s -	-		-	-	· -
TOTAL DPH	FUNDING SOURCE	S 54,730	357,834	4,211	4,211	•	420,987
NON-DPH FUNDING SOURCES		Contraction of the Property of					
				· ·			
TOTAL NON-DPH FUNDING SOURCES		-				D	
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)[	54,730	357,834	4,211	4,211		420,987
CBHS UNITS OF SERVICE AND UNIT COST							
	urchased (if applicable						Part Annald
Substance Abuse Only - Non-Res 33 - ODF # of Gr							A SHORE THE SHORE
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit						· ·	
Cost Reimbursement (CR) or I	Fee-For-Service (FFS		FFS	FFS	FFS		
	DPH Units of Service						13月8日1月1日日日
	Unit Type	e: Staff Minute	e #N//	A Staff Minut	e Staff Minut	e (	) in paulaise and
Cost Per Unit - DPH Rate (DPH FUN	DING SOURCES Only	() 2.02	2.61	. 3.88	4.82	0.00	<b>地理的现在分子</b>
Cost Per Unit - Contract Rate (DPH & Non-DPH I	FUNDING SOURCES	): 2.02	2.61	3,88	4.82	0.00	Construction of the
Published Rate (Me	edi-Cal Providers Only	): 2.02	2.6	1 3.88			Total UDC:
lindi	plicated Clients (UDC	): 1:			5 . 1	5	1 1

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

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**DPH 3: Salaries & Benefits Detail** 

Appendix/Page #: B-2 Page 2

Program Code: 38CQ6 Program Name: Intensive Treatment Foster Care (ITFC) Document Date: 6/30/14

Appendix rage #. _____

Funding Source 2 (Include Funding Source 3 (Include Funding Source 4 (Include General Fund Work Order HSA Funding Source Name and Funding Source Name and Funding Source Name and TOTAL HMHMCP751594 нмнмснмтснwо Index Code/Project Index Code/Project Index Code/Project Detail/CFDA#) Detail/CFDA#) Detail/CFDA#) Term: Term: Term: Term: Term: Term: Position Title FTE Salaries FTE Salaries FTE FTE Salaries FTE Salaries Salaries FTE Salaries Wrap Services Director 0.10 \$ 8,500 0.10 \$ 8,500 0.50 0.50 \$ 37,500 Licensed Clinical Supervisor 37,500 \$ 2.53 \$ 2.35 \$ 119,850 Therapist/ Social Worker 128,827 0.18 8,977 Mental Health Assistant 88,502 2.32 \$ 82,444 2.49 0.17 6,058 0.53 0.53 Cierical 19,250 19,250 9 0.00 ١s . 0.00 \$ _ 0.00 -¢ 0.00 -0.00 2 -0.00 -2 0.00 \$ -0:00 -\$ -0.00 \$ ..... 0.00 \$ -0.00 \$ -0.00 \$ -۰. 0.00 \$ ... -1 0.00 \$ ..... 0.00 - ' 0.00 \$ -0.00 \$ -Totals: 6.15 \$ 282.579 5.80 \$ 267.544 0.35 \$15.035 0.00 \$0 0.00 \$0 0.00 \$0

Fringe	Benefits:	

25%

TOTAL SALARIES & BENEFITS

Employee

\$353,223

-25%

\$66,886

\$334,429

\$70,644.66

25%

\$18,794

\$3,758.78

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#### DPH 4: Operating Expenses Detail

#### Appendix/Page #: _____B-2 Page 3 _____

Program Code: <u>38CQ6</u> Program Name: <u>Intensive Treatment Foster Care (ITFC)</u> Document Date: <u>6/30/14</u>

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
occupancy:		•				
Rent	`\$	\$-				
Utilities(telephone, electricity, water, gas)	\$ -					•
Building Repair/Maintenance						
laterials & Supplies:	· · ·				· · · · · · · · · · · · · · · · · · ·	
Office Supplies	\$ 1,736,00	\$ 1,736.00	<u>.                                    </u>			
Photocopying		1,700.00	· · · · · · · · · · · · · · · · · · ·		†	
Printing		· · · ·		· · · · · · · · · · · · · · · · · · ·		
Pringram Supplies					<u> </u>	
Program Supplies Computer hardware/software						
	ə -				<u> </u>	
General Operating:				+÷	<u>+</u>	
Training/Staff Development		\$ 6,145.00	· · · · · · · · · · · · · · · · · · ·			+
			<u> </u>		<u> </u>	
Professional License		· · · · · · · · · · · · · · · · · · ·		<u> </u>		·
Permits	the second s					
Equipment Lease & Maintenance	\$ 1,351.00	\$ 1,351.00	ļ	<u> </u>		<u>.</u>
Staff Travel:	<u>_</u>	·····			·	
Local Trave		\$ 13,425.00	· · · · · · · · · · · · · · · · · · ·			
Out-of-Town Trave		·		·		·
Field Expenses	\$ -				<u> </u>	ļ
Consultant/Subcontractor:				·		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$	+		÷		
w/Dates, Hourly Rate and Amounts)	\$ -			•		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -					- <u> </u>
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Other:		· · · ·			·	
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	\$ -	<u> </u>	<u> </u>	<u> </u>		L.

DPH 2: Depa	artment of Public	Heath Cost Repo	orting/Data Co	llection (CRDC	;)		
DHCS Legal Entity Name (MH)/C	ontractor Name (SA):	Seneca Center				Appendix/Page #:	B-3, Page 1
		Seneca Center/San Franc				Document Date: Fiscal Year;	6/30/2014 13/14
	Provider Number:	38CQ	38CQ	38CQ	38CQ	Fiscal Year;	13/14
· · ·			ST Connections-	ST Connections-	ST Connections-	·	
· ·		ST Connections-	Intensive	Intensive	Intensive		
		Intensive Support	Support	Support	Support	·	
	Program Name:	Services	Services	Services	Services	· ·	1
Program Code (for	merly Reporting Unit):	38CQ3 ·	38CQ3	38CQ3	38CQ3		
Mode/SFC	(MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69		
· ·	<b>D D</b>	Case Mgt Brokerage	MH Svcs	Crisis Intervention- OP	Medication Support	D	TOTAL
	Service Description:						TOTAL
	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	niedz de la construction de la construcción de la construcción de la construcción de la construcción de la cons	and the state of the
FUNDING USES		43,995	297,700	17,229	7,699		366,623
Salaries	& Employee Benefits: Operating Expenses:	43,995					36,166
Canital Evnenses	(greater than \$5,000):		2.5,307	1,100	100		00,100
	tal Direct Expenses:	48,335	327,067	18,929	8,458	. 0	402,789
<u>Guno</u>	Indirect Expenses:	5,800			1,015		48,335
TOT	AL FUNDING USES:		366,316	.21,200	9,473	0	451,124
	Index	CONTRACTORS NOT	CERTIFICATION	And the state of the	in a start white		A CARACT
	Code/Project	and start of a set	and a state of the second	All Manual Providence			14.75244.5771
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	25,816					215,134
MH STATE - PSR-EPSDT	HMHMCP751594	9,734				·	81,120
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	1,082					9,013
		0				· · · ·	
		0					
MH COUNTY - General Fund	HMHMCP751594	17,503					145,857
TOTAL CBHS MENTAL HEALTH		54,135	366,316		9,473	•	451,124
	Index	STOLED STOLED AND AND AND AND AND AND AND AND AND AN					ALTER AT LEASE AND
	Code/Project						
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
		<u> </u>					<u> </u>
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TOTAL ODUS OUDSTANOT ADUSE			ļ				
TOTAL CBHS SUBSTANCE ABUSE		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	Tan a transmitti alkaka alkat da mased	and the second and a support of
	Index Code/Project						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:		化化学 化分离子计	ANG CARAGE		如日本和中于上	
	Detainor DAW.	And the second	a saada a saada ah saada	State President Street St			-BREAKING COLORA PERSONAL A
· · · · · · · · · · · · · · · · · · ·	1	1	1	1.	· · ·		
TOTAL OTHER DPH-COMMUNITY PROGRAMS				-	-	-	-
	FUNDING SOURCES	54,135	366,316	21,200	9,473	-	451,124
NON-DPH FUNDING SOURCES						·李芊宇的马子和中心	
			<u> </u>				C
TOTAL NON-DPH FUNDING SOURCES		-	(	י		. 0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	· 54,135	366,316	21,200	9,473	-	451,124
CBHS UNITS OF SERVICE AND UNIT COST							
	irchased (if applicable						
Substance Abuse Only - Non-Res 33 - ODF # of Gro			ļ		<u> </u>		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							
Cost Reimbursement (CR) or F			FFS	FFS 5,464	FFS 1.965		Long of the second second
	DPH Units of Service Unit Type						1453 - 15 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (13 - 16 (1
Cost Per Unit - DPH Rate (DPH FUND		<b>1</b>				0.00	1.1.1.2.48246.244646. 67.17.2.695.256.2975-2
Cost Per Unit - Contract Rate (DPH FONL Cost Per Unit - Contract Rate (DPH & Non-DPH F						0.00	
Published Rate (Me	d-Cal Providers Unive	2.02	2.6	1 3.88	4.82		Total UDC:

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

#### DPH 3: Salaries & Benefits Detail

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Appendix/Page #: B-3 Page 2

Program Code: 38CQ3 Program Name: Short Term Connections - Intensive Support Services Document Date: 6/30/14

		TOTAL		al Fund P751594		Order #1 HSA MCHMTCHWO	Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Index	ource 3 (Include Source Name and Code/Project Itall/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:		Term:		Term:	•	Term:		Term;		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
San Francisco Program Director		\$ 9,785	. 0.10									· · · · · · · · · · · · · · · · · · ·
Program Manager		\$ 62,541	0.75	1		·		•				
Clinician		\$ 112,000	2.00					•				
Support Counselors	2.00		. 2.00	1		•				· · ·		
Direct Clerical	0.75	\$ 27,437	0,75	27,437			•					
·	0.00	\$ -					•			<b>.</b>		
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	0.00	1	1		1							
Totals			5.60	\$ 293,299	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
						*	•					· .
Employee Fringe Benefits	: 25%	\$73,325	. 259	\$73,325	#DIV/0!	\$0.00	#DIV/01		#DIV/01		#DIV/01	
							. <u></u>			· ·		· . · · ·
TOTAL SALARIES & BENEFITS		\$366,623	Г	\$366,623	Г	\$0	T	\$0	٦ ·	\$0	ו ר	\$0
IVIAL SALARIES & BENEFITS	•	\$366,623	1	\$366,623	<b>.</b>	\$0	1	\$0	┛.	\$0		\$0

#### DPH 4: Operating Expenses Detail

Appendix/Page #: B-3 Page 3

Program Code: <u>38CQ3</u> Program Name: <u>Short Term Connections - Intensive Support Services</u> Document Date: <u>6/30/14</u>

Expenditure Category	TOTAL		General Fund HMHMCP751594		ork Order HSA HMCHMTCHWO		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14		Term: 7/1/13-6/30/14	Terr	m: 7/1/13-6/30/14	Term:	Term:	Term:
Occupancy:					•			
Rent	\$ 13,000.00	\$	11,500.00	\$	1,500.00			
Utilities(telephone, electricity, water, gas)	\$ 3,655.00	\$	2,655.00	\$	.1,000.00		·	
Building Repair/Maintenance	\$ 2,791.00	\$	. 2,291.00	\$	500.00			
Materials & Supplies:		1				•		
Office Supplies	\$ 1,722.00	\$	1,175.00	\$	547.00			· · · ·
Photocopying	\$ -	1						· .
Printing								
Program Supplies		s	1,300.00	\$	1,000.00		• •	
Computer hardware/software		†*		· • · · · · ·			······································	
General Operating:								· · · · · · · · · · · · · · · · · · ·
Training/Staff Development	\$ 588.00	\$	588.00	<u> </u> -	······································			
Insurance		Ť	000.00	h			·	
Professional License								
Professional License		+						
Equipment Lease & Maintenance		+	585.00	<u></u>				
	a 565.00		565.00	+				
Staff Travel:		+						
Local Travel		\$	3,330.00	\$	3,500.00		<u>↓</u>	
Out-of-Town Travel				+	······	- <u></u>		
rieia Expenses	\$	+						
Consultant/Subcontractor: Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 57 hours						+		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 3,990.00		3,990					
w/Dates, Hourly Rate and Amounts)	\$ -							
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail				T				
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -		· · · · · · · · · · · · · · · · · · ·	<b>_</b>				
		+						
Other:		+			···············			<u> </u>
Staff Recruitment		' <b> </b>	705	+		····	<u>.</u>	ļ
Depreciation			······································				·	
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	\$	+			· · · · · · · · · · · · · · · · · · ·	······		
	\$ -		· · · · · · · · · · · · · · · · · · ·	<b> </b>			ļ	
·	\$	1				•	· · · ·	

TOTAL OPERATING EXPENSE

\$36,166

\$28,119

\$8,047

\$0 [`]

