File No.	151049	Committee Item No	19_	
		Board Item No.	49	

# **COMMITTEE/BOARD OF SUPERVISORS**

•	AGENDA PACKET CON	ENISLISI
Committee: B	Budget and Finance	Date December 2, 2015
Board of Super	visors Meeting	Date December 8, 2015
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Completed by: Completed by:		Date November 23, 2015  Date / 3///

\$69,630,1811

to exceed \$69,630,181.

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

[Contract Amendment - Seneca Center - Behavioral Health Services - Not to Exceed

Resolution approving amendment number two to the Department of Public Health

two years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through

contract for behavioral health services with Seneca Center to extend the contract by

December 31, 2017, with a corresponding increase of \$6,134,854 for a total amount not

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

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:

Barbara A. Garcia, Director of Health APPROVED:

Mark Morewitz, Health Commission Secretary Items 1 through 20

Files 15-1030, 15-1031, 15-1032, 15-1033, 15-1034, 15-1035, 15-1036, 15-1038, 15-1039, 15-1040, 15-1043, 15-1044, 15-1046, 15-1047, 15-1048, 15-1049 & 15-1050 Department:

Department of Public Health (DPH)

# **EXECUTIVE SUMMARY**

# **Legislative Objectives**

• In 2010, the Board of Supervisors extended 22 behavioral health contracts between DPH and 18 non-profit organizations and the Regents of the University of California at San Francisco. The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract.

#### **Key Points**

- In June 2015, DPH informed the Board of Supervisors of their intention to request twoyear contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system.
- The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

#### Fiscal Impact

- The current total not-to-exceed amount of the 17 contracts is \$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271.
- The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

# **Policy Consideration**

DPH is now in the process of determining how to best align contracted services with the
requirements of the Affordable Care Act and the State Department of Health Care Services
1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately
March 2016. DPH considers the two-year contract extension to be necessary in order to
prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of
these RFPs, and award new contracts, while preventing any break in service delivery.

#### Recommendation

Approve the proposed resolutions.

# MANDATE STATEMENT

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

# **BACKGROUND**

In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 18 non-profit organizations and the Regents of the University of California at San Francisco for the provision of behavioral health services. The 22 contracts were extended for five years and six months from July 1, 2010 through December 31, 2015. Funding for the 22 contracts was a combination of (i) General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and other Federal funds, (iv) Work Orders, grants, and other State funds, and (v) 12 percent contingencies on the total combined not-to-exceed amount, which did not have a designated funding source.

In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act. DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

# **DETAILS OF PROPOSED LEGISLATION**

The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract, as shown in the Table 1 below.

The 14 non-profit organizations include Alternative Family Services, HealthRight360 (formerly Walden House), Baker Places, Central City Hospitality House, Community Awareness and Treatment Services, Conard House, Edgewood Center for Children and Families, Family Service Agency of San Francisco, Hyde Street Community Service, Instituto Familiar de la Raza, Progress

<sup>&</sup>lt;sup>1</sup> The 18 non-profit organizations included Alternative Family Services, Asian American Recovery Services (now HealthRight360), Baker Places, Bayview Hunters Point Foundation for Community Improvement, Central City Hospitality House, Community Awareness and Treatment Services, Community Vocational Enterprises, Conard House, Edgewood Center for Children and Families, Family Service Agency, Hyde Street Community Service, Instituto Familiar de la Raza, Progress Foundation, Richmond Area Multi-Services (two contracts), San Francisco Study Center, Seneca Center, Walden House (now HealthRight360), and Westside Community Mental Health Center.

Foundation, Richmond Area Multi-Services (two contracts), Seneca Center, and Westside Community Mental Health Center.<sup>2</sup>

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system, which was approved by the State in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

# **FISCAL IMPACT**

The current total not-to-exceed amount of the 17 contracts is \$\$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271, as shown in the Table below.

<sup>&</sup>lt;sup>2</sup> There are five outstanding contracts that were extended in 2010 but are not included in the proposed resolution. The Bayview Hunters Point Foundation for Community Improvement contract was approved for a two-year extension by the Board of Supervisors in October 2015. The San Francisco Study Center, Asian American Recovery Services (now HealthRight360), and Community Vocational Enterprises no longer have contracts with DPH. One additional Regents of the University of California at San Francisco contract will be submitted for review at a later date.

Table. Current and Proposed Contract Not-to-Exceed Amounts<sup>3</sup>

Contractor	Item No.	Current Not-to- Exceed Amount	Requested Increase	Revised Not-to- Exceed Amount
Alternative Family Services	15-1030	\$11,057,200	\$7,674,939	÷ = \$18,732,139
Baker Places	15-1031	69,445,722	15,981,652	85,427,374
Central City Hospitality	15-1032	15,923,347	3,636,666	19,560,013
Community Awareness and Treatment Services	15-1033	35,699,175	6,454,201	42,153;376
Conard House	15-1034	37,192,197	16,867,780	54,059,977
Edgewood Center for Children and Families	15-1035	36,958,528	19,276,057	56,234,585
Family Service Agency of San Francisco	15-1036	45,483,140	14,976,909	60,460,049
HealthRight360 (former Walden contract)	15-1038	69,451,787	22,073,719	91,525,506
Hyde Street Community Services	15-1039	17,162,210	5,968,409	23,130,619
Instituto Familiar de la Raza	15-1040	14,219,161	11,917,749	26,136,910
Progress Foundation	15-1043	92,018,333	28,972,744	120,991,077
The Regents of the University of California San Francisco (CCM) <sup>1</sup>	15-1044	24,962,815	9,380,507	34,343,322
The Regents of the University of California San Francisco (CCM-SPR) <sup>2</sup>	15-1046	32,024,839	22,521,671	54;546;510
Richmond Area Multi-Services, Inc. (RAMS - Children)	15-1047	19,904,452	9,721,109	29,625,561
Richmond Area Multi-Services, Inc. (RAMS - Adults)	15-1048	22,602,062	10,989,524	33;591,586
Seneca Center	15-1049	63,495,327	6,134,854	69,630,181
Westwide Community Mental Health Center	15-1050	43,683,160	12,741,326	56,424,486
Total		\$651,283,455	\$225,289,816	\$876,573,271

Source: Department of Public Health staff.

The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

<sup>&</sup>lt;sup>3</sup> DPH will submit specific revised resolutions to the December 2, 2015 Budget and Finance Committee with corrected language or amounts. The Table above is based on the revised resolutions.

# **Five Contracts have Significant Expenditure Increases**

Alternative Family Services (increase of \$7,674,939). According to Ms. Michelle Ruggels, DPH Director of Business Office, DPH costs for this contract have increased because the Department is required to serve an increasing number of foster care children who are San Francisco residents but who are placed outside of the county. DPH contracted with Alternative Family Services to ensure that DPH complies with State mandates to complete assessments for all out-of-county placements. Previously 30-40 percent of foster care youth received an assessment. DPH now completes assessments for all foster care youth placements, and has budgeted for the associated cost increases.

Edgewood Center for Children and Families (increase of \$19,276,057). In 2014, DPH received a State grant in the amount of \$1,751,827 funded with Mental Health Services Act funding, which will fund two new DPH programs including the Youth Crisis Stabilization Center and the Mobile Crisis Team (File 14-0511).<sup>4</sup> According to Ms. Ruggels, the remaining portion of these program costs will be reimbursed by Medi-Cal for those clients with Medi-Cal eligibility.

The Regents of the University of California at San Francisco: Citywide Case Management – Single Point of Responsibility (CCM-SPR; increase of 22,521,671). DPH has expanded all intensive care management programs. In FY 2012-13, DPH transferred the Citywide Forensics program from the Citywide Case Management program to Citywide Case Management program for Single Point of Responsibility (CCM-SPR) as the CCM-SPR contract uses a capitation model rather than fee-for-service. During this time, DPH also expanded the Citywide Focus program, which provides outpatient mental health services to reduce unnecessary institutional care for high risk and mentally ill transitional aged youth, adults, and older adults. Both of these programs are funded through the federal Mental Health Services Act.

Richmond Area Multi-Services, Inc. for Children (RAMS Children; increase of \$9,721,109). DPH costs for implementing Wellness Centers in high schools increased as the Wellness programs have been gradually expanded to additional high schools. DPH will receive reimbursements for program costs from Medi-Cal.

Richmond Area Multi-Services, Inc. for Adults (increase of \$10,989,524). Program costs will increase mainly because of four programs, including the I-Ability Vocational IT program, Asian Pacific Islander Mental Health Collaborative, the Peer Specialist Mental Health Certificate program, and the Broderick Street Adult Residential Facility. All of these programs will be funded by the State Mental Health Services Act.

# **POLICY CONSIDERATION**

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

<sup>&</sup>lt;sup>4</sup> DPH received this grant to participate in a program entitled Mental Health Triage Personnel Grant for the period from April 1, 2014 through June 30, 2014.

<sup>&</sup>lt;sup>5</sup> Under a capitation model, the contractor is paid a flat fee for each client rather than a fee for each service.

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act:
- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of an evaluation of community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, DPH will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

# RECOMMENDATION

Approve the proposed resolutions.

# San Francisco Department of Public Health

Barbara A. Garcia, MPA

Director of Health



City and County of San Francisco

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:

- Resolution
- Proposed amendments
- o Original agreements and any previous amendment
- 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

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

#### Second Amendment

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

# RECITALS

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

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

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

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

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

- 1b. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.
- 1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby amend as follows:
  - 2a. Section 2 of the Agreement currently reads as follows:

# 2. Term of the Agreement

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

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

# 2. Term of the Agreement

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

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

# 5. Compensation

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

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

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

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

#### 5. Compensation

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

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

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

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

- a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:
- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.
- 5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
- b. Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- c. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."
- d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the

effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

- e. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.
- f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.
- g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.
- h. If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

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

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

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

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

Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

- b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.
- c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.
- d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.
- e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32 above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.
- f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.
- g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

- h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.
- **2e.** Protection of Private Information. Section 64 is hereby added to the Agreement, as follows:
- 64. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of 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.

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	CITY		CONTRACTOR		
	Recommended by:		Seneca Center		
<u>/</u> .	BARBARA A. GARCIA, MPA. Director of Health	<u>S</u> —/-/Date			
	Approved as to Form:		•		
	DENNIS J. HERRERA City Attorney			•	
y	Lathlow Hughy ,	Colis les Date			
	Deputy City Attorney				/ 5/19/19
	Approved:		KEN BERRICK Executive Director 2275 Arlington Drive San Leandro, California 9	Katherine West, COO 14578	Date
	/		City vendor number: 246	31	
•	JACI FONG Director of the Office of Contract Administration, and	Date	·		

Purchaser

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: 38CQ5 (Seneca Connections TBS)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.

City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs

Telephone: (510)-300-6325

# 2. NATURE OF DOCUMENT

☐ No	ew 🗌	Renewal	· x □	Modification
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#### 3 GOAL STATEMENT

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

# 4. TARGET POPULATION

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

#### 5. MODALITIES/INTERVENTIONS

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

#### B. Definition of Billable Services:

<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

Appendix A-1

Contract Term: 07.01.15 - 06.30.16

Program: Therapeutic Behavioral Services (TBS)

City Fiscal Year: 15-16

CMS#: 6941

Appendix A-1 Contract Term: 07.01.15 - 06.30.16

"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 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

Program: Therapeutic Behavioral Services (TBS)

City Fiscal Year: 15-16

CMS#: 6941

Appendix A-1 Contract Term: 07.01.15 - 06.30.16

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

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

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

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

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#### 3 GOAL STATEMENT

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

# 4. TARGET POPULATION

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

# 5. MODALITIES/INTERVENTIONS

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

#### B. Definition of Billable Services:

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

<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,

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

Appendix A-2

Contract Term: 07.01.15 - 06.30.16

**Program: Intensive Treatment Foster Care (ITFC)** 

City Fiscal Year: 15-16

CMS#: 6941

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. METHODOLOGY

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

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

#### 7. OBJECTIVES AND MEASUREMENTS

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

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

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

Appendix A-2

Contract Term: 07.01.15 - 06.30.16

**Program:** Intensive Treatment Foster Care (ITFC)

City Fiscal Year: 15-16

CMS#: 6941

Appendix A-2 Contract Term: 07.01.15 - 06.30.16

#### 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 Appendix A-3 Contract Term; 07.01.15 - 06.30.16

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

City Fiscal Year: 15-16

CMS#: 6941

1. PROGRAM NAME: Short Term Connections-Intensive Support Services

PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street

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

**TELEPHONE: 415-642-5968** FACSIMILE: 415-695-1263

PROGRAM CODE: 38CQ3 (Seneca Connections Outpatient)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.