\$0

\$0

DHCS Legal Entity Name (MH)/C	c. Department of		orneportingit				Appendix/Page #:	B-4, Page 1
Di 100 Euger Einig Hamo (in 170		Seneca Center/San Fran	cisco Connections		· · · · · · ·		Document Date:	6/30/2014
	Provider Number:	38CQ	38CQ	38CQ	38CQ	38CQ	Fiscal Year:	13/14
	Program Name:	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP	LT Connections- WRAP		
Program Code (for	nerly Reporting Unit):	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4	·	
Mode/SFC (	(MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/78		
	Service Description:	Case Mgt Brokerage	. MH Svcs	Crisis Intervention- OP	Medication Support	Other Non-MediCal Client Support Exp	0	TOTAL
	FUNDING TERM:	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		
FUNDING USES			and the second	COMOSING:	2001-1-0-1-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	are minimum.	20 An Internet	areas and the
Salaries	& Employee Benefits:	583,539	2,787,232		375,132	213,825		4,168,135
	Operating Expenses:	82,727	. 395,138	29,545	53,181	30,313		590,904
	(greater than \$5,000):	0						0
Subto	tal Direct Expenses: Indirect Expenses:	666,265 79,952			428,314 51,185		0	4,759,039 571,085
ΤΟΤ	AL FUNDING USES:	19,902	301,003	20,004	- 51,165	273,648	0	5,330,124
	Index	Provide Providence	Contractor and the local	STATE SALAR STATE	The second second	CALL MARSHER CONST		al bring of a large state of the
	Code/Project						Carl Barriston	Elss Aris
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:					A PARTICIPAL STREET		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	373,109						- 2,528,239
MH STATE - PSR-EPSDT	HMHMCP751594	335,798					· ·	2,275,413
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	35,567	169,885	5 12,703	22,855	·		241,009
MH STATE - MHSA (CSS)	PMHS63-1403					273,648		273.648
MH COUNTY - General Fund	HMHMCP751594	1,744	8,328	623	1,120			11,815
TOTAL CBHS MENTAL HEALTH					· ·	273,648	-	5,330,124
	Index	14670 KEEDING KEEDING	- THE PARTY OF THE	The second second	N HILL CONTROL			SENERAL PERIO
	Code/Project			and action of the				
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:						and the second second second	
		-						
								~
TOTAL CBHS SUBSTANCE ABUSE		.						-
	Index	-	a weather and on the local	C DALL PLANCESCO DE LA COM	-		The strength of the second strength	CTRACK-DAG SCORE-SWEDD
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Code/Project Detail/CFDA#:							
			-	-		- <u> </u>		
	1		· · · · · · · · · · · · · · · · · · ·			-		
TOTAL OTHER DPH-COMMUNITY PROGRAMS			-			-	-	
	FUNDING SOURCES	5 746,217	3,564,254				-	5,330,124
NON-DPH FUNDING SOURCES					e Mithelia - Frid	and the second secon		nan san san san san san san san san san
TOTAL NON-DPH FUNDING SOURCES				0	0		) 0	`
TOTAL FUNDING SOURCES		740.047	0.504.65			-		5,330,124
CBHS UNITS OF SERVICE AND UNIT COST	11	746,217	3,564,254	266,506	4/3,490	210,040	<u> </u>	0,000,124
	urchased (if applicable	, <del> </del>				·		A REAL PROPERTY.
Substance Abuse Only - Non-Res 33 - ODF # of Gro				-	-	•	1	Harris Constants
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit	h Narcotic Tx Program	n						
Cost Reimbursement (CR) or R		: FFS	FFS	FFS	FFS	CR		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
	DPH Units of Service	369,415	1,365,615	68,687	99,481	12	-	
	Unit Type	: Staff Minut	e #N/.	A Staff Minut		Month of Clier	s c	
Cost Per Unit - DPH Rate (DPH FUN		/	2.61	3.88	4.82	22,804.00	0.00	long to include
Cost Per Unit - Contract Rate (DPH & Non-DPH I					4.82			
	di-Cal Providers Only						<u> </u>	Total UDC;
Undu	plicated Clients (UDC)	): 16	0 . 16	0 160	) 16	0		16

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

#### DPH 3: Salaries & Benefits Detail

Appendix/Page #; B-4 Page 2

r rogram ooue.	30044
Program Name:	Long Term Connections - Wraparound Services
Document Date:	6/30/14

m Code: 2000/

C

		TOTAL	нмнм	ral Fund CP751594	НМНМС	der # 1 HSA HMTCHWO	. HMHMPRO	(Prop.63)-CSS P63. PMHS63-1403	Funding Inde D	Source 3 (Include Source Name and x Code/Project etail/CFDA#}	Funding (nde: De	Source 4 (Include Source Name and x Code/Project stail/CFDA#)
Position Title	Term: FTE	Salaries	Term: FTE	Ostarias	Term:	Salaries	Term: FTE		Term: FTE	Salaries	Term: FTE	Salaries
			· · · · · · · · · · · · · · · · · · ·	Salaries	FTE	Salaries	FIE	Salaries	FIE	Salaries	FIC	Salaries
Regional Director Program Services Director	0.25	······	0.25									
Wrap Services Director						· · ·					·	
	1.00		0.90		0.10	8,500	1		<u> </u>	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Asst. Director/Administrator	2.00	•	1.61		0.21	17,078	0.18	14,639				•
Team Supervisor	1.00	\$ 65,356.00	1.00	<u></u>								
Care Coordinator/Facilitators	31.50	\$ 1,512,000.00	28.00		1.50	. 72,000		96,000	<u> </u>			
Family Specialist Supervisor	3.00		2.80	<b>-</b>	0.20	10,200						
Family Specialist/Counselors	28.00	\$ 1,141,504.00	26.00		0.50	20,384	1	60,421	<u> </u>			
QA Billing Specialist	1.40	\$ 56,352.80	1.00	\$ 40,252	0.40	- 16,101			ļ			
Administrative Support	2.25	\$ 77,220.00	1.75	\$ 60,060	0.50	17,160			ļ			
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Tota		1	63.81	\$ 3,002,025	3.41	\$161,423	3.68	\$171,060	0.00	\$0	0.00	\$0

25% \$750,506

25% \$40,355.70

\$42,765.00 #DIV/0!

\$0

#DIV/0!

\$0

TOTAL SALARIES & BENEFITS

Employee Fringe Benefits:

\$4,168,135

25% \$833,626.95

\$3,752,531

\$201,779

· ·

25%

\$213,825

DPH 4: Operating Expenses Detail

Appendix/Page #: B-4 Page 3

Program Code: <u>38CQ4</u> Program Name: Long Term Connections - Wraparound Services Document Date:

ccupancy: Cupancy: Utilities(telephone, electricity, water, gas) Building Repair/Maintenance aterials & Supplies: Office Supplies Photocopying Photocopying Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen Insurance	\$ 40,440.00 \$ 26,597.00 5 \$ 35,905.00 1 \$ -	\$	erm: 7/1/13-6/30/14 70,609.00	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:
Ren Utilities(telephone, electricity, water, gas Building Repair/Maintenance aterials & Supplies: Office Supplies Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	\$ 40,440.00 \$ 26,597.00 5 \$ 35,905.00 1 \$ -	\$					
Utilities(telephone, electricity, water, gas Building Repair/Maintenance aterials & Supplies: Office Supplies Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	\$ 40,440.00 \$ 26,597.00 5 \$ 35,905.00 1 \$ -	\$					
Building Repair/Maintenance aterials & Supplies: Office Supplies Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	\$ 26,597.00 \$ \$ 35,905.00 1 \$	_	24 646 00				
aterials & Supplies: Office Supplies Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	s \$ 35,905.00 1 \$	\$	34,612.00	\$ 2,828.00	\$ 3,000.00		
Office Supplies Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	\$ -	1	15,826.00	\$ 2,781.00	\$ 7,990.00		
Office Supplies Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	\$ -	1					
Photocopying Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	\$ -	s	31,377.00	\$ 1,705.00	\$ 2,823.00	,	
Printing Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen		1					
Program Supplies Computer hardware/software eneral Operating: Training/Staff Developmen	al\$ -	1				······································	
Computer hardware/software eneral Operating: Training/Staff Developmen	6 ····					······································	<b></b>
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Training/Staff Developmen		+					1
	tt \$ 10,000.00	s	10.000.00				
lisualo		<u>' *</u> -	10,000,00			· · · · · · · · · · · · · · · · · · ·	<u>+</u>
Professional License		+	•	·			
Protessional Licensi		+				<u> </u>	
Equipment Lease & Maintenanci		5	6,949,00				
taff Travel:	0,945.00	╧╋	0,949.00			<u> </u>	<u> </u>
Local Travel:	\$ 115,560.00	5 \$	445 500.00				
		<u></u>	115,560.00				
Out-of-Town Trave							
Field Expense	s \$						
onsultant/Subcontractor: enter on Juvenile and Criminal Justice & Edgewood, Support		-					
ervices, various, monthly rate of \$2628 per client, approx 76 clients	\$ 200,844.00	5l	178,250	6,094	16,500		
eats, Rhymes & Life, therapuetic activity, various, hourly rate \$100,				1			1
20 hours	\$ 72,000.00	<u> </u>	72,000	<u> </u>		·	
ONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail /Dates, Hourly Rate and Amounts)	s -			· .			
add more Consultant lines as necessary)							
Yther:		1	-	1	1		
Staff Recruitme	nt \$ 12,000.00	0	12,000				
Depreciatio					1		1
	s -	1					1
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#### TOTAL OPERATING EXPENSE

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

	irtment of Public			nection (CRDC	•)	A	
DHCS Legal Entity Name (MH)/C		Serieca Family of Ag			Appendix/Page #: Document Date:	B-5 3/4/2014	
	Provider Number:	38CQ	15			Fiscal Year:	13/14
<u> </u>	Program Name:	RBS	RBS	RBS	RBS	Fiscal Teal.	13/14
Program Code (for		38CQ7	38CQ7	38CQ7	38CQ7		i
Program Code (for	merly Reporting Unit): (MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69		
Midde/SrC1	(WIT) OF WOULANTY (SA)	10/01-09	15/10-57	Crisis Intervention-	15/60-69		
	Service Description:	Case Mgt Brokerage	MH Svcs	OP ·	Medication Support	0	TOTAL
	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		
FUNDING USES			3.11年19月1日1月1日	POSSERVE (Frida)			<b>这些问题的复数</b> 的"
Salaries	& Employee Benefits:	61,136	376,222	23,514	9,406		470,278
	Operating Expenses:	. 9,064	55,778	3,486	1,394		69,722
	(greater than \$5,000):						
Subto	tal Direct Expenses:	70,200		27,000	10,800	0	540,000
	Indirect Expenses:	8,424	51,840	3,240			64,800
	AL FUNDING USES:	78,624	483,840	30,240	12,096	0	604,800
	Index			25.825.8572			
	Code/Project						
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	31,011	190,838	11,927	4,771	·	238,548
MH STATE - EPSDT Realignment	HMHMCP751594	27,910			4,294		214,694
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	3,057	18,812				23,515
MH COUNTY - General Fund	HMHMCP751594	16,646		6,402	2,561		128,043
		78,624	483,840	30,240	12,096	•	604,800
	index .						
	Code/Project					n an	
CEHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:		Constant of the second s	and the second			
·		-					<u> </u>
	· · · · · ·						
· ·							-
	L						-
TOTAL CBHS SUBSTANCE ABUSE		•	-		-	-	
	index	20.220.202	· Marine Alexandre				
	Code/Project			-12-19 - 12-19			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:						
·							-
			·	·			-
TOTAL OTHER DPH-COMMUNITY PROGRAMS				-	-	-	-
	FUNDING SOURCES		483,840	30,240	12,096	-	604,800
NON-DPH FUNDING SOURCES			States of Manager	教会性的特别人行动		CALCER REPORT	
	ļ	· · · · · · · · · · · · · · · · · · ·	L	· · · · · · · · · · · · · · · · · · ·			(
TOTAL NON-DPH FUNDING SOURCES			LC	0		0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	78,624	483,840	30,240	12,096	-	604,800
CBHS UNITS OF SERVICE AND UNIT COST							"他都是…
	rchased (if applicable)		1				
Substance Abuse Only - Non-Res 33 - ODF # of Gro				· .			The second s
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit	h Narcotic Tx Program					·	
Cost Reimbursement (CR) or F	FFS	FFS	FFS	FFS		國國際黨黨的	
	38,923 Staff Minute	185,379 #N/A	7,794	2,510		的现在分词的	
	Unit Type			1			and the second
Cost Per Unit - DPH Rate (DPH FUND				3.88	4.82	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH F	UNDING SOURCES):	2.02	2.61	3.88	4.82	0.00	
	di-Cal Providers Only):		2.61		4.82		Total UDC:
Undur	plicated Clients (UDC):	12	Included	Included	Included		12

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-5 Page 2

Program Code: <u>38CQ7</u> Program Name: <u>Residentially Based Services (RBS)</u> Document Date: <u>6/30/14</u>

	·	TOTAL	General Fund HMHMCP751594			Order HSA CHMTCHWO	Funding Source 2 、 (Inc Funding Source Name ; Index Code/Project Detall/CFDA#)				Funding Source 4 (include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term;		Term:		Term:	Term: FTE Salaries			Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries		Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Services Director	<u>0.10</u>		0.10	-			╂────┤		· · · ·		· ·	······
Wrap Services Director	0.15	\$ 12,750	0.15	\$ 12,750	<u> ,  </u>		<u> </u>					
Asst. Director/Administrator	0.25	\$ 20,331	0.25	\$ 20,331			<b> </b>		ļ	<u></u>		
Care Coordinator/Facilitators	4.00	\$ 192,000	3.70	\$ 177,600	· 0.30	14,400						
Family Finding Specialist Supervisor	0.50	\$ 25,500.00	0.50	25,500								
Family Specialist/Counselors	2.00	\$ 81,536.00	2.00	81,536	•							
Direct Clerical	1.00	\$ 34,320.00	1.00	34,320							,	
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Totals			7.70	\$ 361,82		\$14,400	0.00	. \$0	0,00	\$0	0.00	\$0

•

	Employee Fringe Benefits:	25%	\$94,055.56	25%	\$90,456	25%	\$3,600.00	#DIV/01		#DIV/01	· .	#DIV/01		
				•										
	<b>TOTAL SALARIES &amp; BENEFITS</b>	Ľ	\$470,278		\$452,278		\$18,000	]	\$0	· .	\$0		5	\$0
·		-	•	•	,		1 11 100	-						
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. .

Program Code: 38CQ7 Program Name: Residentially Based Services (RBS) Document Date: 6/30/14

Appendix/Page #: B-5 Page 3

Funding Source 2 Funding Source 3 Funding Source 4 (Include Funding (Include Funding (Include Funding Work Order HSA General Fund Source Name and **Expenditure Category** TOTAL Source Name and Source Name and нмнмснмтснwo HMHMCP751594 Index Code/Project Index Code/Project Index Code/Project Detail/CFDA#) Detail/CFDA#) Detail/CFDA#) Term: 7/1/13-6/30/14 Term: 7/1/13-6/30/14 Term: 7/1/13-6/30/14 Term: . Term: Term: Occupancy: 16,641.00 \$ Rent \$ 16,641.00 Utilities(telephone, electricity, water, gas) \$ 11,664.00 \$ 11,664.00 Building Repair/Maintenance \$ 18,710.00 18,710.00 \$ Materials & Supplies: Office Supplies \$ 3,000.00 \$ 3,000,00 Photocopying \$ -Printing \$ -Program Supplies \$ 3,316.00 2,500.00 816.00 \$ \$ Computer hardware/software \$ **-** · General Operating: Training/Staff Development \$ -Insurance \$ -Professional License \$ -Permits \$ -Equipment Lease & Maintenance \$ 1.000.00 1,000.00 Staff Travel: Local Travel \$ 5,521.00 \$ 5,521.00 Out-of-Town Travel \$ ---Field Expenses \$ -Consultant/Subcontractor: Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 141 hours. 9,870.00 7,691 2,179 \$ CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) \$ CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary) \$ . Staff Recruitment \$ -Depreciation \$ ·____ . \$ -\$ s s -.

TOTAL OPERATING EXPENSE

Other:

\$69,722

\$66,727

\$2,995

\$0

\$0

\$0

DHCS Legal Entity Name (MH)/C		of Public Heath Cost R	eporting/Data Collectic			· Annoralis/Dana #	D.C. Dere 4
		Seneca Center/James Baldwin Acade				Appendix/Page #:	B-6, Page 1
	Provider Number:	Seneca Cemer/James Bardwin Acade 8980	my			Document Date:	6/30/2014
		and the man in the Construction of the			•	Fiscal Year:	13/14
Description Cardo (fer	Program Name:	San Leandro Day Treatment	3980OP	Baldwin Academy OP	808000		
	nerly Reporting Unit): MH) or Modality (SA)	89802	15/01-09	8980OP 15/10-56	8980OP 15/60-69		,
Wideror C (	Service Description:	Day Tx Intensive Full day	Case Mgt Brokerage	MH Svcs	Medication Support	0	TOTAL
	FUNDING TERM:	7/1/13-3/31/14	4/1/14-6/30/14	4/1/14-6/30/14	4/1/14-6/30/14		
FUNDING USES	FUNDING TERM.	111/13-3/3 1/14	4/1/14-0/30/14	4/ 1/ 14-0/-3U/ 14	4/1/14-0/30/14	A DESCRIPTION AND ADDRESS OF ADDRESS OF ADDRESS OF	in a part Stephets, star or Carbonness
	& Employee Benefits:	35.815	2.656	14,166	885	NATES AND AND AND A STREET	53,523
Jaianes	Operating Expenses:	3,253	2,030	1,286	80		
Canital Expanses	greater than \$5,000):	. 3,233	241	1,200	00		4,861
	tal Direct Expenses:	39.068	2,897	15,453	966	0	58,384
	Indirect Expenses:	4,688	348	1,854	116		7,006
TOT	AL FUNDING USES:	43.756	3,245	17,307	1.082	0	65,390
and a standard bland a standard ar standard ar gan search and a'r san yw san ar san ar san ar san san san san s	Index	To, i do			1,002	Construction and other constraints of the	
	Code/Project					23 P Mr. Swamp S. W. M.	
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	the first start the destruction					
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	21,878	1,623	8,653	. 541	1993 - 1997 - 1995 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 -	32,695
	HMHMCP751594	19,690	1,460	7,788	487		29,425
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	2,188	162	866	54		3,270
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TOTAL CBHS MENTAL HEALTH	UNDING SOURCES	43,756	3,245	17,307	1,082	-	65,390
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	Code/Project					Hall Constant Party	에는 친구에서
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:		References and the second s			The second second second	- 2510 100 <del>4</del> 7, 0
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TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	-	-	· -	-	-	-
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OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:						
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TOTAL OTHER DPH-COMMUNITY PROGRAMS		·	-	-	·	<u> </u>	-
	FUNDING SOURCES		3,245	17,307	1,082		65,390
NON-DPH FUNDING SOURCES				間の記録をおけるの事業は			
					<u> </u> ,		⁽
TOTAL NON-DPH FUNDING SOURCES		-	L	ļ		. 0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	43,756	3,245	17,307	1,082		65,390
CBHS UNITS OF SERVICE AND UNIT COST			<u> </u>	L	1		State and the second second
	rchased (if applicable)			<u> </u>		-	
Substance Abuse Only - Non-Res 33 - ODF # of Gro							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	n Narcotic Tx Program	FFC	e and the second second	Contract Branches	1		Contraction of the second
Cost Reimbursement (CR) or I			FFS 1,606	FFS 6,631	FFS 224	·	Contraction of
······································	DPH Units of Service: Unit Type:						
Cost Des Usite DDU Date (DDU FUBI			2.02		4.82		
Cost Per Unit - DPH Rate (DPH FUNI Cost Per Unit - Contract Rate (DPH & Non-DPH F			2.02		4.82		Market States and States
	di-Cal Providers Only):		2.02		4.82		Total UDC:
	plicated Clients (UDC)					5	
Undu	vicated Cilents (UDC).	·1	<u>1 }</u>	13	All and the second second	<u> </u>	

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

#### DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-6 Page 2

Program Code: 89802/8980OP Program Name: Seneca San Leandro Day Tx Day Treatment Document Date: 6/30/14

		TOTAL		ral Fund CP751594		ork Order HSA HMCHMTCHWO	Funding Inde	Source 2 [.] (Include Source Name and x Code/Project etail/CFDA#)	Funding	Source 3 (Include 3 Source Name and 2x Code/Project etail/CFDA#)	Funding Inde	Source 4 (include Source Name and x Code/Project etail/CFDA#)
Position Title	Term:		Term:		Term:		Term:		Term;		Term:	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salarles
Regional Director	0.02			\$ 2,6	1	ļ	_			· · · · ·		
Clinical Supervisor			0.02	1			_					
Therapist	0.40	.\$ 21,200	0.40	\$ 21,2	00							
Mental Health assistant	0,42	\$ 13,440	0.42	\$ 13,4	40							
Nurse	0.05	\$. 4,100.00	0.05	4,1	00					· · ·		
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Totals	1	1	0.91	\$ 42,8	18 0.00		0.00	\$0	0.00	\$0	0,00	\$0

	Employee Fringe Benefits:	25%	\$10,704,50	25%	\$10,705	#DIV/0!	\$0.00	#DIV/01		#DIV/0!	L	#DIV/0[	L.
•.	TOTAL SALARIES & BENEFITS	[	\$53,523	Ľ	\$53,523		\$0	]	\$0	]	\$0	].	\$0
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Appendix/Page #: _ B-6 Page 3

DPH 4: Operating Expenses Detail Program Code: 89802/89800P Program Name: Seneca San Leandro Day Tx Day Treatment Document Date: 6/30/14

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project _Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
Occupancy:	•		· ·			
Rent	\$-					,
Utilities(telephone, electricity, water, gas)	\$ 1,488.00	\$ 488.00	\$ 1,000.00			
Building Repair/Maintenance					·	
Materials & Supplies:				· ·		
Office Supplies	\$ 673.00	\$ 453.00	\$ 220.00	· ·		
Photocopying						
Printing					-	
Program Supplies			•			
Computer hardware/software					-	· ·
General Operating:	•					
Training/Staff Development	\$ -					
Insurance		· · · · ·			•	
Professional License	\$ -					
Permits	\$ -		· ·			
Equipment Lease & Maintenance	\$ -			•		
Staff Travel:		· · ·				
Local Travel	\$ -		-			
. Out-of-Town Travel	.\$ -					
Field Expenses	\$ -				`	
Consultant/Subcontractor:	•					
		4.000	4 700			
Language People Inc, interpreting, \$75/Hour, various dates, 36 hours CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 2,700.00	1,000	1,700			
w/Dates, Hourly Rate and Amounts)	\$ -				· .	
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail			• •		•	
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)			· · · · · · · · · · · · · · · · · · ·			
Other:	,					
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TOTAL OPERATING EXPENSE	\$4,861	\$1,941	\$2,920	\$0	\$0	\$0

DPH 2: Department of DHCS Legal Entity Name (MH)/Co			Data Collection		Appendix/Page #:	B-7a, Page 1			
			enter/San Francisco Connections Document Date						
			in Francisco Conn	lections		6/30/2014			
·	Provider Number:	38CQ			Fiscal Year:	13/14			
	Program Name:	FMP Wrap							
	nerly Reporting Unit):	38CQWF							
Mode/SFC (	MH) or Modality (SA)	60/78							
	Service Description:	Client Supervision/Family Respite	ſ			TOTAL			
	FUNDING TERM:	7/1/13-6/30/14	Ĩ	-	-				
UNDING USES	and the second se								
	Employee Benefits:	41,034				41,03			
	3.610				3,61				
	Operating Expenses: greater than \$5,000):	. 0				·····			
	al Direct Expenses:	44,644		0	0	44,64			
· · · · · · · · · · · · · · · · · · ·	Indirect Expenses:	5,356				5,35			
· TOT	AL FUNDING USES:	50,000		0	. 0	50,00			
le en l'anne anna anna anna anna anna anna anna	Index								
BHS MENTAL HEALTH FUNDING SOURCES	Code/Project Detail/CFDA#:					-			
H STATE - Family Mosaic Capitated Medi-Cal	HMHMCP8828CH	50,000				, 50,00			
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				· · · · · · · · · · · · · · · · · · ·					
TOTAL CBHS MENTAL HEALTH I	UNDING SOURCES	50,000	-	-	-	50,000			
	Index								
BHS SUBSTANCE ABUSE FUNDING SOURCES	Code/Project Detail/CFDA#:					-			
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TOTAL CBHS SUBSTANCE ABUSE		-	-	<u> </u>					
DTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	·Index Code/Project Detail/CFDA#:					-			
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				······································					
TOTAL OTHER DPH-COMMUNITY PROGRAMS			-		•	-			
	FUNDING SOURCES	50,000	-	•	-	50,00			
NONEDPH FUNDING SOURCES									
	<u> </u>								
TOTAL NON-DPH FUNDING SOURCES		0	0	.0	0				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		50,000	-	-	-	50,00			
CBHS UNITS OF SERVICE AND UNIT COST		[							
Number of Beds Pu	chased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Gro				· · ·					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with									
Cost Reimbursement (CR) or F	FFS			1					
	1,667	-							
			Ċ	0					
Cost Per Unit - DPH Rate (DPH FUND	Unit Type: ING SOURCES Only								
Cost Per Unit - Contract Rate (DPH & Non-DPH F									
	li-Cal Providers Only):			· · · · · · · · · · · · · · · · · · ·	1	Total UDC:			
PUnuchen wate Inder	ILLA PROVIDERS DOWN								

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-7a Page 2

Program Code:	
Program Name:	FMP Wraparound Services
Document Date:	6/30/14

		TOTAL	General Fund HMHMCP751594		Funding Source 2 (Include Funding Source 2 (Include Funding Source Name and Index Code/Project Detall/CFDA#) Detall/CFDA#)		Index	Source 3 (Include Source Name and x Code/Project stall/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)			
Position Title	Term: FTE	Salaries	Term: FTE	Salaries	Term:	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term:	
Services Clinician Director	0.06		0.06		FIE		FIE	Salaries	FIE	Salaries	FTE	Salaries
						0		······································		······		· · ·
Family Supprt Counselor	0.50		0.50		·			······		·····		·
Clerical Support	0.20	\$ 6,867 \$	0.20	\$ 6,867	· · · · · · · · · · · · · · · · · · ·							
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Totals	: 0.76	\$ 32,827	0.76	\$ 32,827	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$

Employee Fringe Benefits:

,

**TOTAL SALARIES & BENEFITS** 

\$8,206.75

\$41,034

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25%

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DPH 4: Operating Expenses Detail

Appendix/Page #: B-7a Page 3

Program Code: 38CQWF Program Name: FMP Wraparound Services Document Date: 6/30/14

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#).	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:						
Rent	s -	·				
Utilities(telephone, electricity, water, gas)		-\$ 930.00				
Building Repair/Maintenance						
Materials & Supplies:			· · ·			
Office Supplies	\$ 450.00	\$ 450.00			·····	
Photocopying		4 100.00			······	
Printing						
Program Supplies		·	· · · · · · · · · · · · · · · · · · ·		· · · · ·	
Computer hardware/software		·			·	
General Operating:	¥		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
Training/Staff Development	\$ 950.00	\$ 950.00			•	
insurance		· · ·			· · · · · · · · · · · · · · · · · · ·	
Professional License					······	· · · · · · · · · · · · · · · · · · ·
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel	\$ 1,280.00	\$ 1,280.00			· · · · · · · · · · · · · · · · · · ·	
Out-of-Town Travel		+		<u> </u>		
Field Expenses						
Consultant/Subcontractor:						
	······································					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail - w/Dates, Hourly Rate and Amounts)	\$-					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$					
(add more Consultant lines as necessary)				·		
Other:		•			· · · · · · · · · · · · · · · · · · ·	<u>_</u>
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TOTAL OPERATING EXPENSE	\$3,610	\$3,610	. \$0	\$0	\$0	\$0

	rtment of Public		orting/Data Co	nection (CRDC	•)	A 19 000 19	
DHCS Legal Entity Name (MH)/Co		Seneca Center/San Franc				Appendix/Page #: Document Date:	B-7b, Page 1 6/30/2014
	Provider Number:	38CQ	Isco Connections			Fiscal Year.	13/14
	Program Name:	Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	13/14
Program Code (form	nerly Reporting Unit):	38CQWC	38CQWC	- 38CQWC	38CQWC	38CQWC	
	MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/78	
	with of Woddiney (0/1)		10/10-01	Crisis Intervention-	10/00-00	Other Non-MediCal Client	
	Service Description:	Case Mgt Brokerage .	MH Svcs	OP	Medication Support	Support Exp	TOTAL
	FUNDING TERM:	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	
FUNDING USES	or New Trans. Area .	CONTRACTOR FROM	AND CONTRACTOR		用 <b>时候的时候的时候</b> 中,		Research Control
Salaries	& Employee Benefits:	, 16,235	109,587	6,765	2,706	6,991	142,284
	Operating Expenses:	1,390	9,383	. 579		599	12,183
	greater than \$5,000):	0	0				
Subto	tal Direct Expenses:	17,625	118,970	7,344		7,589	154,467
	Indirect Expenses: AL FUNDING USES:	2,115	14,276 133,247	881 8,225	353	911	18,536 173,002
	the second s	19,740	133,247	8,225	3,290	8,500	173,002
	Index Code/Project						
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	9,870	66,623	4,113	1.645	0	82,251
MH STATE - PSR-EPSDT	HMHMCP751594	8,883	59,962			0	
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care		. 0			the second s	8,500	
MH COUNTY - General Fund	HMHMCP751594	987	6,662	411	165	0	8,225
TOTAL CBHS MENTAL HEALTH		19,740	133,247	8,225	3,290	8,500	173,003
	Index				SCHOOL ST	A COLUMN TO A COMPANY	and the use was
	Code/Project	and a start of the second s				Сан (1997) - 29 Сан (1997) - 29	Sacher (10 20 1)
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:				2000	to an the prover	ine the state of the
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TOTAL CBHS SUBSTANCE ABUSE		-	-	<u> </u>	<u> </u>		-
	index	a start in the second	an shutaan		1.42		
	Code/Project		The Charles and the second			les districts and set	
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:			All the second second	1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	and the second second	
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TOTAL OTHER DPH-COMMUNITY PROGRAMS	LUNDING SOLIPCES			<u></u> _		<u> </u>	
	FUNDING SOURCES	and the second sec	133,247	8,225		8,500	173.003
NON-DPH FUNDING SOURCES		19,740	. I			0,000	173,003
NON-DET FORDING/SOURCES							
TOTAL NON-DPH FUNDING SOURCES	st	<u>† · · · -</u> -		pl e	ol c	,	- 1
TOTAL FUNDING SOURCES (DPH AND NON-DPH	and the second	19,740	133,247			8,500	
CBHS UNITS OF SERVICE AND UNIT COST	/1	+		0,220		1 2,000	interroper exception
Number of Beds Pu	rchased (if applicable	)	<u> </u>			1	1. She was strength
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit	h Narcotic Tx Program	י					
Cost Reimbursement (CR) or F	ee-For-Service (FFS)	: FFS	FFS	FFS	FFS	FFS	States - Lawrence
	DPH Units of Service	9,772	51,053	2,120	683	283	
· · · · ·				ļ		Staff Hour or Clien	
						Day, depending or	
	Unit Type				. 1		- 7.0 m P. Market P. Marke
Cost Per Unit - DPH Rate (DPH FUNI							
Cost Per Unit - Contract Rate (DPH & Non-DPH F				3.88			
	di-Cal Providers Only)						
· Undu	plicated Clients (UDC)	: 1	5 1	5 15	1	5 15	