City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs

**Telephone:** (510)-300-6325

#### 2. NATURE OF DOCUMENT

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#### GOAL STATEMENT

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

#### TARGET POPULATION 4.

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.

#### MODALITIES/INTERVENTIONS 5.

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

#### B. Definition of Billable Services:

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

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

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

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Contractor: Seneca Center Appendix A-3
Program: Short Term Connections-Intensive Support Services Contract Term: 07.01.15 - 06.30.16

City Fiscal Year: 15-16

CMS#: 6941

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.

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

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

#### 6. METHODOLOGY

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

- 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-medi-cal eligible youth.
- 5. At the end of the specified time period, Child Crisis may end ISS services or may conduct a follow-up assessment and request a continuation of ISS services for up to 30 days.

# 7. OBJECTIVES AND MEASUREMENTS

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

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

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

#### A. Achievement of Contract Performance Objectives

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

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Contractor: Seneca Center Appendix A-3 Contract Term: 07.01.15 - 06.30.16

**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

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

# B. Documentation Quality, including internal audits

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

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

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

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

#### D. Client satisfaction

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

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

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

# 9. Required Language (if applicable):

Not applicable.

Appendix A-4

Contract Term: 07.01.15 - 06.30.16

**Program: Long Term Connections-WRAP Services** 

City Fiscal Year: 15-16

CMS#: 6941

1. PROGRAM NAME: Long Term Connections – Wraparound Services

PROGRAM ADDRESS: 2513 24<sup>TH</sup> Street

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

TELEPHONE: 415-642-5968 FACSIMILE: 415-695-1263

PROGRAM CODE: 38QC4 (Seneca Center WRAP)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.

City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs

**Telephone:** (510)-300-6325

# 2. NATURE OF DOCUMENT

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#### 3 GOAL STATEMENT

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

#### 4. TARGET POPULATION

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

#### 5. MODALITIES/INTERVENTIONS

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

#### B. **Definition of Billable Services:**

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

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

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

<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

Contractor: Seneca Center Appendix A-4

Program: Long Term Connections-WRAP Services

City Fiscal Year: 15-16

CMS#: 6941

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. METHODOLOGY

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

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

#### 7. OBJECTIVES AND MEASUREMENTS

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

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

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

Contract Term: 07.01.15 - 06.30.16

Contractor: Seneca Center Appendix A-4

**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.

Contract Term: 07.01.15 - 06.30.16

Program: School Based Mental Health Services

City Fiscal Year: 15-16

CMS#: 6941

1. PROGRAM: School Based Services

2275 Arlington Dr., San Leandro, CA 94578

Telephone: 510-481-1222 Fax: 510-317-1427

Program Code: 8980OP (James Baldwin Academy OP)

BUSINESS ADDRESS: 2275 Arlington Dr., San Leandro, CA 94578

**TELEPHONE:** (510) 481-1222 **FACSIMILE:** (510) 317-1427

## 2. NATURE OF DOCUMENT

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

# 3 GOAL STATEMENT

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

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

#### 4. TARGET POPULATION

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

#### 5. MODALITIES/INTERVENTIONS

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

# B. Definition of Billable Services:

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

Appendix A-5

Contract Term: 07.01.15 - 06.30.16

Contractor: Seneca Center Appendix A-5 Contract Term: 07.01.15 - 06.30.16

**Program: School Based Mental Health Services** 

City Fiscal Year: 15-16

CMS#: 6941

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

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

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

#### METHODOLOGY 6.

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

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

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

#### 7. **OBJECTIVES AND MEASUREMENTS**

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

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

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

Program: School Based Mental Health Services

City Fiscal Year: 15-16

CMS#: 6941

Appendix A-5 Contract Term: 07.01.15 - 06.30.16

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

## A. Achievement of Contract Performance Objectives

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

# B. Documentation Quality, including internal audits

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

# C. Cultural competency of staff and services

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

# D. Client satisfaction

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

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

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

# 9. Required Language (if applicable):

Not applicable.

Contractor: Seneca Center Program: Parenting Training Institute

City Fiscal Year: 15-16

CMS#: 6941

1. PROGRAM NAME: Parenting Training Institute

PROGRAM NAME: 2513 24<sup>TH</sup> Street

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

TELEPHONE: 415-642-5968 FACSIMILE: 415-695-1263

PROGRAM CODE: 38CQPTI (Parent Training Institute)

Contractor Address: Seneca Family of Agencies, 6925 Chabot Rd.

City, State, Zip Code: Oakland, CA 94618

Name of Person Completing this Narrative: Janet Briggs

**Telephone:** (510)-300-6325

# 2. NATURE OF DOCUMENT

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#### 3 GOAL STATEMENT

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

#### 4. TARGET POPULATION

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

#### 5. MODALITIES/INTERVENTIONS

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

#### B. **Definition of Billable Services:**

Salary and Fringe for the staff working on this program.

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

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

#### 6. METHODOLOGY

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

#### Activities include

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

Appendix A-6

Contract Term: 07.01.15 - 06.30.16

Contractor: Seneca Center Appendix A-6
Program: Parenting Training Institute Contract Term: 07.01.15 - 06.30.16

City Fiscal Year: 15-16

CMS#: 6941

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

# 7. OBJECTIVES AND MEASUREMENTS N/A

It is a cost based contract with no measurable objectives.

# 8. <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

Appendix A-6 Contract Term: 07.01.15 - 06.30.16

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.

**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

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

☐ New ☐ Renewal X ☐ Modification
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# 3 GOAL STATEMENT

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

#### 4. TARGET POPULATION

Children and adolescents involved with the Juvenile Justice System.

#### 5. MODALITIES/INTERVENTIONS

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

# B. Definition of Billable Services:

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

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

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

<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.

Appendix A-7

Contract Term: 07.01.15 - 06.30.16

Program: Youth Transitional Services (YTS)

City Fiscal Year: 15-16

CMS#: 6941

Appendix A-7 Contract Term: 07.01.15 - 06.30.16

<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. 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.

# 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

**Program: Youth Transitional Services (YTS)** 

City Fiscal Year: 15-16

CMS#: 6941

Appendix A-7 Contract Term: 07.01.15 - 06.30.16

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: AllM Higher City Fiscal Year: 15-16

CMS#: 6941

Appendix A-8 Contract Term: 07.01.15 - 06.30.16

1. PROGRAM NAME: AIIM Higher

PROGRAM ADDRESS: 3801 3rd Street, No 400C CITY, STATE, ZIP CODE: San Francisco, CA 94124

TELEPHONE: 415-970-3800 FACSIMILE: 415-970-3855

PROGRAM CODE: 38CQAH (Seneca AllM 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

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#### 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.

Contractor: Seneca Center Appendix A-8
Program: AllM Higher Contract Term: 07.01.15 - 06.30.16

City Fiscal Year: 15-16

CMS#: 6941

#### **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 AIIM Higher) in order to provide information regarding AIIM Higher's services, mental health issues, and community resources.

- Provide direct consultation and outreach services to at least 200 youth and families in order to "leverage
  the crisis" of incarceration by enhancing their capacity and motivation for treatment, and increasing
  awareness and access to services in their own communities.
- Provide 1000 hours of consultation and outreach to community-based, behavioral health service
  providers in order to collaborate around effective engagement strategies and individualized treatment
  approaches for youth referred through AIIM Higher.

#### **Individual Therapeutic Services**

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

#### 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 AlIM 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 Appendix A-8
Program: AllM Higher Contract Term: 07.01.15 - 06.30.16

CMS#: 6941

City Fiscal Year: 15-16

 Provide brief, short-term therapeutic services in order to address immediate safety concerns, plan for discharge from Juvenile Hall, engage youth and families in the treatment process, and overcome any barriers to successful connections with community providers.

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

#### 7. Objectives and Measurements

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

A) Individualized Process Objective: Every day that the Juvenile Justice Center is open between July 1, 2014 and June 30, 2015, AllM 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 AllM Higher) can receive consultations regarding available community resources to enhance health and well-being, as evidenced by consultation logs.

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

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

<u>B) Individualized Process Objective:</u> Between July 1, 2015 and June 30, 2016, 100% of AllM 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.

Appendix A-8 Contract Term: 07.01.15 - 06.30.16

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. CONTINUOUS QUALITY IMPROVEMENT (CQI):

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

#### A. Achievement of Contract Performance Objectives

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

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

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Appendix A-8 Contract Term: 07.01.15 - 06.30.16

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.

# Appendix B Calculation of Charges

#### 1. Method of Payment

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

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

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

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

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

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

#### B. Final Closing Invoice

# (1) Fee For Service Reimbursement:

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

#### (2) Cost Reimbursement:

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from t0he 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 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Sixty Nine Million Six Hundred Thirty Thousand One Hundred Eighty Two Dollars (\$69,630,182) for the period of July 1, 2010 through December 31, 2017.

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

- (1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.
- (2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B,

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

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

- (3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.
- (4) CONTRACTOR further understands that, \$5,153,842 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM06500043 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM06500043 for the Fiscal Year 2010-11.
- C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.
- D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.
  - E. In no event shall the CITY be liable for interest or late charges for any late payments.
- F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

DPH 1: Department of Public Health Contract Budget Summary

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DHCS Legal Entity Number (MH): DHCS Legal Entity Name (MH)/Contractor Name (SA):		Prepa	ared By/Phone #:	Document Date:	7/1/2015			Fiscal Year: 2	V75-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):  Contract CMS # (CDTA use only):	Seneca Center			Document Date:	//1/2015				
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Contract Appendix Number:	B-1	B-2	B-3	B-4	B-5	B-6	· B-7	B-8	·
		Intensive		Long Term		·			
A 10 A 170 M		Therapeutic	Short Term	Connections-	0-1	Parenting Training	\ <del></del> 0	4.554.55	
Appendix A/Program Name:	TBS	Foster Care	Gonnections	WRAP	School Based	Institute	YTS	AliM Higher	
Provider Number	38CQ	38CQ	38CQ	38CQ	8980	38CQ	38CQ	38CQ	
Program Code(s)	38CQ5	38CQ6	38CQ3	38CQ4	8980OP	38CQPTI	38CQMST	38CQAH	
FUNDING TERM:	//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
NDING USES									
Salaries & Employee Benefits:	702,895		373,723	4,344,595	347,248	103,206	162,628	749,936	7,144,31
Operating Expenses:	41,289	22,940	36,286	502,467	23,995	0	27,057	109,918	763,95
Capital Expenses:	· · · · · · · · · · · · · · · · · · ·								
Subtotal Direct Expenses:	744,184		410,009		371,243			859,854	7,908,26
Indirect Expenses:	89,302	45,962	49,201		44,549	12,385	22,762	87,652	933,45
Indirect %:	12%	12%	12%		12%			10%	129
TAL 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	8,841,727.0
							Employee F	ringe Benefits %:	2.
HS MENTAL HEALTH FUNDING SOURCES									
FED - SDMC Regular FFP (50%)	356,682	210,494	215,134	2,528,239	207,695	. 0	2	24,860	3,565,681
STATE - PSR - EPSDT	321,014	189,444	81,120		180,910			22,375	3,090,596
WORK ORDER - Human Services Agency (Match)	41,226	21,049	9,013		26,785		0	0	339,082
WORK ORDER - Human Services Agency	. 0	0	. 0	0	0	113,883	Ō	Ö	113,883
J Work Order						•		398,253	398,253
ick Grant		· · · · · · · · · · · · · · · · · · ·						174,825	174,825
STATE - MHSA (CSS)	0	0	0	277,753	0	0		174,020	277,753
STATE - MHSA (CSS)	0		·		0		- 0	324,707	324,707
COUNTY - General Fund - CODB		7,685	7,951					324,101	106,499
COUNTY - General Fund - CODB	113,946	7,000			0	0	169,550	2,486	443,654
COUNTY - General Fund WO-CODB	618	316	135	3,615	402	· · · · · · · · · · · · · · · · · · ·	109,000	2,400	6,794
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	833,486.00	428,988.00	459,210.00	5,428,707.00	415,792.00	115,591.00	212,447.00	947,506.00	8,841,727.00
HS SUBSTANCE ABUSE FUNDING SOURCES		420,000.00	400,210.00	0,420,707.00	710,702.00	110,001.00	212,777.00	341,300.00	0,041,727.00
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TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES					_			-	<del></del>
	833,486		459,210	5,428,707	415,792	115,591	212,447		8,841,72
TAL DPH FUNDING SOURCES	033,400	420,300	400,∠10	J,420,707	415,132	110,051	£ 1£,441	. 341,300	0,041,12
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TAL MON DRIL FUNDING COURCES									
TAL NON-DPH FUNDING SOURCES	0			V 400 70-	442 365	- 11= =11	0.646.44	0.15 505	
TAL 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