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-7b Page 2

Plogram Code.	3BCQVVC .
Program Name:	Child Crisis Wraparound Services
Document Date:	6/30/14

0-1-1 0000100

	TOTAL		General Fund HMHMCP751594		MH Prior Year SB 163		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detall/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#}		
Position Title	Term:	Ortestas	Term:		Term:	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	Term: FTE	Salaries	
		Salaries	FTE	Salaries	FTE	Salaries	FIE	Salaries	FIE	Salaries		Salaries	
Program Manager	0.15		0.15					<u>``</u>			<u>} ·</u>		
Clinician	1.00	\$ 52,800	1.00			· ·		0.000		<u></u>			
Support Counselors	1.10	\$44,845	. 0.95		0,15	\$ 6, <u>1</u> 15		0.000		·		•	
Direct Clerical	0.10	\$ 3,432	0.10	\$ 3,432	· ·		· · · ·					·	
	0.00	<u>\$</u>					<u>├</u>	•		•	<u> </u>		
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Totals:	2.35		2.20	\$ 107,712	0.15	\$6,115	0.00	\$0	0.00	\$0	0.00	\$0	

Employee Fringe Benefits: 25% \$28,456.83 25% \$26,928 25% \$1,528.80 #DIV/0! #DIV/0! . #DIV/0! TOTAL SALARIES & BENEFITS \$0 \$142,284 \$134,640 \$7,644 \$0 \$0

DPH 4: Operating Expenses Detail

Appendix/Page #: B-7b Page 3

Program Code:	38CQWC	
Program Name:	Child Crisis Wraparound Services	

Document Date: 6/30/14

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detall/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:				•		
Rent	\$ 2,000.00	\$ 2,000.00				·
Utilities(telephone, electricity, water, gas)		\$ 1,683.00				
Building Repair/Maintenance	\$-			·		
Materials & Supplies:						
Office Supplies	\$ 800.00	\$ 800.00				
Photocopying	\$ -			· ·		
Printing	\$-		-			
Program Supplies	\$ 500.00	\$ 500.00	•	. ,		
Computer hardware/software	\$					
General Operating:		·				
Training/Staff Development	\$ 1,200.00	\$ 1,200.00				
Insurance						· ·
Professional License						
Permits			· · ·			•
Equipment Lease & Maintenance		\$ 500.00	-			·
Staff Travel:						
Local Trave	\$ 3,000.00	\$ 3,000.00				
Out-of-Town Trave						
Field Expense:					•	
Consultant/Subcontractor:		•				· · · · · · · · · · · · · · · · · · ·
Shira M. Jindal-Jordon (LCSW) , MH note approver, \$25/hour, 102	· ,	1		1		1
hours CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 2,500.00	2,500	·		ļ	
w/Dates, Hourly Rate and Amounts)	s -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail		· · · · · · · · · · · · · · · · · · ·				
w/Dates, Hourly Rate and Amounts)	\$	ļ			l	· · · · · · · · · · · · · · · · · · ·
(add more Consultant lines as necessary)						
Other: Staff Recruitment	\$ -	······				
	<u>\$</u>					
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TOTAL OPERATING EXPENSE

\$0

\$0

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		ic Heath Cost Report	ing/Data Colle	ction (CRDC)			
DHCS Legal Entity Name (MH)/C	ontractor Name (SA):	Seneca Center				Appendix/Page #:	B-8, Page 1
		Seneca Center/San Francisco C	onnections		•	Document Date: Fiscal Year:	6/30/2014
	Provider Number:	38CQ			· · · · · · · · · · · · · · · · · · ·	riscai teal.	13/14
	Program Name:	Parenting Training Institute					
Program Code (for	nerly Reporting Unit):	38CQPTI					,
	MH) or Modality (SA)	60/72					
	Service Description:	CS-Client Flexible Support Exp	0	-O	. 0	0	TOTAL
	FUNDING TERM:	7/1/13-6/30/14			-	-	
FUNDING USES			*****			n let kese profession de la second	
	& Employee Benefits:	101,681				<u>i de la contra de destructura de contra</u>	101.68
	Operating Expenses:	101,001			•		
	greater than \$5,000):	0					•
	al Direct Expenses:	101.681	0	0	0	. 0	101,68
	Indirect Expenses:	12,202					12,20
τοτ	AL FUNDING USES:	113,883	0	0	0	0	113,88
	Index		WEITER BUILDING		的意思的现在分词	1210 E 101 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 201 - 20	
	Code/Project						
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
	HMHMCHTHFCWO	112,200					112,20
MH COUNTY - General Fund WO-CODB	HMHMCP751594	1,683				•	1,68
•	<u> </u>	0					
					•		113,88
TOTAL CBHS MENTAL HEALTH F		• 113,883	-		-		113,00
	Index						NAMA IN IN
	Code/Project						2016年1月1日
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:			and a state of the second		STORES STORE STORE STORE	
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TOTAL CBHS SUBSTANCE ABUSE I	UNDING SOURCES			-	· · · ·	-	
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	Code/Project						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:						
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TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES			-	-	-	-
TOTAL DPH	FUNDING SOURCES	113,883	-	÷		-	113,883
NON-DPH FUNDING SOURCES			Harm Links		MR-deat-sis		
			·				
TOTAL NON-DPH FUNDING SOURCES	the second s	-	· . 0	0	0	· 0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		113,883	-	-	-	-	113,88
CBHS UNITS OF SERVICE AND UNIT COST							Part and the second second
	rchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Gro							
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with		<u>  · </u>	·	i-			
Cost Reimbursement (CR) or F		4	ļ	ļ	<u></u>		
	12 Staff Month of	-	-				
		í o			·		
Cost Por Linit DBH Date (DBH FUND	Unit Type:				0.00	0.00	Bargaran Baratan Bargaran Manadar Bargaran Angel
Cost Per Unit - DPH Rate (DPH FUND Cost Per Unit - Contract Rate (DPH & Non-DPH F			0.00		0.00	0.00	
	di-Cal Providers Only)		<u></u>	0.00	0.00	0.00	Total UDC:
	licated Clients (UDC)		·				· Total ODC:
Olida	include onenta (ODO).	•	<u>I</u>	1		I	

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

DPH 3: Salaries & Benefits Detail

Appendix/Page #: B-8 Page 2

Program Code: 38CQPTI Program Name: Parenting Training Institute Document Date: 6/30/14

		TOTAL	General Fund			k Order HSA MCHMTCHWO HMCP751594	Funding Index	ource 2 (Include Source Name and Code/Project tail/CFDA#)	Funding Inde	Source 3 (Include Source Name and K Code/Project stail/CFDA#)	Funding Index	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
	Term:		Term:		Term:				Term:		Term:		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE Salaries		FTE Salaries		FTE	Salaries	
Parenting Training	1.00	\$ 81,345	0.00	\$	1.00	\$ 81,345		-				•	
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Totals			5 0.00	\$.	- 1.00	\$ 81,345	0.00	sic	0.00	\$0	0.00	\$0	

Employee Fringe Benefits:	25%	\$20,336.25	#DIV/0!	\$0	25%	\$20,336.25	#DIV/0!	#DIV	//0!	#DIV/0!	
· · ·											•
TOTAL SALARIES & BENEFITS		\$101,681		_`\$0		\$101,681		\$0	\$0	]	\$0

DPH 4: Operating Expenses Detail

#### Appendix/Page #: B-8 Page 3

Program Code: <u>38CQPTI</u> Program Name: <u>Parenting Training Institute</u> Document Date:

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/1/	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:				· · ·		
Rent	\$ -			•		
Utilities(telephone, electricity, water, gas)	\$ .	\$ -				
Building Repair/Maintenance						
Materials & Supplies:			I	•		
Office Supplies	\$ - *					
Photocopying	······································		1			
. Printing	The second s					
Program Supplies						
Computer hardware/software		,				
General Operating:						
Training/Staff Development	\$ -					
Insurance			·			
/ Professional License						
Permits						
Equipment Lease & Maintenance	and the second se					•
Staff Travel:						
Local Travel	\$ -		· · · · · · · · · · · · · · · · · · ·	•		
Out-of-Town Travel						
Field Expenses						
Consultant/Subcontractor:			· · · ·			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts)	<u>s</u> -		<u> </u>			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$-					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	· · · · · · · · · · · · · · · · · · ·				1	
w/Dates, Hourly Rate and Amounts)	<u> </u>		· ·		<u>`</u>	
(add more Consultant lines as necessary)					· · · · ·	·
Other:						······································
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L	\$			L		
TOTAL OPERATING EXPENSE	\$0	\$0	\$0	\$0	\$0	

DPH 2: Department of Public Heath Co	st Reporting/Data Collection (CRDC)
Di li Li Deparatiene di l'abile ficaliti dei	streporting bata concouon (crebo)

		lic Heath Cost Reportin	igibala collect		······		
DHCS Legal Entity Name (MH)/Co						Appendix/Page #:	B-9, Page 1
· · · · · · · · · · · · · · · · · · ·	Provider Name: Provider Number:	Seneca Center/San Francisco Conne 38CQ	ections			Document Date:	6/30/2014
	Provider Number:		· · · ·			Fiscal Year:	13/14
· ,	D	Youth Transitional Services	Youth Transitional	Youth Transitional	Youth Transitional	Youth Transitional	
	Program Name:	(YTS)	Services (YTS)	Services (YTS)	Services (YTS)	Services (YTS)	
Program Code (form		38CQMST	38CQMST	38CQMST	38CQMST	38CQMST	
Mode/SFC (	MH) or Modality (SA)	15/01-09	15/10-57	15/70-79 Crisis Intervention-	15/60-69	60/72 CS-Client Flexible Support	
	Service Description:	Case Mgt Brokerage	MH Svcs	OP	Medication Support	Exp	TOTAL
	FUNDING TERM:	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
FUNDING USES		4.494	27,652	1,728	691	128.060	402.005
	& Employee Benefits: Operating Expenses:	4,494	4,601	288		21,308	162,625 27,059
	greater than \$5,000):	(40	4,001	200	0	21,300	21,039
	al Direct Expenses:	5,241	32,253	2,016	806	149,368	189,684
	Indirect Expenses:	629	3,870		97	17,924	22,762
	AL FUNDING USES:	5,870	36,124	2,258	903	167,292	212,447
	Index		1920 1920 1970 1970 1970 1970 1970 1970 1970 197		A STATE OF COMPANY		steracio a contrata de la contrata d
	Code/Project				State of State		
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:				and a state of the second	and a standard of the second standard standard standard standard standard standard standard standard standard s Standard standard stan	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	. 2,935	18,062	1,129	451	0	22,577
MH STATE - PSR-EPSDT	HMHMCP751594	2,642			406	0	20,320
MH COUNTY - General Fund	HMHMCP751594	294		113	45	167,292	169,550
TOTAL CBHS MENTAL HEALTH F	UNDING SOURCES	5,870	36,124	2,258	903	167,292	212,447
	Index		SHOT STATE		9939 (C. 1997) (C. 1997)	2000 - March 1979 - 1989	<b>《法书》:"你是这些</b> 你是你的
	Code/Project			Contraction of the second s			
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:						
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TOTAL CBHS SUBSTANCE ABUSE	UNDING SOURCES	-	-	-	-	-	-
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OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:					a service of the serv	
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	· ·	L				<u> </u>	-
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH	FUNDING SOURCES	5,870	36,124	2,258	903	167,292	212,447
NON-DPH FUNDING SOURCES						<b>PEREN</b> S ST	
			. ·				1
TOTAL NON-DPH FUNDING SOURCES	il	-					기
TOTAL FUNDING SOURCES (DPH AND NON-DPH		5,870	36,124	2,258	903	167,292	212,447
CBHS UNITS OF SERVICE AND UNIT COST		· · · · · · · · · · · · · · · · · · ·		1			
	rchased (if applicable	)	1		1		THE REPORTS OF
. Substance Abuse Only - Non-Res 33 - ODF # of Gro			· ·	1		1	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with			1 .				100 1 10 1 10 1 10 1 10 1 10 1 10 1 10
Cost Reimbursement (CR) or F			FFS	· FFS	FFS	CR	
	DPH Units of Service					3,648	The second second
	Unit Type						Sec. 77 - Constant
Cost Per Unit - DPH Rate (DPH FUND			2.61	3.88	4.82	45.86	
Cost Per Unit - Contract Rate (DPH & Non-DPH F							
	di-Cal Providers Only)						Total UDC:
	plicated Clients (UDC)		5 1				1

#### DPH 3: Salaries & Benefits Detail

#### Appendix/Page #: _____B-9 Page 2

Program Code: <u>38CQMTS</u> Program Name: <u>Youth Transitional Services (YTS)</u> Document Date: <u>6/30/14</u>

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				General Fund HMHMCP751594		GF Cost Reimbursement HMHMCP751594		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		ource 4 (Include Source Name and Code/Project tail/CFDA#)
	Term:		Term:		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE ·	Salaries .
YTS Supervisor	0.50		0.10		0.40		<u></u>	·				
YTS Clinician	1.60	\$ 89,902	0.35	\$ 19,902	1:25	\$ 70,000		·				
Direct Clerical	0.30	\$ 10,200	0.05	\$ 1,750	0.25	\$ 8,450		·			·	
•	0.00	`\$					•	•				
	0.00	\$ -			•					•		
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Totals:	2.40		0.50	\$ 27,652	1.90	\$102,450	- 0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits: 25% \$32,522.50

25%

\$6,913 25%

\$25,609.50 #DIV/01

#DIV/01

TOTAL SALARIES & BENEFITS

- \$34,565

\$128,060 \$128,060

\$0

#DIV/0]

\$0

\$0

DPH 4: Operating Expenses Detail

#### Appendix/Page #: B-9 Page 3

\$0

\$0

\$0

Program Code: <u>38CQMTS</u> Program Name: <u>Youth Transitional Services (YTS)</u> Document Date: <u>6/30/14</u>

TOTAL OPERATING EXPENSE

Expenditure Category	TOTAL	General Fund HMHMCP751594	GF Cost Reimbursement HMHMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detall/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detall/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:
Occupancy:		<u> </u>	· · _ · _ ·	•		
. Rent	\$ 23,375.00	\$ 5,751.00	\$ 17,624.00			
Utilities(telephone, electricity, water, gas)	\$ 450.00	·	\$ 450.00			
Building Repair/Maintenance	\$					
Materials & Supplies:		· ·				
Office Supplies	\$ 650.00		\$ 650,00			
Photocopying	\$					
Printing						· · ·
Program Supplies	S					
Computer hardware/software						
General Operating:						
Training/Staff Development	s' -			· · · · ·		
Insurance						
Professional License	and the second se					
Permits			·			
Equipment Lease & Maintenance		·				
Staff Travel:	· · · · · · · · · · · · · · · · · · ·					
Local Trave	\$ 2,184.00	1	\$ 2,184.00		· · ·	· · · ·
Out-of-Town Trave		<u> </u>	2,104.00		· · · · · · · · · · · · · · · · · · ·	
Field Expenses		1		· ·		
Consultant/Subcontractor:		†		·		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	· · · · · · · · · · · · · · · · · · ·	<u></u>				
w/Dates, Hourly Rate and Amounts)	\$	·	ļ	•		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	s -			· ,		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	+*					
w/Dates, Hourly Rate and Amounts)	\$	<u> </u>	<u>.</u>	1		
(add more Consultant lines as necessary)	<u> </u>		<u> </u>		+ <u>:</u>	•
Other: Staff Recruitment	\$ 400.00		400			
	\$	<u> </u>	<u> </u>	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
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27,059.00

\$5,751 \$21,308

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRD	porting/Data Collection (CRDC)	H 2: Department of Public Heath Co
-----------------------------------------------------------------------	--------------------------------	------------------------------------

DHCS Legal Entity Name (MH)/C	ontractor Name (SA):		orangibula oo		<u>, .</u>	Appendix/Page #:	B-10, Page 1
		Seneca Center/San Fran	cisco Connections			Document Date:	6/30/2014
	Provider Number:	38CQ	38CQ	38CQ		Fiscal Year.	13/14
	Program Name:	AllM Higher	AllM Higher	AIIM Higher			
Program Code (for	nerly Reporting Unit):	38CQAH	38CQAH	38CQAH			
	(MH) or Modality (SA)	15/01-09	15/10-57	60/72		•	
	Service Description:	Case Mgt Brokerage	· MH Svcs	CS-Client Flexible Support Exp	. 0	0	TOTAL
	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14			
FUNDING USES		in Maria ang Pangalan San Pangal					では、社会教育学会
	& Employee Benefits:						
	Operating Expenses:						
	(greater than \$5,000):	0 8,879		285,633	0	0	330,020
Subio	tal Direct Expenses: Indirect Expenses:	<b>6,679</b> 1,065	and the second se	265,633 34,276	V	U	39,603
ΤΟΙ	AL FUNDING USES:	9,944	39,776	319,908	0	· 0	369,62
	Index	Contraction of the second s	33,110	010,000	U CONTRACTOR OF CONTRACTOR		The Maria State of Landson Andre of
	Code/Project						
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,972	19,888	· 0		en al construction de la service de la s La service de la service de	24,860
	HMHMCP751594	4,972			·		22,37
MH STATE - MHSA	PMHS63-1410	0		319,908			319,908
MH COUNTY - General Fund	HMHMCP751594	497	1,989	0			2,480
TOTAL CBHS MENTAL HEALTH		9,944	39,777	319,908	-	· -	369,629
	Index Code/Project		dar 1 als Mole New York Law States - States - St				
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:			and a state of			
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TOTAL CBHS SUBSTANCE ABUSE		-	-	•	-		
	Index Code/Project				an a		
OTHER DEH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:			122 CC 20 30	Kelpara ang Kelar		
			h				
				<u> </u>			
TOTAL OTHER DPH-COMMUNITY PROGRAMS	ELINDING SOLIDCES						
	FUNDING SOURCES		39,777	319,908			369,629
NON-DPH FUNDING SOURCES	and the second sec	5,544 15/11/16/17/16/16/16					
	NAMES OF A DESCRIPTION OF	an an an ann an t-air an an a' an a' an a' an a' an a' an		THE REPORT OF A	ALEAST COMPANY AND A DECK		an good look al think is not in 1997.
TOTAL NON-DPH FUNDING SOURCES	<b> </b>			0	0	0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		9,944	39,777	319,908		· · · · ·	369,629
CBHS UNITS OF SERVICE AND UNIT COST	<u>لا المحمد ال</u>	3,344	<u> </u>	010,000	····-		
	rchased (if applicable)		<u> </u>	<u> </u>	······		
Substance Abuse Only - Non-Res 33 - ODF # of Gro			<u> </u>	<u> </u>			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with			1	<u> </u>			
Cost Reimbursement (CR) or F	ee-For-Service (FFS):	FFS	FFS	CR		<u> </u>	
	4,923	15,240	7,277	-	-	2011 - CARALON	
	DPH Units of Service: Unit Type:	Staff Minute		Staff Hours	0	0	
Cost Per Unit - DPH Rate (DPH FUND	ING SOURCES Only)	. 2.02	2.61	43.96	0.00	0.00	(4) B B B B B B B B B B B B B B B B B B B
Cost Per Unit - Contract Rate (DPH & Non-DPH F	UNDING SOURCES):	2.02		43.96	0.00	0.00	
Published Rate (Med	i-Cal Providers Only):	2.02					Total UDC:
Undup	licated Clients (UDC):	195	5 195	195			19

DPH 3: Salaries & Benefits Detail

Program Code: 38CQAH Program Name: AllM Higher Document Date: 6/30/14

Appendix/Page #: B-10 Page 2

	TOTAL		ЙМНМ	ral Fund CP751594	MHSA	HMHMPROP63	Funding Index De	ource 2 (Include Source Name and & Code/Project :tall/CFDA#)	Funding : Index	ource 3 (Include Source Name and Code/Project tall/CFDA#)	Funding Source 4 (include Funding Source Name and Index Code/Project Detall/CFDA#)		
	· Term:		Term:		Term:		Term:		Term:		Term:		
Position Title	FTE	<u>Salaries</u>	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Program Director	0.20			\$ -	0.20			·····					
Team Supervisor	0.93		0.09		0.84					·····	·		
Clinician	3,00	· · · · · · · · · · · · · · · · · · ·	0.50	1		\$ 140,000		· .·		•			
Direct Clerical	0.30		0.05	\$ 1,750	0.25	8,750					┝───┼		
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Totals	: 4.43	\$ 250,800	0.64	\$ 35,150	3.79	\$215,650	0.00	\$0	0.00	\$0	0.00	\$0	
N				•			•		•		•	. ·	
Employee Fringe Benefits	: 25%	\$62,700.00	259	\$8,788	3 25%	\$53,912.50	#DIV/0!		#DIV/0!		#DIV/0]		
TOTAL SALARIES & BENEFITS		\$313,500	5	\$43,931	<b>.</b>	\$269,563		50	י ו	\$0	ן ר	\$0	
IO IAC SALARIES & DENEFILS	•	4010,500		440,330	<u>.</u>			30	4				

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#### **DPH 4: Operating Expenses Detail**

Program Code: 38CQAH Program Name: AllM Higher Document Date: 6/30/14

Appendix/Page #: B-10 Page 3

Funding Source 4 Funding Source 3 (Include Funding (Include Funding General Fund MHSA Expenditure Category TOTAL Source Name and Source Name and HMHMCP751594 HMHMPROP63 Index Code/Project Index Code/Project Detail/CFDA#) Detail/CFDA#) Term: 7/1/13-6/30/14 Term: 7/1/13-6/30/14 Term: 7/1/13-6/30/14 Term: Term: Term: Occupancy: Rent \$ Utilities(telephone, electricity, water, gas) \$ 1,500.00 \$ 1,500.00 Building Repair/Maintenance \$ 2,500.00 \$ 2,500.00 Materials & Supplies: Office Supplies \$ 600.00 \$ 150.00 450.00 \$ Photocopying \$ • -Printing \$ -Program Supplies \$ 306.00 \$ 156.00 \$ 150.00 Computer hardware/software \$ -General Operating: Training/Staff Development \$ 400.00 \$ 150.00 250.00 \$ Insurance \$ -. Professional License \$ · -Permits \$ -Equipment Lease & Maintenance \$ -Staff Travel: 3,490.00 Local Travel \$ 3,490.00 \$ Out-of-Town Travel \$ -Field Expenses \$ -Consultant/Subcontractor: Nancy Fey. (L.C.S. W) Various Dates, \$70/hr, 89 hours CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail 6,230.00 6,230 \$ w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary) Other: Staff Recruitment \$ 1,500,00 1,500 \$ . -۰. \$ . -\$ - ' s · _ \$ -

TOTAL OPERATING EXPENSE

\$456 \$16,070

\$16,526

\$0

\$0

\$0

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

Contractor Name Seneca Family of Agencies

924,040

\$

 Document Date:	06/30/14	•
Fiscal Year: 13/14	1	

#### 1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.12	\$ 30,448
C00	0.12	\$ 25,080
CFO	0.12	\$ 21,168
Executive Director	0.12	\$ 21,840
Division Directors	0.72	\$ 92,733
Directors	0.31	\$ 29,416
Assistant Directors	0.48	\$ 33,527
IT Staff	1.08	\$. 86,400
ACCT Staff	1.56	\$ 69,351
QA Staff	0.96	\$ 45,462
Facilities Staff	0.96	\$ 44,679
HR Staff	0.84	\$ 37,711
DISIPI Team	0.72	\$ 33,932
Clerical	0.60	\$ .30,750
· · ·		
	1	,
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EMPLOYEE FRINGE BENEFITS	· · · · · · · · · · · · · · · · · · ·	\$ 150,625
TOTAL SALARIES & BENEFITS		\$ 753,125

#### 2. OPERATING COSTS

Expenditure Category	4	mount
Contract Services	\$	35,000
Meeting and Conferneces	\$	30,000
Office Supplies	· \$	38,000
Occupancy	\$	25,000
Insurance	\$	23,000
Program Consultation	\$	19,915
TOTAL OPERATING COSTS	\$	170,915

#### TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

· ·		<u></u>										Appendix F				
				Contr	ol Numb	er						PAGE A	_			
			I				]						-			
			-					INVOICE NUN		M01	JL			_		
Contract: Seneca Center							•	Ct.Blanket No.	BPHM	TBD		User C		]		
Address: 2275 Arlington Drive, San Leandro, CA 94578			1				1	CI. PO No.: P	онм	DPHM1500016	3	٦				
				C	BHS									-		
Tel No.: (510) 481-1222			ł				]	Fund Source:		GF,SDMC Reg	FFP, EPS	SDT,Realignment		J		
					•			Invoice Period		July 2014			-	٦		
Contract Term; 07/01/2014 - 06/30/2015								Final Invoice:	•		1	(Check if Yes)		L L		
										Rectification in a second in	1			-		
PHP Division: Community Behavioral Health Services					· · · · ·			ACE Control N	umber:	REALES STATE THE	an a chair	ALTER ALE AND				
			Total Contra		D D		ed THIS PERIOD	Delivered to	Date	% of TOT	AL	Remaini Deliverat	oles			
Unduplicated Clients for Exhibit:			Exhibit UD		104/27/14		Exhibit UDC	Exhibit U	DC	Exhibit U	DC	Exhibit U	DC	1		
Unduplicated Caents for Exhibit		·	2631279 (Jow, 41, 62)	0110400	1.1	1.11.11	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	e wester gesterningen.	an kigwyty y	A DICTURE OF A DICTURE	265, 2211, 232, 10	engen ander Heer Har Higher		1		
DELIVERABLES	-		Delivered T		Un			Delivere				Remaini		1		
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн ону)	Total Cont UOS	CLIENTS	PERIOD UOS	CLIENTS			AMOUNT DUE	to Date	CLIENTS	% of TOT UOS	CLIENTS	Deliverat UOS	CLIENTS		•	
B-1 TBS PC# - 38CQ5		家建設		iller and					NO BIN		894 in		制的建筑			
15/ 58 TBS	303,311	新行			\$	2.61	5	0.000	1944	0.00%	ingen ange	303,311,000		\$	791,641.71	\$
B-3 ST Connections-Intensive Support Services PC# - 38CQ3 15/ 01-09 Case Management Brokerage	26,264			in the second		2.02	•	0.000	的小型的 2月28日	0.00%	ALCONTROL OF	26,264.000	121. 2010	1	53,053.28	
15/ 10-56 MH Svcs	137,547	12152		1.2224		2.61	s -	0.000	4.12	0.00%	M 122	137,547.000			358,997.67	
15/70-79 Crisis Intervention-OP	5,355		·	<b>这种</b> 主义		3,88	5 -	0,000	30.07	0.00%		5,355.000	e de star		20,777.40	
15/ 60-69 Medication Support	1,926			<b>在保约</b>	<u>s</u>	4.82	5	0.000	<u></u>	0.00%	<u>资</u> 行变量	1,926.000			9,283.32	\$
B-4 LT Connections WRAP PC# - 38CQ4 15/ 01-09 Case Management Brokerage	351,807			(4)(1) (2)(1)(1)		2.02	t	0.000	Contactions (The Read	0.00%	1.1.1.1	351,807.000	1000		710,650.14	
15/ 10-58 MH Svcs	1,300,525	~118. A		des a		2.61	s -	0.000		0.00%	Contrasting	1,300,525.000			3,394,370,25	
15/ 70-79 Crisis Intervention-OP	65,413	2.4 W		and a s		3.88	ş	0.000	一、但是	0.00%	etu'ste is	65,413.000	A 62.461	1	253,802 44	
15/60-69 Medication Support	94,739	1. J. A. S.		t- year	<u>s</u>	1.82	\$	0.000	一步不应	0.00%	14.14 2.24	94,739.000	283		456,641.98	\$
B-6 San Leandro Day-Treatment PC# - 89802 10/ 85-89 Day Tx Intensive - Full Day	205	1.2.2		al se si Red al se	\$ 203		s .		1. 1. 1.	0.00%	123-1-13 124-13-13	205,000	14 CA (0, 1)		41,498.15	
15/01 - 09 Case Mgt Brokerage	1,526			VI X		2.02	\$ -	0.000	1.1	0.00%	印刷新	1,526.000			3,082.52	
15/ 10 - 56 MH Svcs	6,299	的记录我		19-58-0	5	2.61	<u>s                                    </u>	0.000	$\eta \rightarrow \eta$	0.00%	rax series	6,299.000	ALC: NAMES		16,440.39	
15/ 60 - 69 Medication Support	213			93.94 296.93	s	4.82	<u>s</u> .	0,000	F. 1. 180	0.00%		213.000	管理(新生) 1975-197		1,026.66	\$
B-2 Intensive Therapeutic Foster Care _PC# - 38CQ6 15/ D1-09 Case Management Brokerage	25,740	al and		1979 AN	5	2.02	- 2	0.000	<u>10</u> 09222 (27-1222	0.00%		25,740,000		1	51,994.80	
15/ 10-56 MH Sycs	130,246	1		13.62		2,61	\$ -	0.000	北王之	0.00%	10.334	130,246.000			339,942.06	
15/70-79 Crisis Intervention-OP	1,031	1376-5				3,88	\$	0.000		0.00%		1,031.000		]	4,000.28	
15/60-69 Medication Support	830	1997. 1944-19		Sec. 1	\$ 4	1.82	\$	0.000	15.0亿古 21001全	0.00%	1974 (2) 11 F T K	830.000	144年1月 第二十日	1	4,000.60	\$
B-9 Youth Transitional Services PC# - 38CQMST 15/01 - 09 Case Management	2,906	Guides	••••••	St. Carl	5	2.02	\$ -	0,000	1	0.00%	10.2354	2,906.000	A MARTIN LAW COMPANY		5,870,12	
15/ 10-56 MH Svcs	13,841	20.00		的影响		2.61	ş	0.000	949 <b>P</b> 4	0.00%	SHAR 23	13,841.000	19 1. 10	1	36,125.01	
15/60 - 69 Med ication Support	187	(1) <b>(1</b> )				1.82	<u>\$</u>	0.000	*****	D.00%	A State of the	187.000		1	901.34	
15/70 - 79 Crisis Intervention-OP	582	17-29-07 17-28-09		978-994 7876-94	\$ 3	3.88	\$	0.000	生活。 行言。日本	0.00%		582.000	的标志	ł	2,258.16	\$
B-5 RBS_PC# ~ 38CQ7 15/ 01 - 09 Case Management Brokerage	37,409	1.1.16		1417	5	2.02	s -	0,000	- 11 V	· 0,00%	19 SALA	37,409.000			75,566.18	
15/ 10-56 MH Svcs	178,171	1.44.4				2.61	s -	0.000	6.2402	0.00%	网络常常	178,171.000	影子的高	1	465,026.31	
15/ 60 - 79 Crisis Intervention-OP	7,491					3,88	\$	0.000	-53.2	0.00%	1.623	7,491.000			29,065.08	
15/60 - 69 Medication Support	2,412	274965 1453665		iseriji Civiji	ş	1.82	<u>\$</u>	0,000	》24世纪 本任代在	0,00%	21年前2 1月1日 - 19	2,412.000	(行为中心) 英国历史		11,625,84	\$
B-10 AllM Higher PC # - 38CQAH 15/ 01 - 09 Case Management	4,923				5 2	2.02	s -	0.000	的代表	0,00%	Sala I	4,923,000	12.54		9,944,46	
15/ 10 - 56 Mental Health Services	15,240	题家的		1 3222		2.61	\$	0.000	12 <b>2</b> 4 5	0.00%		15,240.000	247		39,776.40	\$
		de folkad		Texes!				0.000			2000					
TOTAL	2,716,139		0.00					0.00		0.00%		2,716,139.00		\$	7,187,362.55	
	,					Π		Expenses To	Date	% of Budg	jet	Remaining B				
	Budget Ar	nount		\$ 7	,187,436	00,00		\$		0.00%		\$ 7,18	7,439.00			
				TOTAL A			\$	NUTES:								
			Less: Initi	al Payme	ent Reco	very										
x.				ET REIME				1								