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

DHCS Legal Entity Name (MH)/C	ontractor Name (SA):					Appendix/Page #:	B-1, Page 1
, , , , , , , , , , , , , , , , , , , ,		Seneca Center/San Fran				Document Date:	7/1/2015
•	Provider Number:	38CQ				Fiscal Year:	2015-16
	Program Name:	TBS					
Program Code (for	merly Reporting Unit):	38CQ5					
Mode/SFC	(MH) or Modality (SA)	15/58					
	Service Description:	TBS	<u>,. 0</u>	0	0	0	TOTAL
	FUNDING TERM:	7/1/15-6/30/16	-	-	-		
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Salaries	& Employee Benefits:	702,895		3,42,20,30,30,30,30,30,30,30,30,30,30,30,30,30	All and the second second second	Contraction of Colors Contraction Colors	702,895
	Operating Expenses:	41,289					41,289
Capital Expenses	(greater than \$5,000):	0					0
Subto	tal Direct Expenses:	744,184	Ō	0	0	0	744,184
	Indirect Expenses:	89,302					89,302
101	AL FUNDING USES:	833,486	0	0	0	0	833,486
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	356,682					356,682
MH STATE - PSR-EPSDT	HMHMCP751594	321,014					321,014
MH COUNTY - General Fund	HMHMCP751594	113,946					113,946
TOTAL CBHS MENTAL HEALTH	THE SOURCES	833,486	-				833,486
TOTAL CORS MENTAL REALTH		033,400	TECHNOLOGY DAYS SHEET THE	ACCOMMAND TO A CONTRACTOR OF THE CONTRACTOR OF T	Manager and the control of the contr	STREET,	DETERMINE ACTION AND A
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OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:						-
TOTAL OTHER DPH-COMMUNITY PROGRAMS			-	-		•	-
	FUNDING SOURCES		•		•		833,486
NON-DPH FUNDING SOURCES TO THE PROPERTY OF T	PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN TO PERSON NAMED IN	Mark Control of the C	THE PERSON	THE STATE OF THE S	AND CARROL	WHITE STATE OF THE	TOWN THE ST
	1						0
TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	<u> </u>	833,486	<u> </u>			-	833,486
CBHS UNITS OF SERVICE AND UNIT COST							
	rchased (if applicable)		<b>)</b>				
Substance Abuse Only - Non-Res 33 - ODF # of Gro			<u> </u>	<u> </u>			经运行的影響
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							
Cost Reimbursement (CR) or F		FFS				<u> </u>	
	DPH Units of Service:				<u> </u>	<u> </u>	
A ID III BRID I BRID	Unit Type:						THE RESERVE
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	APPENDING PARTY.
	di-Cal Providers Only):				ļ		Total UDC:
Undul	olicated Clients (UDC):	95	<u>L</u>	L	L	<u> </u>	1

# DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-1 Page 2

	TOTAL General Fund HMHMCP751594		НМН	Work Order HSA HMHMCHMTCHWO		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:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
t. Director	0.70	\$ 49,000	0.70	\$ 49,	000					, , , , , , , , , , , , , , , , , , , ,		· ·
S Clinician	8.80	\$ 431,316	8.26	\$ 404,	504 0.55	26,812						
S Coach	1.00	\$ 46,000	1.00	\$ 46,	000		-					
ect Clerical	1.00	\$ 36,000	1.00	\$ 36,	000				·			
	0.00	\$										
	0.00	\$ -										·
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3	0.00	\$ -										
97	0.00	\$ -										
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	0.00	\$ -										
		\$ -										
		\$ -									,	
	0.00	\$ -					<u> </u>			•		
	0.00	\$ -										
Totals:	11.50		10.96	\$ 535,	504 0.55	\$26,812	0.00	\$0	0.00	\$0	0.00	\$0
Employee Fringe Benefits:	25%	\$140,579	25%	\$133,8	76 25%	\$6,703	#DIV/0!		#DIV/0!	•	#DIV/01	
TOTAL SALARIES & BENEFITS		\$702,895		\$669,	380	° \$33,515	] .	\$0	]	\$0		\$0

# DPH 4: Operating Expenses Detail

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

TOTAL OPERATING EXPENSE

Appendix/Page #: \_ B-1 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:
Occupancy:						
Rent			•			
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance	\$ 2,667.00	\$ 2,667.00			•	
Materials & Supplies:						
Office Supplies	\$ 1,507.00	\$ 1,507,00				
Photocopying	\$ -					
Printing	\$ -					
Program Supplies	\$ 3,036.00	\$ 3,036.00				
Computer hardware/software						
General Operating:						
→ Training/Staff Development	\$ 1,400.00	\$ 1,400.00		-		
ω Insurance		1,				
Drafaccional License						
Permits						
Equipment Lease & Maintenance		\$ 1,016.00				
Staff Travel:	7	1,0,0.00				
Local Travel	\$ 18,246.00	\$ 16,000.00	\$ 2,246.00			
Out-of-Town Travel		10,000.00	Ψ 2,240.00			
Field Expenses						
Consultant/Subcontractor:	Ψ					<u> </u>
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	\$ -					<u> </u>
w/Dates, Hourly Rate and Amounts)	-\$				ļ	ļ
(add more Consultant lines as necessary)	Ŧ				<del> </del>	
Other:						
Staff Recruitment	\$ 2,667.00	2,667				
		_,,001				
	\$ -			-		
,	\$ -					
	\$ -		<u> </u>		<u>                                     </u>	<del></del>
<u> </u>		<u> </u>	L	<u> </u>	<u> </u>	L

\$37,443

\$3,846

\$41,289

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

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

Provider Name: Seneca Center/Sen Francisco Connections Appendix/Page #: B-2, Page 1
Document Date: 7/1/2015

Introduce   Program Name   Interview   I			Seneca Center/San Franc				Document Date:	//1/2015
Interview Therapeutic   Program Name   Program Code (formerly Reporting Unit)   SOCIA   SOCI		Provider Number:	38CQ	38CQ .	38CQ	38CQ	Fiscal Year:	2015-16
Interview Therapeutic   Program Name   Program Code (formerly Reporting Unit)   SOCIA   SOCI	•			Intensive	Intensive	Intereiro		
Program Code   Prog	•		Intencina Therapoutic					
Program Code (Fermerly Reporting Unit)   38COB   38C		Program Name:						
Mode/SFC (MH) or Modally (A)   1501-09   1510-07   1570-79   1560-69   TOTAL	Program Code (form							
Service Description: Case Mg Inflamora   Mel Box   Cable Interestico-OP Meladatin Support   0   TOTAL FUNDING TERM: 7/11/6-6/0016   7/11/6-6								
FUNDING TERM:   THIS #20016   THIS *20016	Miode/3FC (	winj or wodality (SA)			······	15/60-69		
Salaries & Employee Benefits   50.412   302.472   3.601   3.		Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention-OP	Medication Support	0	TOTAL
Salaries & Employee Benefits   50.412   302.472   3.601   3.		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		
Salaries & Employee Benefits	A THE STATE OF THE						LANCE CONTRACTOR AND ADMINISTRATION OF THE PARTY OF THE P	N V CONTROL IN LOCK OF SINGLE
Content   Cont							AND DOUGHNAR OF THE YEAR	
Capital Expenses (greater than \$5,000):   0   0   0   0   0   0   0   0   0								
Subtotal Direct Expenses: 53,624 321,742 3,380 3,380 0 883,0								22,940
Indirect Expenses: 6,455   38,607   460   440   4420   4290   4290   4290   4280   4								
TOTAL CHAINED COMPRISES:   60,059   360,349   4,290   4,290   0   422,8	Subto						0	
SMENTAL HEALTH FUNDING SOURCES   Detail (FDA9:   1.5								45,962
S. MENTAL HEALTH FUNDING SOURCES   Detail/CPD4:	101		. 60,059	360,349	4,290	4,290	0	428,988
SMENTAL HEALTH FUNDING SOURCES   Detail/CFDAF:   150. SMC Regular FFF (9%)   HIMMMCP751994   29,469   176,815   2,10				PART THE REAL				
### FED SIMC Regular FFP (50%) ### FFP (50%)								No.
STATE - PSR-EPSDT  HAH-IMCP751594  25.02 159.133 1.895 1.894  169.4  COUNTY, General Fund, CODB  TOTAL CBHS MENTAL HEALTH FUNDING SOURCES  Index Code/Project Detail/CFDA8:  TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES  Index Code/Project Detail/CFDA8:  TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES  Index Code/Project Detail/CFDA8:  TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES  TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  S UNITS OF SERVICE AND UNIT COST  Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS  Cost Reimbursement (CR) or Fee-For-Service (FFS): DPH FUNDING SOURCES (FFS)  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES): Published Rate (DPH FUNDING SOURCES): Cost Per Unit - DPH Rate (DPH FUNDING SOURCES): Cost Per Unit - DPH Rate (DPH FUNDING SOURCES): Cost Per Unit - DPH Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - DPH Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUNDING SOURCES): Cost Per Unit - Contract Rate (DPH FUND			2000年1900年1900年1900年1900年1900年1900年1900年	<b>阿斯斯斯斯斯斯斯斯</b>	现特別開始的新	光線改學和推薦其前	<b>建设的建筑和数型的连续设</b>	批判的法院 医多对位
### COUNTY - General Funds - CODB   MI-MINICPT51594   1,076   8,455   777   777   775   77								210,494
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES   60,059   350,349   4,290   4,290   0   425,5	STATE - PSR-EPSDT	HMHMCP751594				1,894		189,444
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 60,059 360,349 4,290 4,290 0 428,5  SMSTANCE ABUSE FUNDING SOURCES Detail/CFDA#:	EMPRIL SE EELIS GEBERGEERINGERING ON ARTERIE	Edina and a distributed		The Marine	$(27.99\pm2.700)$		1 1	24.5
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 60,059 360,349 4,290 4,290 0 428,5  SMSTANCE ABUSE FUNDING SOURCES Detail/CFDA#:								0
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 60,059 360,349 4,290 4,290 0 428,5  SMSTANCE ABUSE FUNDING SOURCES Detail/CFDA#:	COUNTY-General Fund-CODB	HMHMCP751594	1.076	# 6,455	司馬加州國民第77	於個壁(地形)等977	<b>国和政治学院的</b> 为第2	7.685
TOTAL CHIS MENTAL HEALTH FUNDING SOURCES   60,059   360,349   4,290   4,290   0   425,5	ectos) cará la la las framertaves erablas la	Editor Wallet W.		1777			,	107.50
S. September   Code   Project   Detail CFDAS:		UNDING SOURCES	60,059	360,349	4,290	4,290	Ö	428,988
SWASTANCE ABUSE FUNDING SQURCES   Detail/CFDAff:	TO THE RESIDENCE OF THE PROPERTY OF THE PROPER	Index	THE RESERVE THE PARTY OF THE	INDEXESTRATE AND A THE A	COMPLETE OF CHARGE	THE REPORT OF THE PERSON	THE REPORT OF THE PARTY OF THE	WASHING CHASH
SMBSTANCE ABUSE FUNDING SOURCES   Detail/CFDAff:					7.500	15		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	US CHRISTANCE ARUSE FUNDING SOURCES							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		Detailer DAW.	Andreas Propagation a reserving	A recorded partition (Calvariation	Course Members and substitute	Mandard Alman Man Mark San	SELECTION OF SELECTION OF ACCUSE AND ACCUSE	activities for an expensive contribution
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	- ω							<del>_</del> _
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES   Index   Code/Project   Detail/CFDA#:								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES   Index   Code/Project   Detail/CFDA#:					<del></del>			<u> </u>
Index   Code/Project   Detail/CFDA#:	TOTAL CRUS SUBSTANCE ARUSE I	TIMPING SOUDCES			<del></del>			····
Code/Project Detail/CFDA#:	TO AL COID SUBSTANCE ADUSE 1		Lander Wasen College of California	and the second s	chet annual annual annual annual annual	WARRENCE CONTRACTOR OF STREET	THE PROPERTY OF THE PROPERTY O	Specialization and a second se
Detail/CFDA#:   Detail/CFDA#			Lagrance Dist					
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES  Number of Beds Purchased (if applicable)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  bstance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program  Cost Reimbursement (CR) or Fee-For-Service (FFS)  DPH Units of Service:  DPH Units of Service:  29,297  135,470  1,100  888			Charles and Charles	45.5	Security and the second			
TOTAL DPH FUNDING SOURCES   60,059   360,349   4,290   4,290   - 428,98	HER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:			<b>化学科学/科学教育</b>	<b>阿里斯斯斯斯</b>	物质的分类的	<b>建筑性地的</b>
TOTAL DPH FUNDING SOURCES   60,059   360,349   4,290   4,290   - 428,98								-
TOTAL DPH FUNDING SOURCES   60,059   360,349   4,290   4,290   - 428,98			,					
TOTAL DPH FUNDING SOURCES   60,059   360,349   4,290   4,290   - 428,98								•
TOTAL NON-DPH FUNDING SOURCES   - 0 0 0 0 0 0 0   -				-			*	
TOTAL NON-DPH FUNDING SOURCES   0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							•	428,988
TOTAL FUNDING SOURCES (DPH AND NON-DPH)   60,059   360,349   4,290   4,290   - 428,98	NIDPH FUNDING SOURCES	MACH COMPANY AND A STATE OF THE	HARLES STATE	<b>新型的联络</b>	NAME OF TAXABLE PARTY.	WINDS STORY	提供的自己的政策。	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)   60,059   360,349   4,290   4,290   - 428,98								0
SUNITS OF SERVICE AND UNIT COST  Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) bstance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS DPH Units of Service: Unit Type: Staff Minute O Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 2.05 2.66 3.90 4.83 0.00 Published Rate (Medi-Cal Providers Only): 2.05 2.66 3.90 4.83 0.00	TOTAL NON-DPH FUNDING SOURCES			0	0	0	0	
SUNITS OF SERVICE AND UNIT COST  Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) bstance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS DPH Units of Service: Unit Type: Staff Minute	TOTAL FUNDING SOURCES (DPH AND NON-DPH)		60,059	360,349	4,290	4,290	-	428,988
Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) bstance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS FFS FFS DPH Units of Service: 29,297 135,470 Unit Type: Staff Minute Staff Minu					,,,,,,			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)		chased (if applicable)	<del>                                     </del>			····		
Destance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program   Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS   FFS   FFS     DPH Units of Service: 29,297   135,470   1,100   848   -     DPH Units of Service: 29,297   135,470   1,100   848   -     DPH Units of Service: 29,297   135,470   1,100   848   -     DPH Rate (DPH FUNDING SOURCES Only)   2.05   2.66   3.90   4.83   0.00     Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 2.05   2.66   3.90   4.83   0.00     DPH STANDARD								
Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS					<del></del>	<del></del>		
DPH Units of Service:   29,297   135,470   1,100   888   -				EEG	EEG	EEQ		A CONTRACTOR OF THE PROPERTY OF THE PARTY OF
Unit Type:         Staff Minute         Staff Minute         Staff Minute         Staff Minute         Staff Minute         One of the contract Research           Cost Per Unit - DPH Rate (DPH & Non-DPH FUNDING SOURCES) in Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES);         2.05         2.66         3.90         4.83         0.00           Published Rate (Medi-Cal Providers Only);         2.05         2.66         3.90         4.83         Total UDC;								my construction and the property of the party of the part
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)   2.05   2.66   3.90   4.83   0.00   4.83   0.								
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):         2.05         2.66         3.90         4.83         0.00           Published Rate (Medi-Cal Providers Only):         2.05         2.66         3.90         4.83         Total UDC:	Cost Dor Holt DDU Bata (DDU CUMD)							The second secon
Published Rate (Medi-Cal Providers Only): 2.05 2.66 3.90 4.83 Total UDC:								
							0.00	at - the party of the party of the
Unduplicated Clients (UUC): 15  15  15  15								
	Undupl	icated Citents (UDC):	15	15	15	15	•	15

#### CBHS BUDGET DOCUMENTS

# DPH 3: Salaries & Benefits Detail

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

\$360,086

**TOTAL SALARIES & BENEFITS** 

Appendix/Page #: B-2 Page 2

		TOTAL .		ral Fund CP751594		Order HSA CHMTCHWO	Funding Index	ource 2 (Include Source Name and t Code/Project tail/CFDA#)	Funding Inde	Source 3 (Include Source Name and x Code/Project etail/CFDA#)	Funding	ource 4 (Include Source Name and c Code/Project stail/CFDA#)
	Term:	7/1/15-6/30/16	Term:		Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:		Term:	0.1.3.
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Wrap Services Director			0.10								<del> </del>	<u></u>
Licensed Clinical Supervisor	0.50			\$ 37,500			<u> </u>					
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						L		· · · · · · · · · · · · · · · · · · ·
	0,00	\$ -										
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	0.00	\$ -										
Totals:	6.15	\$ 288,069	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!	

\$19,076

\$341,010

Term:

Work Order HSA HMHMCHMTCHWO

Term:

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

**General Fund** 

HMHMCP751594

7/1/15-6/30/16

\$

Program Code: 38CQ6

Utilities(telephone, electricity, water, gas) \$

**Expenditure Category** 

supancy:

Program Name: Intensive Treatment Foster Care (ITFC)

TOTAL

7/1/15-6/30/16

Document Date: 7/1/15

Rent \$

Appendix/Page #: B-2 Page 3

Funding Source 4 (Include Funding

Source Name and

Index Code/Project Detail/CFDA#)

Term:

Funding Source 3 (Include Funding

Source Name and

Index Code/Project Detail/CFDA#)

Term:

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	\$ -					
	\$ -	<del></del>	<del> </del>			
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31.						<del></del>
er:		_				
ates, Hourly Rate and Amounts) I more Consultant lines as necessary)	\$ -	· · · · · · · · · · · · · · · · · · ·				
NSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
ates, Hourly Rate and Amounts) NSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ -					
ates, Hourly Rate and Amounts) NSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	-					
SULTANT/SUBCONTRACTOR (Provide Name, Service Detail	s -					
sultant/Subcontractor:	· · · · · · · · · · · · · · · · · · ·					
Field Expenses	\$ -			•		
Out-of-Town Travel						
Local Travel		\$ . 13,425.00			ú.	
fTravel:			·	<u></u>		
Equipment Lease & Maintenance	\$ 1,352.00	\$ 1,352.00				
Permits			<u> </u>			
Professional License	<del></del>					
Insurance	<del> </del>					
Training/Staff Development		\$ 6,145.00	ļ			
eral Operating:						
Computer hardware/software	\$ -		<u> </u>			
Program Supplies					·	
Printing						
Photocopying						
Office Supplies	\$ 2,018.00	\$ 2,018.00				
erials & Supplies:						
Building Repair/Maintenance	\$ -	<u> </u>				
Othities(telephone, electricity, water, gas)						

#### CBHS BUDGET DOCUMENTS

不然的關係的政策

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的特殊的

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Annsa by Fr

ESTRUCTURE CONTRACT

Total UDC:

0.00 編集改進

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DHCS Legal Entity Name (MH)/Contractor Name (SA): Seneca Center Appendix/Page #: B-3, Page 1 Provider Name: Seneca Center/San Francisco Connections Document Date: 7/1/2015 38CQ 38CQ 38CQ 38CQ 2015-16 Provider Number: Fiscal Year: ST Connections-ST Connections-ST Connections ST Connections-Intensive Support Intensive Intensive Intensive Support Services Program Name Services apport Services Support Services Program Code (formerly Reporting Unit): 38CQ3 38CQ3 38CQ3 38CQ3 Mode/SFC (MH) or Modality (SA) 15/01-09 15/10-57 15/70-79 15/60-69 Service Description: Case Mgt Brokerage MH Svcs OP 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 7,847 44,848 303,466 17,562 Salaries & Employee Benefits: 373,723 4.354 29,465 1.705 762 Operating Expenses: 36,286 Capital Expenses (greater than \$5,000): Subtotal Direct Expenses: 49,202 332,931 19,267 8,609 410,009 Indirect Expenses: TOTAL FUNDING USES: 5,904 39,952 2,312 1,033 49,201 459,210 372,883 21,579 9.642 55,106 Index 海阳南 Code/Project CBHS MENTAL HEALTH FUNDING SOURCES Detail/CFDA#: MH FED - SDMC Regular FFP (50%) HMHMCP751594 25,816 174,692 HMHMCP751594 9,735 3.812 1.703 81,120 MH STATE - PSR-EPSDT 65,870 ildivicatiskostoletajaälustuktu habida lib Salagga (1940) distant. 17,503 118,437 3,063 MH COUNTY - General Fund HMHMCP751594 HMHMCP751594 954 6,456 374 #45000 167 S 7,951 MH COUNTY - General Fund- CODB TOTAL CBHS MENTAL HEALTH FUNDING SOURCES 55,106 21,579 9,642 372,883 0 Index Code/Project CBHS SUBSTANCE ABUSE FUNDING SOURCES Detail/CFDA#: TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES Code/Project OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES Detail/CFDA#: TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL DPH FUNDING SOURCES 55,106 372,883 21,579 9,642 NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) 55,106 372.883 21,579 9,642 459,210

FFS

26,881 Staff Minute

2.05

2.05

2.05

60

FFS

140,182 Staff Minute

2.66

2.66

2.66

FFS

5,533 Staff Minute

3.90

3.90

3.90

60

FFS

1,996 Staff Minute

4.83

4.83

4.83

60

Number of Beds Purchased (if applicable)

Published Rate (Medi-Cal Providers Only)

DPH Units of Service:

Unduplicated Clients (UDC)

Cost Reimbursement (CR) or Fee-For-Service (FFS):

Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only

Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)

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

Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program

CBHS UNITS OF SERVICE AND UNIT COST

# DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-3 Page 2

		TOTAL	General Fund HMHMCP751594		Work Order #1 HSA Funding HMHMCHMTCHWO Inde		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		e 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:		Term		Term:		Term:		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Francisco Program Director	0.10		0.10										
ıram Manager		\$ 62,541	0.75				ļ		ļ				
clan	2.00	\$ 112,000	2.00	\$ 112,000	<u> </u>		<u> </u>						
port Counselors	2.00	\$ 87,216	2.00	\$ 87,216									
ct Clerical	0.75	\$ 27,437	0.75	27,437									
	0.00	\$ -											
	0.00	\$ -											
·	0.00	\$ -											
	0.00	\$ -			1								
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		s -				7							
<b>4</b>		\$ -			<b> </b>		1						
40		\$ -			<del> </del>		٠.				<del></del>	<del> </del>	
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		\$ -		ļ <u> </u>	<b></b>	<u> </u>	<u> </u>		ļ			ļ	
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	0.00	\$ -			<u> </u>	- "	<u> </u>						
	0.00	\$ -											
	0.00	\$ -				·		•					
Totals:	5.60	\$ 298,978	5.60	\$ 298,978	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	
		•											
Employee Fringe Benefits:	25%	\$74,745	25%	\$74,74	#DIV/0!	\$0.00	#DIV/Ö!		#DIV/0!		#DIV/0!		
TOTAL SALARIES & BENEFITS		\$373,723		\$373,723		\$0	] .	\$0		\$0		\$	

#### **CBHS BUDGET DOCUMENTS**

B-3 Page 3

Appendix/Page #:\_

# **DPH 4: Operating Expenses Detail**

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

\$36,286

TOTAL OPERATING EXPENSE

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	\$ 2,791.00	\$ 2,170.00	\$ 621.00			
Materials & Supplies:						
Office Supplies	\$ 1,842.00	\$ 1,295.00	\$ 547.00			
Photocopyling						
Printing				***************************************	,	
Program Supplies		\$ 1,300.00	\$ 1,000.00	`		
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 588.00	\$ 588.00	,			
O Insurance						
Professional License						
Permits						<u> </u>
Equipment Lease & Maintenance		\$ 585.00				
Staff Travel:	<u> </u>					
Local Travel	\$ 6,830.00	\$ 3,330.00	\$ 3,500.00			
Out-of-Town Travel		σ,500.50	Ψ			
Field Expenses	· · · · · · · · · · · · · · · · · · ·					
Consultant/Subcontractor:						
Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 57 hours	\$ 3,990.00	3,990	·			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail		3,000				
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>			
Staff Recruitment	\$ 705.00	705				
Depreciation		703				
Depreciation	\$ -					
			<del> </del>			ļ ————
				<u> </u>		
		<u> </u>	<u> </u>	I	<u> </u>	<u> </u>