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.

claims are maintained in our once at the address moleated.	
Signature:	Date:
Title:	
Send to:	. DPH Authorization for Payment
Community Programs Budget/ Invoice Analyst 1380 Howard SL, 4th Floor San Francisco, CA 94103	Authorized Signatory Date

Jul MYE 08-07 Rev CMHS/CSAS/GHS 11/21/2011 Invoice

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791,641.71

442,111.67

4,815,464.81

62,047.72

399,937.74

45,154.63

581,283.41

49,720.86

1

#### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F

			Control	Number				PAGE A	
		E		]		INVOICE NUMBER:	M02 JL	14 .	
ntractor: Seneca Center						Ct.Blanket No.: BPHM	TBD		
Maturity, Benedia Ocinei						eteration to Di Thi	User Cd		
iress: 2275 Arlington Drive, San Leandro	o, CA 94578		·	BHS		Ct. PO No.: POHM	TBD		
No.: (510) 481-1222				ыпо		Fund Source:	HSA Work Ord	er-HMHMCHMTCHWO	
No.: (510) 481-1222		•				describes Besterie			
						Invoice Period :	July 2014		
iding Term: 07/01/2014 - 06/30/2015						Final Invoice:		(Check if Yes)	
P Division: Community Behavioral Health	Services					ACE Control Number:			
		Total Contr	nacted	Delivere	d THIS PERIOD	Delivered to Date	% of TOTAL	Remaining Deliverables	
		Exhibit L	JÓC	E	hibit UDC	Exhibit UDC	Exhibit UDC	Exhibit UDC	
Unduplicated Clients for Exhibit:									
DELIVERABLES		Delivered	THIS		······	Delivered	1	Remaining	
Program Name/Reptg. Unit	Total Contracted	PERIO	D	Unit		to Date	% of TOTAL	Deliverables	
Modality/Mode # - Svc Func (MH only)	UOS CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS CLIENTS	UOS LIEN	UOS CLIENTS	
ST Connections-Intensive Support Servic	es PC# - 38C 11.								
11-09 Case Mgt Brokerage	527			\$ 2.02	\$ -	0.000 0.000	0.00%	527.000	
0-56 MH Svcs	2,763		$a_{2}$ $(f, f)$	\$ 2.61	\$	0.000	0.00%	2,763.000	
0-79 Crisis Intervention-OP	10B			\$ 3.88	\$ -	0.000	0.00%	108.000	
0-69 Medication Support	38			\$ 4.82	\$	0.000	0.00%	38,000	
T Connections-WRAP PC# - 38CQ4			는 가 있다. 1945년 - 1947년 br>1947년 - 1947년			1 1994 B			
01-09 Case Mgt Brokerage	17,347			\$ 2.02	\$ -	0.000	0.00%	17,347.000	
0-56 MH Svcs	64.128			\$ 2.61	s -	0.000	0.00%	64,128.000	
70-79 Crisis Intervention-OP	3,225			\$ 3.88	\$ -	0.000	0.00%	3,225.000	
60-69 Medication Support	4,671			\$ 4.82	\$ -	0.000	0.00%	4,671.000	
Intensive Therapeutic Foster Care (MTFC	and the same same same same same same same sam	26	la traing						
0-56 MH Svcs	6,753			\$ 2.61	\$ -	0.000	0.00%	6,753,000	
01-09 Case Mgt Brokerage	1,334		1	\$ 2.02	\$ -	0.000	0.000	1,334,000	
0-79 Crisis intervention-OP	53			\$ 3,88	\$ -	0.000	0.00%	53.000	
50-69 Medication Support				\$ 4.82	s -	0.000	0.00%	43,000	
TBS SF PC# - 38CQ5	43		يې د بې سې ته ور س	<u></u>	-*	0.000116106 1071	0.0076	43.000	
58 TBS	15,596			\$ 2,61		0.000 0.000	· · 0.00%	15,598.000	
	15,550		6.08	<b>4</b>			0.00%	15,585,000 160 1 1.23	
San Leandro Day Treatment PC# - 89802 35 - 89 Day Tx Intensive Full Day	16			\$ 202.43	5	0.000	0.00%	16,000	
RBS PC# - 38CQ7	10 and the part			1.1	-*		ST	10,0001104104	
01-09 Case Mgt Brokerage	1,491		tige i gener _{ge}	\$ 2.02	s	0.000	0.00%	1,491.000	
	7,101			\$ 2.61	1	0.000	0.00%	7,101,000	
10-56 MH Svcs	298		8 - C.S.	\$ 3.88	<u> </u>	0.000	0.00%	298,000	
0-79 Crisis Intervention-OP	05			\$ 4.82	†	0.000	0.00%	96,000	
0-69 Medication Support			generina setem Restancia da	<del></del>	- [*]	0.000	0.00%	90,000,000	
TOTAL	125,588	0.000				0.000	0.00%	125,061.000	
,						Expenses To Date	% of Budget	Remaining Budget	
	Budget Amount		\$	334,161.00	<u> </u>	\$ - 0.00% \$ 334,			
		SUR		MOUNT DUE	s .	NOTES:			
		Less: Ini	tial Payme	ant Recovery		1			
		(For DPH U	) Other	Adjustments	罪。 第1月1月18日 第1日 第1月				
N		N	IET REIME	BURSEMENT	5 -				

rtify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is ccordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those ms are maintained in our office at the address indicated.

 1,064.54 7,211.43 419.04 183.16 \$

35,040.94 167,374.08 12,513.00 22,514.22 \$

17,625.33 2,694.68 205.64 207,26 \$

40,705.56 \$

3,238.88 \$

3,011.82 18,533.61 1,156.24 462.72 \$

334.162.15

8,878,17

237,442.24

20,732.91

40,705.56

3,238,88

23,164.39

#### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

			C	ontrol Number		-					17	GEA			
		L			·		INVOICE N	JUMBER:	M06	JL	14				
Contract: Seneca Center								No.: BPHM	TBD						
Contract. Seneta Center		•					CLDIdIKEL			. <u> </u>	Use	er Cd			
Address: 2275 Arlington Drive, San Lea	ndro, CA 9	4578					Ct. PO No.	: POHM	TBD						
Tel No.: (510) 481-1222						1	Fund Sour	ce:	General Fund						
Fax No.: (510)481-1222				CB	HS			1. J.							
				L		1	Invoice Per	100:	July 201	14					
Funding Term: 07/01/2014 - 06/30/201	5				•		Final Invoid	e:		(	Check if \	(es)			
PHP Division: Community Behavioral H	Iealth Serv	ices					ACE Contro	ol Number:			時に行った				
•	ТО	TAL	1 1	DELIVERED	DELI	VERED		% OF	REMAI	NING	%	OF			
	CONTR	RACTED	Т	HIS PERIOD	то	DATE	Т	OTAL	DELIVER	ABLES	тс	TAL			
Program/Exhibit	UOS	UDC	UC	DS UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC			
B-9 Youth Transitional Services (YTS) PC 60/ 72 Flexible Support Expenditure	2# - 38CQM 3,648		┼──-		<u> </u>	<u> </u>	0%	#DIV/0!	3,648	· .	100%	#DIV/01			
	3,040		<u> </u>		- <u>-</u>	1	070	#010/0!	3,040		100%	#010/01			
· · · · · · · · · · · · · · · · · · ·				· · ·				······	1						
Unduplicated Counts for AIDS Use Only.		·								•					
Description				BUDGET		ENSES PERIOD		PENSES DATE	% C BUDO			AINING ANCE			
Total Salaries		·	\$			ENOD	\$	-	0.00%			2,450.00			
Fringe Benefits		<u> </u>	\$	25,610.00			\$			0.00%		2,430.00 5,610.00			
Total Personnel Expenses			\$	128,060.00			\$	-		0.00%		8,060.00			
Operating Expenses			1		1				1						
Occupancy			\$	18,074.00	\$ -		\$ -		0.00%		\$ 1	8,074.00			
Materials and Supplies			.\$	650.00		-	\$ -		0.00%			650.00			
General Operating			\$	-	\$	-	\$		0.00%			-			
Staff Travel			\$	2,184.00	\$	-	\$	-		0.00%	\$	2,184.00			
Consultant/Subcontractor			\$		\$	-	\$	-		0.00%	<b>\$</b> .	-			
Other: Staff Recruitment		• .	\$	400.00	\$	-	\$			0.00%		400.00			
			\$	-	\$		\$		·	0.00%	\$				
Total Operating Expenses			\$	21,308.00	\$.	-	\$	-		0.00%	\$2	1,308.00			
Capital Expenditures			\$	*	\$	-	\$	• –		0.00%	\$	· · -			
TOTAL DIRECT EXPENSES			\$		\$	· - ·	\$			0.00%		9,368.00			
Indirect Expenses			\$	17,924.00	\$	-	\$			0.00%		7,924.00			
TOTAL EXPENSES			\$	167,292.00	\$		\$	_		0.00%	\$ 16	7,292.00			
Less: Initial Payment Recovery			-				NOTES:	•		•					
Other Adjustments (DPH use only)				<u> </u>											
REIMBURSEMENT					\$	•		• •		_					
I certify that the information provided abo accordance with the contract approved fo claims are maintained in our office at the Signature:	or services	provided													

Printed Name:

Title:

Send to:

n

Community Programs Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco CA 94103 DPH Authorization for Payment

Authorized Signatory

Phone:

CMHS/CSAS/CHS 7/7/2014 INVOICE

Date

#### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Control Number

1

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						]	INV	DICE NUM	BER:	M09	JL	14		
Contract: Seneca Center							Ct.B	lanket No.:	BPHM	TBD				
Address: 2275 Arlington Drive, San Lea	andro, CA	94578.					Ct. F	PO No.: PC	онм	TBD		<u></u>	User	Cd
Tal No. (510) 400 1000				СВ		]	Fun	d Source:					4504	
Tel No.: (510) 481-1222 Fax No.: (510)481-1222					13		run	a Source.		MHSA - Pro	<u> 1963 - Pivi</u>	11363	5 - 1504	
						-	Invo	ice Period:		July 201	4			
Funding Term: 07/01/2014 - 06/30/20	15						Fina	I Invoice:			(	Chec	k if Ye	s) .
PHP Division: Community Behavioral I	Health Sei	vices					ACE	Control N	umber:					黨黨黨
<b></b>	тс	TAL	DEL	IVERED	DELI	VERED	1	% 이	-	REMAI	NING		%0	F
· ·		RACTED	the second second	PERIOD		DATE	<u> </u>	. TOTA	L	DELIVER	ABLES		TOT	AL
Program/Exhibit	UOS			UDC	UOS		<u> </u>	UOS	UDC	UOS	UDC	<u> </u>	DS	UDC
B-10 MHSA Pace PC# - 38CQAH 60/ 72 Flexible Support Expenditure	7,277					<u> </u>		0%	#DIV/0!	7,277		4	00%	#DIV/0!
	1,211		<del> </del>	<u> </u>		+	<del> </del>	0 %	#010701	1,211			00%	FD1V/01
Unduplicated Counts for AIDS Use Only	/.		1	·	<b></b>		<u> </u>				I			ii
r	<u> </u>		1		FYP	ENSES	<del>i</del>	EXPEN	RES	%0	)E		REMAI	NING
Description			В	JDGET		PERIOD		TO DA		BUDO		ſ	BALAN	-
Total Salaries				215,650.00	\$	· -	\$		-		0.00%	\$		650.00
Fringe Benefits			\$	53,913.00	\$	-	\$			1	,0.00%			913.00
Total Personnel Expenses			\$ 2	269,563.00	\$	-	\$		· -		0.00%			563.00
Operating Expenses				• •			T							·
Occupancy			\$	4,000.00	\$		\$		-	1	0.00%	\$	4.	000.00
Materials and Supplies			\$	600.00	\$	-	\$		-	1	0.00%			600.00
General Operating	· · · · · · · · · · · · · · · · · · ·		\$	250.00	\$		\$				0.00%	<u> </u>	·····	250.00
Staff Travel			\$	3,490.00	\$	-	\$		-	1	0.00%			490.00
Consultant/Subcontractor			\$	6,230.00	\$		\$				0.00%			230.00
Other: Staff Recruitment			\$	1,500.00	\$	-	\$		-		0.00%			500.00
			\$ ·		\$		\$		-		0.00%			
Total Operating Expenses			\$	16,070.00	\$		\$		<u></u>	+	0.00%	¢	16	070.00
Capital Expenditures			\$	10,070.00	\$		\$				0.00%		. 10,	070.00
TOTAL DIRECT EXPENSES		······	in the second second	285,633.00			_					-	0.05	-
		<u> </u>	\$	34,276.00			\$ \$			+	0.00%			633.00 276.00
Indirect Expenses		,		319,909.00			\$				0.00%	_		
				513,303.00	<u>  Ψ</u>						0.00%	φ	319,	909.00
Less: Initial Payment Recovery Other Adjustments (DPH use only)						· · ·		E5:						
							]							
REIMBURSEMENT			······	<u> </u>	\$									,
I certify that the information provided at accordance with the contract approved claims are maintained in our office at th Signature:	for service	es provideo	d under ti	wledge, com ne provision	plete and of that co	accurate; ntract. Fu	the a III just	mount requification an Date:	uested for d backup i	reimbursem records for t	ent is in hose			
Printed Name:					-									
Title:	÷			•	• .		,	Phone:						
Send to:	·		]				Dł	PH Authoriz	ation for F	ayment				
Community Programs Budget/ Invoice / 1380 Howard St., 4th Floor San Francisco, CA 94103	Analyst	,									-			
·			]		A	uthorized	Signa	tory				Ľ	Date	
										•	•			