\$28,118

\$8,168

DHCS Legal Entity Name (MH)/C	2: Department of		st Reporting/I	ata Collection	(CRDC)		Appendix/Page #;	B-4, Page 1
Drico Legal Entity Name (Min)/O		Seneca Center/San Fran	cisco Connections		· · · · · · · · · · · · · · · · · · ·		Document Date:	7/1/2015
	Provider Number:	38CQ	38CQ	38CQ	38CQ	38CQ	Fiscal Year:	2015-16
	Program Name:	LT Connections- WRAP	WRAP	LT Connections- WRAP	WRAP	WRAP		-
Program Code (for	nerly Reporting Unit):	38CQ4 15/01-09	38CQ4 15/10-57	38CQ4 15/70-79	38CQ4 15/60-69	38CQ4 60/78		
Mode/SFC (	Mode/SFC (MH) or Modality (SA)					CUIER NOTHWEST CAL		•
	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		
NDINGUSES		617.839	2.883.247	205.946	411,892		<b>编程的规则和通过程数</b>	<b>地名美国拉拉</b>
	& Employee Benefits: Operating Expenses:	72,022		24,007		225,671 22,323		4,344,595 502,467
	greater than \$5,000):	12,022		24,00.	70,011			0.00
Subto	lal Direct Expenses:			229,953		247;994	0	4,847,062
	Indirect Expenses:	82,783	386,320	27,594				581,645
TOI	AL FUNDING USES: Index	772,644	3,605,668	257,547	515,095	277,753	O Continue of the second of th	5,428,708
HS MENTAL HEALTH FUNDING SOURCES	Code/Project Detail/CFDA#:							
	HMHMCP751594	379,237	1,769,767	126,412				. 2,528,239
	HMHMCP751594	341,312		113,771				2,275,413
hardang ang akan ada salak bang palak bang ang salak bang palak bang palak bang palak bang palak bang palak ba	multiplication and a second			Claded Application of the				
I STATE - MHSA (CSS)	PMHS63-1503	l ————			l	277,753		277.753
I COUNTY - General Fund- CODB	HMHMCP751594	13,629	P(C+1;;:11) 63;606	4,542	9,086		THE PROPERTY OF	Z-72-74 90 863
I COUNTY - General Fund	HMHMCP751594	1,772		. 591	1,182			11,815
references and administrative retrained to the particular course	Bandada Arisa.	TO SEE STANKE		2027.047	545.005	699.965		5.400 707
TOTAL CBHS MENTAL HEALTH I	Index	772,644	3,605,668	257,547	515,095	277,753	DESCRIPTION OF THE PROPERTY OF	5,428,707
HS SUBSTANCE ABUSE FUNDING SOURCES	Code/Project Detail/CFDA#:	-						
<u> </u>								
					ļ			
TOTAL CBHS SUBSTANCE ABUSE F	LINDING SOURCES		-					
	index	CHARLES PROPERTY OF THE PARTY O	2012/04/12/2015	ON THE NAME OF THE	WEEKING WEEKING	YEAR THE SECTION	PERSONAL PROPERTY OF THE PERSON OF THE PERSO	<b>化加州公司</b>
HER DPH-COMMUNITY/PROGRAMS FUNDING SOURCES	Code/Project Detail/CFDA#:							
		<u> </u>						
TOTAL OTHER DPH-COMMUNITY PROGRAMS I	UNDING SOURCES		·,•	-	<del>-</del>	<del></del>		<del></del>
	UNDING SOURCES		3,605,668	257,547	515,095	277,753	•	5,428,707
IN DPH FUNDING SOURCES	a comment of the comment	WARRY STATES	TOTAL STATE OF	ETERNOLISM SENIO	United States			SIEDZENE UZDNY
TOTAL MON DRU TIMPING COURCES			<u> </u>				. 0	
TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH)		772,644	3,605,668	257,547	515,095	277,753		5,428,707
HS UNITS OF SERVICE AND UNIT COST		112,044	3,003,000	201,041	0.10,000	271,700	-	5,420,107
	chased (if applicable)		<del></del>		· · · · · · · · · · · · · · · · · · ·			27464574F
Substance Abuse Only - Non-Res 33 - ODF # of Grou	p Sessions (classes)							<b>网络红烟湖</b>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with								arily good are
Cost Reimbursement (CR) or Fe	ee-For-Service (FFS): DPH Units of Service:	FFS 376,900	FFS 1,355,514	FFS 66,038	FFS 106,645	GR 12		
,				Staff Minute		Month of Client Support		
Cost Per Unit - DPH Rate (DPH FUND	Unit Type:		2.66	3.90	4.83	23,146.08	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH FI		2.05	2.66	3.90	4.83	23,146.08	0.00	
Published Rate (Med			2.66	3,90	4.83		0.00	Total UDC:
	cated Clients (UDC):		160	160	160			160

#### CBHS BUDGET DOCUMENTS

#### DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-4 Page 2

		TOTAL	General Fund HMHMCP751594		нмнмснмтснио		МНSA (Prop 63)-CSS НИНМРКОР63 РМНS63-1503		Detall/CFDA#)		Funding Source Name and index Code/Project Detail/CFDA#)	
Position Title	Term:	7/1/15-6/30/16 Salaries	Term:	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries	Term:	7/1/15-6/30/16 Salaries	Term: FTE	Salaries	Term:	Salaries
Regional Director		\$ 82,500	0.75			Odianes	116	Jaimies		Odinies	-132	- Odiaries
Wrap Services Director		\$ 85,000	0.90		0,10	8,500						
Asst. Director/Administrator		\$ 163,717		\$ 132,000	0.10	17,078	0.09	14,639		-		
Team Supervisor		\$ 130,000.00	å 2.00			. 17,070	0.00	14,000				
Care Coordinator/Facilitators		\$ 1,512,000.00	28.00	\$ 1,341,418	1.50	74,582	2.00	96,000				
Family Specialist Supervisor		\$ 153,000.00	2.80	1	0.20	10,200		25,000				
Family Specialist/Counselors		\$ 1,215,885.00	30.02		0.50	20,384	1.15	69,898				
QA Billing Specialist	1.40	\$ 56,354.00	1.00		0.40	16,102		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Administrative Support	2.25	\$ 77,220.00	1. <del>7</del> 5	\$ 60,060	0.50	17,160						
	0.00	\$ -										•
	0.00	\$ -										·
7	0.00	\$ -						-				
<b>2</b>	0.00	\$ -										
6	0.00	\$ -										
·	0.00	\$ -						-				
·	0.00	\$										
	. 0.00	\$										
	0.00	\$ -										
	0.00	\$										
	0.00	\$ -										
·	0.00	\$ -										
Totals:	75.57	\$ 3,475,676	69.03	\$ 3,131,133	3.30	\$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/01		#DIV/0!	
				•	•			,				
TOTAL SALARIES & BENEFITS		\$4,344,595		\$3,913,916		\$205,008	.	\$225,671		\$0		\$0

#### DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-4 Page 3

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:
upancy:			,			
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	\$ ·· -		
rials & Supplies:			,			
Office Supplies	\$ 33,990.00	\$ 29,462	\$ 1,705	\$ 2,823		
Photocopying						
Printing						
Program Supplies	\$ -					,
Computer hardware/software						
eral Operating:						
. Training/Staff Development	\$ 10,000.00	\$ 10,000		·		
Insurance		Ψ 10,000				
			<del>                                     </del>	-	ļ	
Frotessional License						
Permits						
Equipment Lease & Maintenance	\$ 6,948.00	\$ 6,948				
f Travel:						
Local Travel		\$ 153,000				
Out-of-Town Travel						
Field Expenses	\$ -					
sultant/Subcontractor:						
ter on Juvenile and Criminal Justice & Edgewood, Support ices,various, monthly rate of \$2628 per client, approx 76 clients	\$ 39,094.00	16,500	6,094	16,500		
is, Rhymes & Life, therapuetic activity, various, hourly rate \$100,	00,00 1.00	, , , , , , , , , , , , , , , , , , , ,	9,00 .			
hours	\$ 72,000.00	72,000				
juage People, Translation Services, various monthly rate \$2000 more Consultant lines as necessary)	\$ 24,000.00	24,000				
er:	40.000.00	40.000				
Staff Recruitment		12,000	ļ		<del> </del>	
Depreciation						
	\$		<b> </b>		<u> </u>	
	\$ -				ļ	
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	\$ -		<u> </u>	l	L	
AL OPERATING EXPENSE	\$ 502,467	\$ 466,736	\$ 13,408	\$ 22,323	\$0	\$0

#### CBHS BUDGET DOCUMENTS

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

DHCS Legal Entity Name (MH)/Contr			Reporting/Data Collecti	on (ONDO)		Appendix/Page #:	B-5, Page 1
brios Legal Linky Haine (Wir)/Conti		James Baldwin Academy		<del></del>		Document Date:	7/1/2015
.F	rovider Number:	8980	I			Fiscal Year:	2015-16
	Program Name:		Sch	ool Based Services			2010 10
Program Code (former			8980OP	8980OP	8980OP		
	) or Modality (SA)		15/01-09	15/10-56	15/60-69		
Se	rvice Description:		Case Mgt Brokerage	MH Svcs	Medication Support	0	TOTAL
	UNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16		
FUNDING USES		<b>刘克尔的图像中的图像中的图像</b>	THE OWNER OF THE PARTY OF THE P	THE PROPERTY OF THE PARTY.	2000年200年200年200年	<b>94年的中华的</b>	更整治的特別的政治
	nployee Benefits:	0	79,867	250,019			347,248
Оре	erating Expenses:	0		17,276	1,200		23,995
Capital Expenses (great	ater than \$5,000):	0					
	Direct Expenses:	0	85,386	267,295			
	ndirect Expenses: FUNDING USES:	.0	10,246 95,632	32,075 <b>299,370</b>	2,227 20,790	0	44,549 415,792
TOTAL	Index	. U	93,032	299,370	ZU,/9U	nice on the land that the land for	Telephone and dischar
	Code/Project Detail/CFDA#:						
	IHMCP751594	0	47,770	149,540	10,385		207,695
	IHMCP751594	0		130,255	9,046		180,910
Minimary in the control of the management of the control of the co	CONTROLLED THE TABLE		dia di Santa di Sant Santa di Santa di Sa	1.54 2.64			
TOTAL CBHS MENTAL HEALTH FUN		•	95,632	299,370	20,790	-	415,792
	Index Code/Project Detail/CFDA#:						
4 0 8		_					-
<del></del>		,				<u> </u>	
TOTAL CBHS SUBSTANCE ABUSE FUN	DING SOLIBORS						<del></del>
The state of the s	Index			AGING CONTRACTOR STORES	rantum application	Market Salaman Market St.	Continue of the Control of the
	Code/Project Detail/CFDA#:						
		•					-
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUN					96 700		445 700
TOTAL DPH FUN		A SECURITION OF COMPANY OF THE PROPERTY OF THE PARTY OF T	95,632	299,370		THE ARTER AND ADDRESS OF THE ACTION	415,792
NON-DPH FUNDING SOURCES		NOT THE THE PROPERTY OF THE PARTY OF THE PAR	THE RESERVE OF THE PARTY OF THE	CONTRACTOR DESCRIPTION	CONTRACTOR OF THE PARTY OF THE	THE SECOND PROPERTY.	(中华美国 医 ) (1) (1) (1) (1) (1) (1) (1) (1) (1) (
TOTAL NON-DPH FUNDING SOURCES			<del>                                     </del>			0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			95,632	299,370		·	415,792
CBHS UNITS OF SERVICE AND UNIT COST		<u>-</u>	95,632	299,370	20,790	<del> </del>	410,792
Number of Beds Purcha	sed (if applicable)				<del>                                     </del>		Carried Carried
Substance Abuse Only - Non-Res 33 - ODF # of Group S			<del> </del>		<u> </u>		STREET, STREET
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Na					l	l	Period Comment
Cost Reimbursement (CR) or Fee-F		0	的可包含的 使FS心理的模拟				Harry Shaker Shaker
DPI	Units of Service:		46,650	112,545	4,304	-	<b>医动物型型型</b>
	Unit Type:	C		Staff Minute			Table 14 (22)
Cost Per Unit - DPH Rate (DPH FUNDING		0.00		2.66	4.83		中的智慧的智慧的
Cost Per Unit - Contract Rate (DPH & Non-DPH FUND		0.00	2.05	. 2.66	4.83		用地国际产生学生
Published Rate (Medi-Ca		0.00	2.05				Total UDC:
<u> </u>	ted Clients (UDC):	0	20	20	20	<u> </u>	20

#### DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-5 Page 2

•		TOTAL		ral Fund CP751594		rk Order HSA MCHMTCHWO	Funding !	ource 2 (Include Source Name and Code/Project tail/CFDA#)	Funding 9	ource 3 (Include Source Name and Code/Project tail/CFDA#)	Funding Inde	Source 4 (Include Source Name and Ex Code/Project etail/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
etor	0.20		0.20									ļ <del></del>
al Supervisor		\$ 42,248	0.50				<del>[</del> ]					<u> </u>
apist	2:75		2.35		0.40	19,419						
al Health assistant	1.60	\$ 57,600	1.60	\$ 57,60	)							
	0.00	\$	0.00		)							
	0.00	\$ -										
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		\$ -			_							ļ
Totals:	5.05	\$ 277,798	4,65	\$ 258,37	0.40	\$19,419	0.00	\$0	0.00	\$0	0.00	\$0
Employee Fringe Benefits:	25%	\$69,450.00	25%	\$64,59	25%	\$4,855	#DIV/0!		#DIV/0I		#DIV/0!	
	-											
TOTAL SALARIES & BENEFITS	[.	\$347,248		\$322,97	۱ ا	\$24,274	I f	\$0	Γ	. \$0		s

TOTAL OPERATING EXPENSE

				,		
Program Code:	89802/8980OP	4: Operating Expens	es Detail		Appendix/Page #:	B-5 Page 3
Program Name:	Seneca School Base	d Programs	•		•	
Document Date:	7/1/15		=			
Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHI	мснмтснwо	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	\$ 3,500.00	\$ -			
General Operating:					·	
Training/Staff Development	\$ 2,000.00	\$ 2,000.00	s -			***************************************
Insurance				· · · · · · · · · · · · · · · · · · ·		
Professional License						
Permits						
Equipment Lease & Maintenance		\$ 995.00	s · -			
Staff Travel:	· 000.00	000.00				
Local Travel	\$ 10,000.00	\$ 10,000.00	\$ -			
Out-of-Town Travel		10,000.00	-			
· Field Expenses						
Consultant/Subcontractor:	<u> </u>	<del></del>				
Language People Inc. interpreting, \$75/Hour, various dates, 36 hours	\$ 2,700.00	2,700	0			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts)	\$ -					
(add more Consultant lines as necessary)						
Other:						
	\$ -					
	\$ -					
	\$ -					

\$23,995

\$23,995

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

DUCC Land Entite Name (MU)		Seneral Cost Repor					
DHCS Legal Entity Name (MH)/		Seneca Center/San Francisco C	onnections	<u> </u>		Appendix/Page #: Document Date:	B-6, Page 1 7/1/2015
	Provider Number:		T T T T T T T T T T T T T T T T T T T			Fiscal Year:	2015-16
						11002110011	2010-10
	Program Name:						
	merly Reporting Unit):						
Mode/SFC	(MH) or Modality (SA)	60/78 Other Non-MediCal Client Support					
	Service Description:	Exp	ا ،	۰ ا	0	n	TOTAL
<u> </u>	FUNDING TERM:		<u> </u>				IOIAL
THE COMPANY AND AND AND ADDRESS OF THE CONTRACT OF THE CONTRAC			Company Compan	missional assential commercial	The same of the sa	Printer Children and Administration and Administrat	Conford Superior Library
DINGUSES	& Employee Benefits:	103.206	<b>第2000年1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日 1月1日</b>	STATE OF THE PARTY	<b>学们这种股份不及证券</b>		103.20
Salaties	Operating Expenses:	103,200		· · · · · · · · · · · · · · · · · · ·			103,20
Capital Expenses	(greater than \$5,000):	Ö					
	otal Direct Expenses:	103,206		0	0	0	103,20
	Indirect Expenses:	12,385					12,38
TO	TAL FUNDING USES:	115,591	0	0	0	0	115,59
(1) 是中华的电影中国大学中国大学中国大学中国大学中国大学中国大学中国大学中国大学中国大学中国大学	Index		THE PROPERTY OF THE PARTY OF TH	TO PERSONAL PROPERTY.	<b>記述的学生には認識</b>	NEW YORK THE WAY	en de la company
	Code/Project		Facility State				
IS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	<b>文化学的作品的</b>	55.040000000000000000000000000000000000	<b>多的种种的种种</b>	例如解释的影響	***********	的特別的新
WORK ORDER - Human Services Agency	HMHMCHTHFCWO	113,883					113,883
COUNTY - General Fund WO+CODB	HMHMCP751594	1,708					1,708
		0	<u> </u>				(
TOTAL CBHS MENTAL HEALTH	FUNDING SOURCES	115,591		0			145 500
TOTAL CBIS MENTAL DEALTH		115,091	O	U	O	0	115,59
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IS SUBSTANCE ABUSE FUNDING SOURCES	Code/Project Detail/CFDA#:						
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. TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES	0	. 0	0	0	0	
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	Code/Project						
IER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:		250 7020 0057	WATER CANADA			AND A SECOND
		ļ					
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOUDCES	0	0	0	. 0	. 0	
	FUNDING SOURCES					·	115,591
N-DPH-FUNDING SOURCES			HARACANI DATE CONSESSIONE	TERROTENSIA STATE OF THE STATE	Complete Com	HIBERTEN BERKER STERNEN	
	**************************************	THE DESCRIPTION OF THE PROPERTY OF SECURITIES AND S	HITTORY THE SELECTION OF THE SELECTION O	PROCESS OF THE PROPERTY OF THE	The second secon	THE PERSON NAMED AND PARTY OF THE PERSON	HANDER OF THE PERSON OF THE PE
TOTAL NON-DPH FUNDING SOURCES	s <del> </del>	-	0	- o	, 0	0	<del></del>
TOTAL FUNDING SOURCES (DPH AND NON-DPH		115,591				Ž	115,591
IS UNITS OF SERVICE AND UNIT COST		,001					
	rchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Gro							<b>新长年四旬和49年</b> 期
ubstance Abuse Only - Licensed Capacity for Medi-Cal Provider wit	h Narcotic Tx Program						<b>建筑的建筑和</b>
Cost Reimbursement (CR) or F							<b>第5种解剖/跨接</b> 面
	DPH Units of Service:				-	-	等用作品。自己
		Staff Hours	0	0	0	0	<b>正即物門的相同</b>
O ID WILDDIE : SELECTION	INIO COLIMOTE						13000000000000000000000000000000000000
Cost Per Unit - DPH Rate (DPH FUND	ING SOURCES Only)	30 20 20 20 20 E	0.00	0.00	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH F	DING SOURCES Only): FUNDING SOURCES): di-Cal Providers Only):	60/20	0.00	0.00	0.00		Total UDC:

#### **CBHS BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

Program Code:	38CQP11
Program Name:	Parenting Training Institute
<b>Document Date:</b>	7/1/15

\$20,641.00

\$103,206

Employee Fringe Benefits:

**TOTAL SALARIES & BENEFITS** 

25%

Appendix/Page #: B-6 Page 2

		TOTAL	General Fund	HMHMCP751594	НМН	rk Order HSA MCHMTCHWO HMCP751594	Funding :	ource 2 (Include Source Name and : Code/Project tall/CFDA#)	Funding Inde	Source 3 (Include Source Name and x Code/Project etail/CFDA#)	Index	iource 4 (Includ Source Name and c Code/Project etail/CFDA#)
	Term:	7/1/15-6/30/16	Term:		Term:	7/1/15-6/30/16	Term:	7/1/15-6/30/16	Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE biretratestations	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Parenting Training	1.00	\$ 82,565	0.10	\$ 7,985	0.90	\$ 74,580						
	0.00	\$ -	-								1	
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7		\$ -			<u> </u>		<b> </b>				1	
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	0.00	\$ -	<u> </u>	<u> </u>		·	ļ					
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	0.00	\$										
	0.00	-									<u> </u>	
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	0.00	\$ -										1
Totals:	1.00		0.10	\$ 7,985	0.90	\$ 74,580	0.00	\$0	0.00	\$0	0.00	

25%

\$1,996.00

\$9,981

\$18,645.00 #DIV/0!

\$93,225

#DIV/01

#DIV/0!

\$0

#### DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-6 Page 3

Expenditure Category	TOTAL	General Fund 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:
supancy:						
Rent	\$ -					
Utilitles(telephone, electricity, water, gas)	\$ -	\$ -				
Building Repair/Maintenance					-	
erlals & Supplies:						<u> </u>
Office Supplies	\$ -				·	
Photocopying Photocopying			<del></del>			
Printing						
Program Supplies						
Computer hardware/software	\$ -	•	•			
neral Operating:						
Training/Staff Development	\$ -					
Insurance	\$ -					
Professional License						,
ω Permits						
Equipment Lease & Maintenance			<b> </b>	• • • • • • • • • • • • • • • • • • • •		
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ff Travel:						<del></del>
Local Travel						
Out-of-Town Travel						
Field Expenses	\$ -	<u> </u>	<u> </u>			
nsultant/Subcontractor:						•
NSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
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NSULTANT/SUBCONTRACTOR (Provide Name, Service Detail lates, Hourly Rate and Amounts)	\$ -					
NSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	· ·			· · · · · · · · · · · · · · · · · · ·		
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TAL OPERATING EXPENSE	\$0	\$0	. \$0	\$0	\$0	\$0