CMHS/CSAS/CHS 7/7/2014 INVOICE

Appendix F PAGE A

		RTMENT OF PU								
					AND INVOICE			Appendix F		
		Contr	ol Number	1				PAGE A		
					INVOICE NUME	ER:	M10 JL	14	٦	
Contractor: Seneca Center		,			Ct.Blanket No.: I	врнм	TBD		_ _	
	04.04570			1				User Cd	) 1	
Address: 2275 Arlington Drive, San Leandr	0, CA 94578	C	BHS		Ct.PO No.: POI	HM	TBD	•	_	
Tel No.: (510) 481-1222 Fax No.: (510)481-1222				1	Fund Source:		Family Mosaic (	Capitated Medi-Cal		,
	-				Invoice Period :	•	July 2014	·		
Funding Term: 07/01/2014 - 06/30/2015					Final Invoice:			(Check if Yes)	]	
PHP Division: Community Behavioral Healt	h Services	· ·		•	ACE Control Nu	mber:				
		Total Contracted	Delivere	d THIS PERIOD	Delivered to	Date	% of TOTAL	Remaining Deliverables	1	
Unduplicated Clients for Ex	chibit:	Exhibit UDC	Ð	hibit UDC	Exhibit UI	00	Exhibit UDC	Exhibit UDC	~	
· · · · · · · · · · · · · · · · · · ·					B MESSER AS HAVE ALL AVAILABLE		74682687497274828786		Ψ.	
*Unduplicated Counts for AIDS Use Only. DELIVERABLES		Delivered THIS	1		Delivere	d		Remaining	٦	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн only)	Total Contracted UOS CLIENTS	PERIOD UOS CLIENTS	Unit Rate	AMOUNT DUE	UOS (	CLIENTS	% of TOTAL UOS LIENT	Deliverables UOS CLIENTS	-	
B-7a FMP Wrap PC# - 38CQWF - HMHMCP88	28CH								-	
Client Supervision - Family Respite	1,667		\$ 30.00	\$		en al constante	0.00%	1,667.000	\$	50,010.0
48/ 20 - 29 Wrap Consultation			\$ 150.00	<u> </u>	0.000		#DIV/0!	0.000		-
				*****					1	
										-
TOTAL	1,667	0.000			0.000		0.000	1,667.000	\$	50,010.0
-					Expenses To	Date	% of Budget	Remaining Budget		
	Budget Amount	\$	50,000.00		\$		0.00%	\$ 50,000.00	4	
		SUBTOTAL A	MOUNT DUE	\$ -	NOTES:				1	
		Less: Initial Paym			]					
		(For DPH Use) Other NET REIM	Adjustments BURSEMENT	\$ -	-					
I certify that the information provided abo in accordance with the contract approve									-	
claims are maintained in our office at the	address indicated.									
Signature:				Date:						
Title:		<u> </u>								
Send to:	1 [	DPH Aut	norization for F	ayment	<u> </u>		<del></del>		1	
Community Programs Budget/ Invoice Analy	ret l									
1380 Howard St., 4th Floor	51								1	
San Francisco, CA 94103			Autho	orized Signatory		•	Dat	e	1 .	
······································	I			<u></u>					l	

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CMHS/CSAS/CHS 7/7/2014invoice

#### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			Contro	ol Number		_					۲	AGE A
		L				]	INVOICE N	IUMBER:	M14	JL	14	
Contract: Seneca Center				_			Ct.Blanket		TBD			
Contract. Geneta Genter				·			OLDIAIREL	NO DI 1111			(	lser Cd
Address: 2275 Arlington Drive, San Lean	dro, CA 9	4578				٦	Ct. PO No.	: POHM	TBD			
Tel No.: (510) 481-1222 Fax No.: (510)481-1222			,	CB	HS		Fund Source	)e;	MHSA - P		MHS63	8 - 1503
							Invoice Per	iod:	July 20	14		
Funding Term: 07/01/2014 - 06/30/2015							Final Invoid	e:		(	Check i	f Yes)
PHP Division: Community Behavioral He	alth Serv	ces		•			ACE Contr	ol Number:				
		TAL		IVERED	DELL	VERED	1	% QF	REMA	NING		% OF
, · · · · ·		RACTED		PERIOD		DATE			DELIVER			FOTAL .
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4 LT Connections-WRAP PC# - 38CQ4 60/ 72 Flexible Support Expenditure	12				<u> </u>	<u> </u>		- #DIV/01	#DIV/01			- #DIV/01
	12							- #DIV/0:	#010/01			- #DIV/01
Unduplicated Counts for AIDS Use Only.	<u> </u>											······································
· · · · · · · · · · · · · · · · · · ·			<u> </u>			ENSES		PENSES				
Description				JDGET		PERIOD		DATE	BUD	% OF         REMAINING           BUDGET         BALANCE           0.00%         \$ 171,060.00		
Total Salaries		· · · · · · · · · · · · · · · · · · ·			\$		\$					
Fringe Benefits Total Personnel Expenses			\$\$2	42,765.00	\$	<u> </u>	\$	<u> </u>		0.00%	-	42,765.00
Operating Expenses				213,025.00	φ					0.00%	φ <u></u> ,	213,825.00
Occupancy			\$	10,990.00	\$		\$		<u> </u>	0.00%	¢	10,990.00
Materials and Supplies	·		\$	2,823.00	\$		\$		+	0.00%		2,823.00
General Operating			\$		\$		\$			0.00%		-
Staff Travel			\$	-	\$	_	\$		+	0.00%		_
Consultant/Subcontractor			\$	16,500.00	\$	-	\$	-		0.00%	\$	16,500.00
Other: Child Related			\$		\$		\$			0.00%		-
· · · · · · · · · · · · · · · · · · ·			\$	<u> </u>	\$.	<b>-</b>	\$			0.00%	\$	
Total Operating Expenses		<u></u>	\$	30,313.00	\$		\$			0.00%	\$	30,313.00
Capital Expenditures			\$	-	\$	. –	\$		+	0.00%		
TOTAL DIRECT EXPENSES		· ·		244,138.00	\$		\$		+	0.00%		244,138.00
Indirect Expenses	,		\$	29,510.00			\$		1	0.00%		29,510.00
TOTAL EXPENSES			\$ 2	273,648.00	\$	-	\$	-		0.00%		273,648.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)											`	
REIMBURSEMENT					\$		4					
I certify that the information provided about accordance with the contract approved for claims are maintained in our office at the	r services	provided			ete and a							
Signature:					-		Dat	e:				
Printed Name:								•				
					•						,	
Title:					-		Phor	e:				
Send to:		<u></u>	1				DPH Aut	norization for I	ayment			
			[	[					-			
Community Programs Budget/ Invoice An 1380 Howard St., 4th Floor	alyst		· ·	1								
San Francisco, CA 94103			<b>.</b>						-	(imp		
			J		Α	uthorized	Signatory				_ Dat	e

CMHS/CSAS/CHS 7/7/2014 INVOICE

Appendix F

## DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

· ·		· · · · ·	<u></u>	Contr	ol Nu	mber							Appendix F PAGE A	·		
,				L			1		INVOICE NL	MBER:	M15	JL	14		]	
Contractor: Seneca Center									Ct:Blanket N	o.: BPHM	TBD				]	
Address: 2275 Arlington Drive, San Leandro, C	A 94578			<b></b>			] .		CLPO No.: I	РОНМ	TBD		User Co	1	7	
Tel No.: (510) 481-1222				C	BH	S			Fund Source	:	GF, SDMC	Regu	lar FFP, PSR, F	EPSDT	ר	
Fax No.: (510)481-1222							-		Invoice Perio	d ·	July 2014				י ר	-
											10419 2014				ן ר	
Funding Term: 07/01/2014 - 06/30/2015									Final Invoice:		L		(Check if Y	es)	1	
PHP Division: Community Behavioral Health Se	ervices								ACE Control	Number:						
			Total Co Exhibit		D		THIS PER	RIOD	Delivered		% of TC Exhibit (		Rema Deliver Exhibit	ables	]	
Unduplicated Clients for Ext	lbit:					14 C 241								開始和確認	2	
Unduplicated Counts for AIDS Use Only.						_						1				
DELIVERABLES Program Name/Reptg. Unit	Total Con		Delivere PERI	OD		Unit			Deliv to D	ate	% of TO		Rema Deliver		]	
Modality/Mode # - Svc Func (мн олу)	UOS	CLIENTS	UOS	CLIENTS		Rate	AMOUN	T DUE	UOS	CLIENTS		LIENT	UOS	CLIENTS		
3-7b Child Crisis Wrap PC# - 38CQWC 15/ 01 - 09 Case Mgt Brokerage	9,772	en e				2.02	\$		0.000		0,00%		0 772 000			10 700 14
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15/60 - 79 Crisis Intervention - OP	. 2.120			li shi t	ŝ	3.88					0.00%					8,225.60
15/ 60 - 69 Medication Support	683		·			4.82			0.000		0.00%		683,000			3,292.06
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·							<u> </u>		[		<u> </u>					
TOTAL	63,627	11.11.17.19.19.195	0.000	Location Stand					0.000	a subsection of the subsection	0.00%	12531-255	63,627.000		s	164,502.82
Land Condition of the second Condition of the		Ī			<b>.</b>		Í –		Expenses	To Date	% of Bu	lget	Remaining		ſ	101,002.02
	Budget A	mount		\$	164,	502.00			\$	-	0.009	6		64,502.00	1	
				TOTAL A			\$	-	NOTES:							
	•				Adjus	tments	\$									
certify that the information provided above n accordance with the contract approved for laims are maintained in our office at the ar	or services p	rovided L														

Signature: Date: Title: DPH Authorization for Payment ommunity Programs Budget/ Invoice Analyst 380 Howard St., 4th Floor an Francisco, CA 94103 Authorized Signatory Date

CMHS/CSAS/CHS 7/7/2014 Invoice

Jul MYE 07-07

end to:

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#### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

			0	Manufacture							PA	GE A
	r		Control	Number		7						
	L					1	INVOICE NUME	BER:	M04	JL	14	
Contract: Seneca Center							Ct.Blanket No.:	BPHM	TBD			]
							User Co					ser Cd
Address: 2275 Arlington Drive, San Lean	dro, CA 9	4578					Ct. PO No.: POHM TBD					
Tel No.: (510) 481-1222 Fax No.: (510)481-1222							Fund Source: HSA Work Order-HMHMCHTHFCWO				IFCWO	
							Invoice Period:		July 201	4	·	
Funding Term: 07/01/2014 - 06/30/2015		Final Invoice:			(	Check if	Yes)					
PHP Division: Community Behavioral He	ealth Serv	rices					ACE Control Nu	mber:				建杂码分析
		TOTAL DELIVER			DELI	VERED	% OF		REMAI			6 OF
		RACTED THIS PERIOD				DATE	TOTAL		DELIVERABLES		TOTAL	
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-8 Parenting Training Institute PC# - 38CC							0%		12		. 100%	
60/ 72 Flexible Support Expenditure	12		<u>.</u>				0%		12		100%	<u> </u>
Unduplicated Counts for AIDS Use Only.			·				<u>_</u>		<b>.</b>			
· · · · · · · · · · · · · · · · · · ·			1		EXP	ENSES	EXPEN	SES	· % (	)F	REN	AINING
Description			BU	DGET		PERIOD	TO DA		BUDO			LANCE
Total Salaries			\$	80,143.00	\$	_	\$	~		0.00%	\$	80,143.00
Fringe Benefits				20,035.00	\$		\$	-		0.00%		20,035.00
Total Personnel Expenses				00,178.00	\$	-	\$			0.00%	\$ 1	00,178.00
Operating Expenses		·										,
Occupancy			\$	-	\$	-	\$	-		0.00%	\$	-
Materials and Supplies			\$	-	\$.	-	\$	-		0.00%		-
General Operating			.\$		\$	-	\$	<u> </u>		0.00%		-
Staff Travel			\$		\$		\$	-	ļ	0.00%	\$	

Staff Travel 0.00% \$ Consultant/Subcontractor 0.00% \$ \$ Other: Staff Recruitment \$ \$ --\$ \$ \$ 0.00% \$ **Client Service Fund** --0.00% \$ \$ **Total Operating Expenses** \$ -\$ --**Capital Expenditures** \$ _ \$ -\$ -0.00% \$ TOTAL DIRECT EXPENSES \$ 100,178.00 \$ _ \$ 4 0.00% \$ 100,178.00 Indirect Expenses \$ 12,022.00 \$ ..... \$ -0.00% \$ 12,022.00 TOTAL EXPENSES \$ 112,200.00 \$ _ \$ ... 0.00% \$ 112,200.00 NOTES: Less: Initial Payment Recovery Other Adjustments (DPH use only \$ 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:	Date:					
Printed Name:							
Title:	Phone:						
Send to:	DPH Authorization for Payment						
Community Programs Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103							
	Authorized Signatory Date						