#### CBHS BUDGET DOCUMENTS

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

Provider Name:     Provider Name:     Provider Name:     Provider Name:     Program Name:   Progra	DHCS Legal Entity Name (MH)/Co		Seneca Center	igradia conce	dian (artisa)		Appendix/Page #:	B-7, Page 1
Provider Number:   Service   Servi	s and a second control of			ections				7/1/2015
Program Name	j							14/15
Program Code (Emmerly Reporting Unit):   SCOMST   SECOMST   38COMST   SECOMST   Models PC (Inf.) of PC (Inf.) of Models PC (Inf.) of Models PC (Inf.) of PC (Inf.) of Models PC (Inf.) of PC (I			Youth Transitional Services	Youth Transitional	Youth Transitional	Youth Transitional	Youth Transitional	
ModeSFC (MH) or Modelly (SA)		Program Name:	(YTS)	Services (YTS)	Services (YTS)	Services (YTS)	Services (YTS)	
Service Description   Part	Program Code (form	nerly Reporting Unit):	38CQMST	38CQMST	38CQMST		38CQMST	
Cable Net Table   Cable Net	Mode/SFC (	MH) or Modality (SA)	15/01-09	15/10-57	.15/70-79	15/60-69	60/78	
FUNDING ISEN   FUNDING STERN:   T/115-6/30/16   T/115-6/30/1		Service Description:	Case Mot Brokerage	MH Svcs	OP	Medication Support		TOTAL
EURDING/USES   Salarine & Employee Benefits			Anna and an anna and an		7/1/15-6/30/16			7/1/15-6/30/16
Salaries & Employee Benefits:   4,494   27,652   1,728   691   128,063   1	FUNDINGHISES							ENGALORITE ENGLIS
Capital Expenses (748   4,601   288   115   21,005   1				27,652				162,628
Capital Expenses (greater than \$5,000)			748		288		21,305	27,057
Indirect Expenses:			0	0	Ō	0		0
TOTAL FUNDING USES:   5,871   36,123   2,288   903   167,292   2   2   2   2   2   2   2   3   3	Subtot	tal Direct Expenses:	5,242	32,253	2,016	806	149,368	189,685
Index		Indirect Expenses:	629	3,870	242	97	17,924	22,762
Code/Project Detail/CFDA#: 1.29	TOTA	AL FUNDING USES:	5,871	36,123	2,258	903	167,292	212,447
Data   CFDA#:     Data  CFDA#:       Data  CFDA#:				THE PROPERTY OF	CONTRACTOR OF THE PARTY OF THE	DESCRIPTION OF	PARTY TANKE OF THE	
IMIT FED. SDMC Regular FFP (50%)	and the second of the second		the trial ended to executive and a presi-	A Proceedings of	elelminis authority (m)	11/4/2015	\$2756 Sept. 1985.	
MH STATE - PSR-EPSDT			ing any series of the series of the	是一种的一种	<b>建設的機能可能</b>	<b>第4章 图 20</b> 00	到5年5万年5月2	
MHMCP751594   1,806   113   45   167,292   17   17   17   17   18   18   18   18							0	22,577
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES   5,871   36,123   2,258   903   167,292   27								20,320
Code Project   Code Project   Detail/CFDA#:								169,550
Code/Project   Detail/CFDA#:	TOTAL CBHS MENTAL HEALTH F		5,871	36,123	2,258	903	167,292	212,447
Detail/CFDA#:   Detail/CFDA#			the second second second second	rae intra				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES  Index Code/Project Detail/CFDA#:  TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL PHOLING SOURCES  TOTAL PHOLING SOURCES  TOTAL PHOLING SOURCES  TOTAL PHOLING SOURCES  TOTAL FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES (DPH AND NON-DPH)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Cost Reimbursement (CR) or Fee-For-Service (FFS):  DPH Units of Service:  DPH Units of Service:  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Cost Per Unit - ODHR Rate (DPH FUNDING SOURCES):  Cost Per Unit - Contract Rate (DPH RNOn-DPH FUNDING SOURCES):  Published Rate (Medi-Cal Providers Only):  2.05	CRHSISURSTANCE ABUSE FUNDING SQURCES		THE RESERVE OF THE PARTY OF THE	A STATE OF THE STA	7.00	Mark Day	The Control of	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES    Index		Detailed DAM.	Account of the same and the sam	1951 F. S. Martine Control of Con	Professional Control Control	Process of the Control of the Contro	THE REPORT OF THE PARTY OF THE PARTY	Chief Chief Have Street
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES Index Code/Project Detail/CFDA#:  TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL FUND							<u> </u>	
Index	4	-2-17						
Index								
Code/Project	TOTAL CBHS SUBSTANCE ABUSE F	UNDING SOURCES	-	-	-	-		-
Detail/CFDA#:   Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:     Detail/CFDA#:   De	THE PROPERTY OF THE PROPERTY O	Index		THE RESERVE TO THE RE		CATALON DE L'ANDRE		THE RESERVE THE PARTY OF THE PA
TOTAL OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL DPH FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL NON-DPH FUNDING SOURCES  TOTAL FUNDING SOURCES  TOTAL FUNDING SOURCES  Number of Beds Purchased (If applicable)  Number of Beds Purchased (If applicable)  Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program  Cost Reimbursement (CR) or Fee-For-Service (FFS):  PH Units of Service:  2,864  13,580  579  FFS  FFS  FFS  FFS  CR  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES)  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES)  Published Rate (Medi-Cal Providers Only):  2,055  2,666  3,90  4,83  4,586  Total U  Total U  Total U	the figure of the Commence of Santage Commence of the Commence of Santage Commence of the Comm	Code/Project	As a sure a straight for the state of the	ALCOHOLD BY	Franklik St.	98,444,447		
TOTAL DPH FUNDING SOURCES   5,871   36,123   2,258   903   167,292   21	OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	2012/09/5/2012/09/5/2012		40.75		<b>学生的主义</b>	
TOTAL DPH FUNDING SOURCES   5,871   36,123   2,258   903   167,292   21							•	-
TOTAL DPH FUNDING SOURCES   5,871   36,123   2,258   903   167,292   21								
TOTAL DPH FUNDING SOURCES   5,871   36,123   2,258   903   167,292   21	TOTAL OTHER DRY COMMUNITY PROCRAMS I	HINDING SOUDCES		<del></del>				
NON-DPH FUNDING SOURCES   0 0 0 0 0 0 0   1   1   1   1   1   1				36 123	2 258	903	167 292	212,447
TOTAL NON-DPH FUNDING SOURCES   0 0 0 0 0 0 0 0								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)   5,871   36,123   2,258   903   167,292   21		GEASTERSTENDED RATE THROUGHT	to the ten real root are and real real real real real real real real	TALLER OF THE STATE OF THE STATE OF	HEST STATE OF THE STATE OF THE	22-24-02-128-128-128-128-128-128-128-128-128-12	THE PERSON NAMED IN COLUMN TWO IS NOT THE	0
TOTAL FUNDING SOURCES (DPH AND NON-DPH)   5,871   36,123   2,258   903   167,292   21	TOTAL NON-DPH FUNDING SOURCES		. +	0	0	0	0	
CBHS UNITS OF SERVICE AND UNIT COST  Number of Beds Purchased (If applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): PDH Units of Service: DPH Units of Service: Unit Type: Staff Minute St	TOTAL FUNDING SOURCES (DPH AND NON-DPH)		5.871	36.123	2.258	903	167,292	212,447
Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): DPH Units of Service: DPH Units of Service: DPH Units of Service: DPH Units of Service: Staff Minute Staff		L	9,61.	35,125		1	,	
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)  Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program  Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS FFS FFS FFS CR  DPH Units of Service: 2,864 13,580 579 187 3,648 187 3,648 187 187 3,648 187 187 187 187 187 187 187 187 187 18		chased (if applicable)			<del> </del>			TANAMA ARAMATANA
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program  Cost Reimbursement (CR) or Fee-For-Service (FFS):  DPH Units of Service:  Unit Type:  Staff Minute  Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)  Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):  Published Rate (Medi-Cal Providers Only):  2.05  2.06  3.90  4.83  45.86  Published Rate (Medi-Cal Providers Only):  2.05  2.06  3.90  4.83  45.86  Total U				·	l			CIC PUP SECTION OF
Cost Reimbursement (CR) or Fee-For-Service (FFS):   FFS   FFS   FFS   FFS   CR   3,648   2,864   13,580   579   187   3,648   2,864   13,580   579   187   3,648   2,864   2,864   13,580   579   187   3,648   2,864   2,86	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	Narcotic Tx Program			<u> </u>			
DPH Units of Service:   2,864   13,580   579   187   3,648   13,580   1,580	Cost Reimbursement (CR) or Fe	e-For-Service (FFS):	FFS	FFS	FFS	FFS	to grow a CR (wowener	THE PROPERTY OF THE PARTY OF TH
Unit Type: Staff Minute Staff M				13,580				2147 FEB. 215 111
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)   2.05   2.66   3.90   4.83   45.86   45								
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):         2.05         2.66         3.90         4.83         45.86           Published Rate (Medi-Cal Providers Only):         2.05         2.66         3.90         4.83         Total U	Cost Per Unit - DPH Rate (DPH FUNDI		<u> </u>		3.90			ACCOMPANY.
Published Rate (Medi-Cal Providers Only): 2.05 2.66 3.90 4.83 Total U			2.05	2.66				
				2.66	3.90			Total UDC:
Unduplicated Clients (UDC): 15 15 15 15 15	Undupl	icated Clients (UDC):						15

#### DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-7 Page 2

		TOTAL	General Fund H	ІМНМСР751594		st Reimbursement HMCP751594	Funding Inde	Source 2 (Include Source Name and x Code/Project etail/CFDA#)	Funding Inde	Source 3 (Include I Source Name and IX Code/Project etail/CFDA#)	Funding Inde	Source 4 (includ J Source Name and Ex Code/Project etail/CFDA#)
	Term:	7/1/15-6/30/16	Term:		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Supervisor	0.50	\$ 30,000	0.10	\$ 6,000	0.40	\$ 24,000						
Clinician	1.60	\$ 89,902	0.35	\$ 19,902	1.25	\$ 70,000						
t Clerical	0.30	\$ 10,200	0.05	\$ 1,750	0.25	\$ 8,450						
	0.00	\$ -										
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Totals			0.50	\$ 27,652	1.90	\$102,450	0.00	\$0	0.00	\$0	0.00	<b></b>
·	. 2.40	<b>y</b> 100,102				1 02,400	0.00			1 40	1 0.00	
Employee Fringe Benefits	25%	\$32,526.00	25%	\$6,913	25%	\$25,613	#DIV/0!		#DIV/0!		#DIV/01	
TOTAL SALARIES & BENEFITS		\$162,628	•	\$34,565	]	\$128,063	]	\$0	]	\$0		. :

#### CBHS BUDGET DOCUMENTS

#### DPH 4: Operating Expenses Detail

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

TOTAL OPERATING EXPENSE

Appendix/Page #: B-7 Page 3

Expenditure Category	TOTAL.	General Fund HMHMCP751594	GF Cost Reimbursement HMHMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:	Term:	Term:
Occupancy:						
Rent	\$ 15,107	\$ 5,752	\$ 9,355			
Utilities(telephone, electricity, water, gas)			\$ 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			1			
Field Expenses						
Consultant/Subcontractor:	<u> </u>					
CONSULTANT/SUBCONTRACTOR (Note Approver, various dates \$50						
@4 hours a week	\$ 2,400		\$ 2,400			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ -					
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	<del>-</del>					
w/Dates, Hourly Rate and Amounts)	\$ -		<u></u>			
(add more Consultant lines as necessary)						
Other: Staff Recruitment	\$ 400		\$ 400			
	\$ -					
	\$					
	\$ -	<u></u>				
	55					
	\$ -					
	\$ -					

\$5,752

\$21,305

27,057

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

	MH)/Contractor Name (SA):		ing/Bata Conc	otion (ontoo)		Appendix/Page #:	B-8, Page 1
Dilloo Logui Linut, Harrio (		Seneca Center/San Fran	cisco Connections		-	Document Date:	7/1/2015
	Provider Number:	38CQ	38CQ	38CQ	] 38CQ	Fiscal Year:	2015-16
	Program Name:	AllM Higher	AllM Higher	AllM Higher	AllM Higher	AIIM Higher	2010 10
Program Cod	de (formerly Reporting Unit):	38CQAH	38CQAH	38CQAH	38CQAH	38CQAH	
Mode	e/SFC (MH) or Modality (SA)	15/01-09	15/10-57	60/78 Other Non-Medical	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	
DING: USES TO THE PROPERTY OF	<b>小沙沙克克克尔西斯克尔克克克克尔</b>	<b>对中国的特殊的</b> 與關	证明是例如此時間	DEPTH TETE THE TH	<b>亚洲的</b> 亚洲的种类形	是的思想的自己的知识	HE TO SEE STATE OF THE SE
Sa	alaries & Employee Benefits:	8,788	35,150		157,500	274,650	
	Operating Expenses:	91				93,392	109,918
	enses (greater than \$5,000):	0				•	0
	Subtotal Direct Expenses:	8,879					859,854
	Indirect Expenses:	1,065					87,652
	TOTAL FUNDING USES:	9,944	39,777	324,707	174,825	398,253	947,506
IS MENTAL HEALTH FUNDING SOURCES	Index Code/Project			A STATE OF S	Entra de la company		
FED - SDMC Regular FFP (50%)	Detail/CFDA#: HMHMCP751594	4,972	19,888	Authoritant and Authoritan	和电影/APPA (1995年2月2日)		24 950
STATE - PSR-EPSDT	HMHMCP751594	4,972					24,860 22,375
STATE - MHSA	PMHS63-1510	7,410	17,900				324,707
k Grant	HMCH04-1400			024,707	174,825		174,825
Grant	HMCH05-1400		····		114,020	398,253	398,253
COUNTY - General Fund	HMHMCP751594	· 497	1,989	0		000,200	2,486
TOTAL CBHS MENTAL HE		9,944	39,777	324,707	174,825	398,253	947,506
S SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
+		•					-
					•		-
			<u> </u>				-
							-
TOTAL CBHS SUBSTANCE AI			-	-	•		-
IER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:	100,000					
•							<u>-</u>
TOTAL OTHER DPH-COMMUNITY PROGR	RAMS FUNDING SOURCES						-
	DPH FUNDING SOURCES		39,777	324,707	174,825	398,253	947,506
PDPH RUNDING SOURCES OF THE PROPERTY OF THE PR							
Carrier to the second s	The state of the s	A STATE OF THE PARTY OF THE PAR					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
IS UNITS OF SERVICE AND UNIT COST							
Number of Be	eds Purchased (if applicable)						<b>阿斯斯斯斯斯斯斯</b>
Substance Abuse Only - Non-Res 33 - ODF #	of Group Sessions (classes)				ļ		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provid	er with Narcotic Tx Program	<del></del>	<u> </u>	ļ	<u></u>		Market Street
Cost Reimbursement (CF	R) or Fee-For-Service (FFS):	FFS -4,851	FFS 14,954	CR 7,277	CR	CR	
	<ul> <li>DPH Units of Service: Unit Type:</li> </ul>	Staff Minute					
Cost Per Unit - DPH Rate (DPH		2.05	2.66	344.62	50.59		
Cost Per Unit - DPH Rate (DPH & Non-I			2.66	44.62	50.59	2012 10 No. 10 10 10 10 10 10 10 10 10 10 10 10 10	AND THE RESIDENCE OF
	e (Medi-Cal Providers Only):		2.66		50.59	391	Total UDC:
	Unduplicated Clients (UDC):				40	40	
	ondupidated Olienta (ODO).	190		190	1 · 40	1 10	150

#### CBHS BUDGET DOCUMENTS

#### DPH 3: Salaries & Benefits Detail

Program Code: 38CQAH
Program Name: AllM Higher
Document Date: 7/1/15

Appendix/Page #:.\_\_\_B-8 Page 2

		TOTAL Gene		HMHMCP751594			Track G	rack Grant HMCH04-1400			Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
Position Title	Term:	7/1/15-6/30/16 Salaries	Term:	7/1/15-6/30/16 Salaries	Term:	7/1/15-6/30/16 Salaries	Term:	7/1/15-6/30/16 Salaries	Term:	7/1/15-6/30/16 Salaries	Term: FTE	Salaries
Program Director		\$ 24,500		\$ -	\$ 0.20	\$ 16,500.00		\$ -	\$ 0.10			- Outding
Team Supervisor	1.33	\$ 89,228	0.09	\$ 5,400.00		\$ 53,828.00	-					
Clinician	7.80	\$ 459,000	0.50	\$ 28,000.00	1	\$ 140,000.00	£ 100		\$ 3.00			
Direct Clerical	0.70	\$ 25,476	0.05				T	\$ 120,000.00	\$ 0.40			
Direct Ciencal			0.05	\$ 1,750.00	\$ 0.25	\$ 8,750.00	-	<b>3</b> -	\$ 0.40	. 14,976.00		
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Totals:	10.13	\$ 598,204	0.64	\$ 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		\$43,938		\$273,848		\$157,500		\$274,650		\$0