CMHS/CSAS/CHS 7/7/2014 INVOICE

Appendix F

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Date:
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#### DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

								Appendix F PAGE A
			Contro	l Number				
		1	L			INVOICE NUMBER:	M05 JL	14
Contractor: Seneca Center						Ct.Blanket No.: BPHM	TBD	
ddress: 2275 Arlington Drive, San Leandro, C.	A 94578				,	Ct.PO No.: POHM	TBD	User Cd
el No.: (510) 481-1222				BHS		Fund Source:	SB 163-Children's	Mrap-Around Foster Care
Fax No.: (510)481-1222		I	<b>.</b>			Involce Period :	July 2014	
· · ·		·		•				
unding Term: 07/01/2014 - 06/30/2015			•			Final Invoice:		(Check if Yes)
HP Division: Community Behavioral Health Se	rvices					ACE Control Number:		
······································	,	Total Con	tracted	Delivered	THIS PERIOD	Delivered to Date	% of TOTAL	Remaining Deliverables
Hidunlineted Oliente For Evhi	<b>6</b> .14.	Exhibit	UDC	Exh	bit UDC	Exhibit UDC	Exhibit UDC	Exhibit UDC
Unduplicated Clients for Exhi	DIC:			CANADA AND A CANADA	TRACTOR STATE	<b>计学校的分子的分子的分子的分子的分子的分子的</b>		A SUBAL CONTRACTOR AND
Induplicated Counts for AIDS Use Only. DELIVERABLES		Delivere				Delivered	· · · · · · ·	Remaining
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн олу)	Total Contracted UOS CLIENT		OD CLIENTS	Unit Rate	AMOUNT DUE	to Date	% of TOTAL UOS LIENT	Deliverables
7b Child Crisis Wrap PC# - 38CQWC - HMHMCF	IN STREET							
lient Supervision-Family Respite	283 MAN	31		\$ 30.00	<u> </u>	0.000	0.00%	283.000
· · · · · · · · · · · · · · · · · · ·	1			****	-			
,								
TOTAL	283	0.000				0.000	0.00%	283.000
•	Budget Amount		<b>s</b> .	8,500.00		Expenses To Date \$-	% of Budget 0.00%	Remaining Budget \$ 8,500.00
	Dugorinioun				• ·	NOTES:		
				NOUNT DUE	<u> </u>			
			<b>`</b>	URSEMENT	<u>\$</u>			
	is, to the best of my	y knowledge, under the pr	complete ovision of	e and accur f that contra	ate; the amounct. Full justified	nt requested for reimbu ation and backup reco	ursement is ords for those	
ecting that the information provided above accordance with the contract approved for		F ·			,	. ,		
accordance with the contract approved for		l.						
accordance with the contract approved for		i. 	<u></u>		Date:			<u> </u>
accordance with the contract approved for aims are maintained in our office at the ad					Date:			<u>.</u>
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a accordance with the contract approved for laims are maintained in our office at the ad Signature: Title:			DPH Autho	prization for P				
n accordance with the contract approved for laims are maintained in our office at the ad Signature: Title: end to: community Programs Budget/ Invoice Analy	dress indicated.		DPH Autho	prization for P				
· ·	dress indicated.		DPH Autho					

CMHS/CSAS/CHS 7/7/2014 Invoice

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### **CERTIFICATE OF LIABILITY INSURANCE**

SENEFAM-01 VRXKUMAR2

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DATE (MM/DD/YYYY) 7/2/2014

<u> </u>				<u> </u>					11212014		
	HIS CERTIFICATE IS ISSUED AS ERTIFICATE DOES NOT AFFIRMA ELOW. THIS CERTIFICATE OF IN EPRESENTATIVE OR PRODUCER, A	TIVE ISUR	LY C	OR NEGATIVELY AMEND E DOES NOT CONSTITU	), EXTENI	D OR AL	TER THE C	OVERAGE AFFORDED BY T	HE POLICIES		
t	MPORTANT: If the certificate hold the terms and conditions of the police ertificate holder in lieu of such endo	:y, ce	ertain	policies may require an							
	DUCER License # 0726293			<i>t</i>	CONTACT			· · · · · · · · · · · · · · · · · · ·	·····		
Art	ur J. Gallagher & Co. Insurance Bro	kers	of C/	A., Inc.	PHONE	_{xt):} (818) 5	39-2300	FAX (A/C, No): (818	520.2204		
505	N Brand Blvd, Suite 600 ndale, CA 91203				I E-MAIL		00-2000	(A/C, No): (OTC			
Gie	iuale, CA 91205				ADDRESS:				1		
								RDING COVERAGE	NAIC #		
								nce Alliance of CA			
INSI	IRED							And General Insurance Co			
	Seneca Family of Agencies				INSURER C: Berkley Regional Insurance Company 29580						
	2275 Arlington Drive				INSURER D	):					
	San Leandro, CA 94578				INSURER E	l:		•			
	· · · · · · · · · · · · · · · · · · ·				INSURER F	:		·			
_				E NUMBER:				REVISION NUMBER:			
IN C	HIS IS TO CERTIFY THAT THE POLIC DICATED. NOTWITHSTANDING ANY H ERTIFICATE MAY BE ISSUED OR MAY (CLUSIONS AND CONDITIONS OF SUCH	REQU ' PEF	IREM	ENT, TERM OR CONDITIO , THE INSURANCE AFFOR	ON OF ANY DED BY T BEEN RED	CONTRACT	CT OR OTHER IES DESCRIB PAID CLAIMS	R DOCUMENT WITH RESPECT TO	O WHICH THIS		
INSR LTR	TYPE OF INSURANCE	ADDI	SUBF	POLICY NUMBER	P(M)	OLICY EFF M/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
A	X COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE \$	1,000,000		
	CLAIMS-MADE X OCCUR	X		201500557NPO	07	7/01/2014	07/01/2015	DAMAGE TO RENTED PREMISES (Ea occurrence) \$	500,000		
	X Professional \$1MM		.·				•	MED EXP (Any one person) \$	20,000		
	X Abuse \$1MM							PERSONAL & ADV INJURY \$	1,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE \$	2,000,000		
	X POLICY PRO- JECT LOC							PRODUCTS - COMP/OP AGG \$	2,000,000		
	OTHER:							\$			
	AUTOMOBILE LIABILITY	1		•				COMBINED SINGLE LIMIT \$	1,000,000		
Α	X ANY AUTO		·	201500557NPO	07	7/01/2014	07/01/2015	(Ea accident) * BODILY INJURY (Per person) \$	.,,		
	ALL OWNED SCHEDULED	·						BODILY INJURY (Per accident) \$			
	AUTOS AUTOS NON-OWNED		1					PROPERTY DAMAGE			
	HIRED AUTOS			•				(Per accident) \$			
	X UMBRELLA LIAB X OCCUR	<u> </u>							4,000,000		
Α	EXCESS LIAB CLAIMS-MADE		1	201500557NPOUMB	07	/01/2014	07/01/2015	EACH OCCURRENCE \$ AGGREGATE \$	4,000,000		
^									4,000,000		
	DED X RETENTION \$ 10,000							PER STATUTE X OTH-			
	AND EMPLOYERS' LIABILITY			WC 015684189	11	/01/2013	01/01/2015		4 000 000		
в	ANY PROPRIETOR/PARTNER/EXECUTIVE	N / A		110 010004100	1 1 1	10 112010	0 110 112010	E.L. EACH ACCIDENT \$	1,000,000 1,000,000		
	(Mandatory in NH)							E.L. DISEASE - EA EMPLOYEE \$			
	DESCRIPTION OF OPERATIONS below			0007400447040		14710040	00/17/0014	E.L. DISEASE - POLICY LIMIT \$	1,000,000		
C	Crime			BCR7100147313	09	1112013	UJ/1//2014	Employee Dishonesty	1,000,000		
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	RIPTION OF OPERATIONS / LOCATIONS / VEHIC icate holder is named additional insur								ers		
	ensation coverage excluded, evidence										
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CER	TIFICATE HOLDER			·	CANCEL	LATION					
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								SCRIBED POLICIES BE CANCEL			
•	City & County of San Francis 1380 Howard Street	CO						PROVISIONS.			
	San Francisco, CA 94103			· L		· · · · ·	•	······································			
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						© 1988-2	2014 ACORE	OCORPORATION. All rights	reserved.		

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POLICY NUMBER: 201500557NPO

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

专业会 医输出力中枢

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, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

City & County of San Francisco 1380 Howard Street San Francisco CA 94103

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.

INITIAL PAYMENT INVOICE 82 – Department of Public Health / Population Health & Prevention Community Mental Health Services

IN ACCORDANCE WITH THE CONTRACT PROVISIONS, AN INITIAL PAYMENT IS REQUESTED FOR:

		n - T	
	\$ 8,505,451	•	
Fiscal Year Encumbrance:		Seneca Center	
		CONTRACT AGENCY NAME	
Base for Initial Payment:	Losson of	2275 Arlington Drive	
Maximum Fidelity Bond coverage (\$1,000 Annual General Fund and MHSA Budget from the CBHS Budget Schedule.),000) or 25% of	STREET, P.O. BOX	
	\$1,000,000		
INITIAL PAYMENT AMOUNT:	\$1,000,000	San Leandro, CA 94578 CITY, STATE, ZIP	
		CITT, STATE, ZIP	
• •			
82 DEPARTMENT OF PUBLIC POPULATION HEALTH AND PR		CONTRACT AGENCY	
POPULATION REALTH AND PR			
	4		
	8/5/2014		
AUTHORIZED SIGNATU	8/5/2014 IRE	AUTHORIZED SIGNATURE	
[8/5/2014 IRE		
/ MARGARETTE ALVIA		KATHERINE WEST	
[
/ MARGARETTE ALVIA NAME – PRINT OR TYP	ΣΕ	KATHERINE WEST NAME – PRINT OR TYPE	
/ MARGARETTE ALVIA	⊃E nciliation Unit	KATHERINE WEST	
Asst Manager A/P - Contracts & Record	⊃E nciliation Unit	KATHERINE WEST NAME – PRINT OR TYPE Executive Director	
Asst Manager A/P - Contracts & Record	⊃E nciliation Unit	KATHERINE WEST NAME – PRINT OR TYPE Executive Director	
Asst Manager A/P - Contracts & Record	⊃E nciliation Unit	KATHERINE WEST NAME – PRINT OR TYPE Executive Director	
Asst Manager A/P - Contracts & Record	⊃E nciliation Unit	KATHERINE WEST NAME – PRINT OR TYPE Executive Director	
Asst Manager A/P - Contracts & Record	⊃E nciliation Unit	KATHERINE WEST NAME – PRINT OR TYPE Executive Director	



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Amendment of the Whole in Committee. 12/1/10

FILE NO. 100927

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RESOLUTION NO. 563-10

[Contract Approval - 18 Non-Profit Organizations and the University of California of San Francisco - Behavioral Health Services - \$674,388,406]

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010 through December 31, 2015.

WHEREAS, The Department of Public Health has been charged with providing needed behavioral health services to residents of San Francisco; and,

WHEREAS, The Department of Public Health has conducted Requests for Proposals or has obtained appropriate approvals for sole source contracts to provide these services; and

WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10 million to be approved by the Board of Supervisors; and

WHEREAS, Contracts with providers will exceed \$10 million for a total of \$674,388,406, as follows:

Alternative Family Services, \$11,057,200;

Asian American Recovery Services, \$11,025,858;

Baker Places, \$69,445,722;

Bayview Hunters Point Foundation for Community Improvement, \$27,451,857; Central City Hospitality House, \$15,923,347;

Community Awareness and Treatment Services (CATS), \$12,464,714;

Community Vocational Enterprises (CVE), \$9,705,509;

Conard House, \$37,192,197;

Edgewood Center for Children and Families, \$29,109,089;

Family Service Agency, \$45,483,140;

Mayor Newsom

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:

Secretary to the Mark Morewitz: Health Commission

Mayor Newsom

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City and County of San Francisco Tails

City Hall 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102-4689

Resolution

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.

Gavin Newsom

dans anisto

Angela Calvillo Clerk of the Board

2010 **Date Approved**

Seneca Center \$69,630,182

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL (S.F. Campaign and Governmental Conduct Code & 1 126)

City Elective Officer Information (<i>Please print clearly.</i>)	
	City elective office(s) held:
	Members, San Francisco Board of Supervisors
	· · · · · · · · · · · · · · · · · · ·
Contractor Information (Please print clearly.) Name of contractor:	
Seneca Family of Agencies	
 Please list the names of (1) members of the contractor's board of direct financial officer and chief operating officer; (3) any person who has an any subcontractor listed in the bid or contract; and (5) any political conadditional pages as necessary. 1. Please see list of members of Board of Directors attached. 2. CEO: Ken Berrick, CFO: Janet Briggs, COO: Katherine West 3. Persons with more than 20% ownership: N/A – Nonprofit Agency 4. Subcontractors listed in contract: N/A 5. Political committees sponsored or controlled by contractor: N/A Contractor address: 6925 Chabot Road, Oakland, CA 94618 	ownership of 20 percent or more in the contractor; (4)
Date that contract was approved:	Amount of contract: Not to exceed \$69,630,182
Describe the nature of the contract that was approved: Provide Mental Health services to children and adolescents refereed by	S.F. Mental Health and Human services agency.
Comments:	
This contract was approved by (check applicable):	
\Box the City elective officer(s) identified on this form	
a board on which the City elective officer(s) serves <u>San</u>	Francisco Board of Supervisors Print Name of Board
□ the board of a state agency (Health Authority, Housing Authorit	y Commission, Industrial Development Authority
Board, Parking Authority, Redevelopment Agency Commission,	
Development Authority) on which an appointee of the City electiv	ve officer(s) identified on this form sits
Print Name of Board	· · · · · · · · · · · · · · · · · · ·
Filer Information (Please print clearly.)	
Name of filer:	Contact telephone number:
Angela Calvillo, Clerk of the Board	(415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA	E-mail: 94102 Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed



Board of Directors Roster 2015-2016

Ken Berrick, President

Chief Executive Officer Seneca Family of Agencies 6925 Chabot Road Oakland, CA 94618 ken berrick@senecacenter.org

Crosby Allison, Vice President Independent Consultant

Neil Gilbert, Chairperson Professor of Social Welfare University of California, Berkeley

> **Dion Aroner, Secretary** *Governance Committee* Partner AJE Partners

Geoff Le Plastrier, Treasurer Finance Committee President LDC Advisors

Andrew Kahn, Member Attorney at Law Davis, Cowell & Bowe

Alan Ross, Member Partner (Retired) IBM Global Business Services

Jeff Davi, Member Fundraising Committee President A.G. Davi Property Management & Realtor, Coldwell Banker