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

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

Appendix/Page #: B-8 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	MHSA HMHMPROP63	Track Grant HMCH04-1400	DOJ Grant HMHMGRANTS HMCH05-1400	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
•	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Term:
upancy:					'	
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			
erials & Supplies:						
Office Supplies	\$ 1,800.00	\$ 150.00	\$ 450.00	\$ -	\$ 1,200.00	
Photocopying	\$ -					
Printing						
Program Supplies		\$ 156.00	\$ 150.00	\$ -	\$ -	
Computer hardware/software						
eral Operating:						
Training/Staff Development	\$ 400.00	\$ 150.00	\$ 250.00	\$ -		
Insurance		Ψ , , , , , , , , , , , , , , , , , , ,	200.00	Ψ		
Professional License					<del> </del>	
				<del></del>	· · · · · · · · · · · · · · · · · · ·	
Permits  Equipment Lease & Maintenance	<del></del>					
	\$ -					
f Travel:						
Local Travel		<u> </u>	\$ 3,490.00	\$ -	\$ 5,896.00	
Out-of-Town Travel					\$ 62,776.00	
Field Expenses	\$ -					
sultant/Subcontractor:					<u> </u>	
cy Fey (L.C.S. W) . Various Dates, \$70/hr, 89 hours	\$ 6,230.00		\$ 6,230.00			
VSULTANT/SUBCONTRACTOR (Provide Name, Service Detail ates, Hourly Rate and Amounts)	\$ -					
d Psychiatrist - 2 hrs/week @ \$150/hr	\$ 15,600.00				\$ 15,600.00	
I more Consultant lines as necessary)						
er:	_					
Staff Recruitment	\$ 1,500.00		\$ 1,500.00			
	\$ -					
	\$ -					
	\$ -					
	\$ -					
	\$				·	
AL OPERATING EXPENSE	\$109,918	\$456	<b>*\$16,070</b>	\$0	\$93,392	\$0

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

Contractor Name	Seneca Family of Agencies
Document Date:	07/01/15
Fiscal Year:	2015-16

#### 1. SALARIES & BENEFITS

Position Title	FTE	Salaries
CEO	0.12	\$ 30,448.00
COO	0.12	\$ 25,080.00
ČFO	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
	3 306 A	
5. 14.5.7.含物的自己的。自己可以使用的原则的自己的。	可到到高	建设为1974年
TOTAL OPERATING COSTS	\$	168,569

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

CBHS BUDGET DOCUMENTS

#### 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:

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

The Business Associate Agreement is not required.

#### *2*. THIRD PARTY BENEFICIARIES

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



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

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

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

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



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

- 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.
- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the 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



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

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

- 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

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



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

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



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

(iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

g. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

h. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

i. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

j. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

k. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

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,



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

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

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

#### 3. Termination.

a. Material Breach. A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].

b. Judicial or Administrative Proceedings. CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any

administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.



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

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure 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 https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf
- Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer located at https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf
- User Agreement for Confidentiality, Data Security and Electronic Signature Form located at
  - https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf

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

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



### **CERTIFICATE OF LIABILITY INSURANCE**

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

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(8), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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

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POLICY NUMBER: 201500557NPO

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
. 6.	
Information required to complete this Schedule, if not show	n 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
  - 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

1

CMS #6941 P-550 (5-10) 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:

#### 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.
- 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

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CONTRACTOR

Recommended by:

Seneca Center

MITCHELL H. KATZ, M.D.

Director of Health

Approved as to Form:

DENNIS J. HERRERA City Attorney

Deputy City Attorney

KEN BERRICK

Executive Director

San Leandro, California 94578

Approved:

Director Office of Contract Administration and Purchaser

2275 Arlington Drive

City vendor number: 24631

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

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

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

#### B. Final Closing Invoice

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

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

#### (2) Cost Reimbursement:

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

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

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

#### 2. Program Budgets and Final Invoice

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

**Budget Summary** 

CRDC BI - 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 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Sixty 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) 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	<b>\$5,153,842</b>
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.

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:	Renewal		DEG 1: DE	spariment of	rubiic neam	Contract Bu	dget Summar	У				<del></del>	<del></del>
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PROVIDER NUMBER		38CQ	\$969	3800	38CQ	38CQ	38CQ	8780	38GA	38CO	OH8E.	36HD	
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SALARIES & EMPLOYEE BENEFITS	1,979,917	534,450	138,042	(43,086	139,862	4,134,397	301,522	81,079	12,772	107,596	254,945	391,776	8,207,444
OPERATING EXPENSE	360,038	31,052		9,729	37,447	424,690	47,139	3,700	300	. 600	58,894	63,088	1,035,820
CAPITAL DUTLAY (COST \$5,000 AND OVER)	)							1					
SUBTOTAL DIRECT COSTS	2,339,865	566,502	135,042	152,815	177,309	4,559,290	348,681	84,779	18,072	108,100	313,789	444,844	9,244,283
INDIRECT COST AMOUNT	280,756	67,862	3,384	18,172	23,615	524,686	39,738	10,510	1,541	1,894	37,661	53,378	1,083,418
INDIRECT %	, 127.	12%	279	12%	13%	12%	11%	12,5%	12%	2%	12%	12%	11.5%
TOTAL FUNDING USES:	2,620,741	633,384	139,408	170,957	201,124	5,083,986	\$88,400	95,389	14,613	110,000	351,450	498,223	10,307,683
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DPH 2: Department of . . . lic Heath Cost Reporting/Data Collection FISCAL YEAR: 2010/2011 APPENIDX #: B-1 LEGAL ENTITY NAME: Seneca Center PROVIDER #: 8989 PROVIDER NAME: Seneca Center 8/16/2010 CTF SF REPORTING UNIT NAME: CTF SF CTF SF REPORTING UNIT: 89892 8989OP 89890P MODE OF SVCS / SERVICE FUNCTION CODE 10/85-89 15/10-59 15/60-69 Day Tx Intensive Medication Support Full day MH Sves TOTAL SERVICE DESCRIPTION TENNESS OF THE CONTROL OF THE PROPERTY OF THE FUNDING USES: SALARIES & EMPLOYEE BENEFITS 1,165,148 122,946 670,829 1,979,917 OPERATING EXPENSE 121,986 215,695 22,357 360,038 CAPITAL OUTLAY (COST \$5,000 AND OVER 792,809 1,401,843 145,903 2,339,955 SUBTOTAL DIRECT COSTS 95.134 158,216 17 436 280.786 INDIRECT COST AMOUNT 2,620,741 TOTAL FUNDING USES: 887,943 1,570,059 162,739 CONSUMENTAL HEALTH FUNDING SOURCES THE STATE OF THE SECOND STATE O 加利的政治的政治 Mark Control of the Control FEDERAL REVENUES - click below 309,490 521,537 SDMC Regular FFP (50%) 64,423 995,450 71,740 144,072 230,745 ARRA SOMO FFP (11.59) 14,933 STATE REVENUES - click below CTF Fund (Cmmty Tx Facility) 100.208 EPSUT State Match 36:365 10,387 146,960 66,526 66,528 Family Mosaic Capitated Medi-Cal MHSA GRANTS - click below CFDA #: Please enter other here if not in pull down PRIOR YEAR ROLL OVER - click below WORK ORDERS - click below 38.900 38,900 HSA (Human Svcs Agency) 3RD PARTY PAYOR REVENUES - click below 366,116 REALIGNMENT FUNDS 197,347 37,949 601,412 REALIGNMENT FUNDS COUNTY GENERAL FUND 165026 340,433.53 35,286 540,746 HOTAL CONSTRUCTION OF THE PROPERTY OF THE PROP CEHS SUBSTANCE ABUSE TUNDING SOURCES FEDERAL REVENUES - click belo STATE REVENUES - click below GRANTS/PROJECTS - click-below CFDA #: Please enter other here it 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 I not in pull down COUNTY GENERAL FUND TOTAL CORS SUBSTANCE CABUSE FUNDING SOURCES STATES A SUBSTANCE CABUSE TO THE VERSION OF THE VER NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL HEVENUES (IDPHAND, NON-DPH) (WASHINGTON SOND) (1990) 1885, 1986 (1990) 1986, 1980 (1990) 1986, 1980 (1990) CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE 3.162 3,16 UNITS OF TIME 410,539 28,344 43B.BB4 COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) 280.01 3.83 5.75 COST PER UNIT-DPH RATE (DPH REVENUES ONLY) 280.01 5.75 3.83 PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)

UNDUPLICATED CLIENTS

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<sup>&#</sup>x27;Units of Service: Days, Client Day, Full Day/Half-Day

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

DPH 2: Department of Puk Heath Cost Reporting/Data Collection (CradC)

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PROVIDER NAME:		<del></del>	<del></del>	8/16/2010
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CAPITAL OUTLAY (COST \$5,000 AND CVER)	21,002			31,052
SUBTOTAL DIRECT COSTS	565,602	<del></del>		565,502
· INDIRECT COST AMOUNT	67,862			57,862
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FEDERAL REVENUES - click below			~~	
SDMC Regular FFP (50%)	316,680			316,680
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COST PER UNIT-DPH RATE (DPH REVENUES ONLY PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY		0.00	<del> </del>	<del>                                     </del>

<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day <sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 2: Department of Pulsas Heath Cost Reporting/Data Collection ( FISCAL YEAR: 2010-2011 APPENIDX#: B-3 LEGAL ENTITY NAME: SE PROVIDER #: 8989 PROVIDER NAME: Senence Center 8/16/2010 CTF SF REPORTING UNIT NAME:: 8989OP REPORTING UNIT: MODE OF SVCS / SERVICE FUNCTION CODE 60/72 State Supplement SERVICE DESCRIPTION 一种的一种的一种的一种,这种种的一种,这种种的一种的一种的一种的一种的一种的一种,这种种的一种的一种,这种种的一种,这种种的一种,这种种的一种,这种种的一种, WHITE HERE FUNDING USES: 136,042 SALARIES & EMPLOYEE BENEFITS 136,042 OPERATING EXPENSE CAPITAL OUTLAY (COST \$5,000 AND OVER) SUBTOTAL DIRECT COSTS 136,042 INDIRECT COST AMOUNT 3.364 3.36 139,406 TOTAL FUNDING USES: 139.40 CEHSMENTAL HEALTH FUNDING SOURCES TO THE PROPERTY OF THE PROPE FEDERAL REVENUES - click below SDMC Regular FFP (60%) ARRA SDMC FFP (11.59) STATE REVENUES - click below EPSDY State Match Family Mosaic Cepitated Medi-Cal 139,406 139,400 CTF Fund (Crimity Tx Facility) GRANTS - click below CFDA#: Please enter other here il not in pull down PRIOR YEAR ROLL OVER - click below WORK ORDERS - click below Please enter other here if not in pull down 3RD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down REALIGNMENT FUNDS COUNTY GENERAL FUND CBHS SUBSTANCE ABUSE FUNDING SOURCES FEDERAL REVENUES - click below STATE REVENUES - click below GRANTS/PROJECTS - click below ÇFDA ₩; 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 it not in pull down COUNTY GENERAL FUND FOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES COMPANY TO THE STANCE SUBSTANCE ABUSE FUNDING SOURCES COMPANY TO THE STANCE ABUSE FUNDING SOURCE COMPANY TO THE STANCE ABUSE FUNDING SOURCE COMPANY TO THE STANCE ABUSE FUNDING SOURCE COMPANY TO THE STANCE COMPANY TO THE NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE 4.240 UNITS OF TIME

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

COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)

COST PER UNIT-DPH RATE (DPH REVENUES ONLY)

PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)

UNDUPLICATED CLIENTS

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<sup>&</sup>lt;sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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		Seneca Cent	er		· · · · · · · · · · · · · · · · · · ·	<del></del>	V16/2010
		MTFC	MTFC	MTFC	MTFC		
REPORTING UNIT N	AME::	Placements	Placements	Placements	Piacements		
REPORTING		28CQ6	38005	38006	38CO6		
MODE OF SVCS / SERVICE FUNCTION (	CODE	15/01-09	15/10-59	15/70-79	15/60-69		
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UNDING USES:							<del> </del>
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OPERATING EXP	~~~	1,016	8,557	78	78		9,72
CAPITAL OUTLAY (COST \$5,000 AND		** ***		1 454	4.5		
SUBTOTAL DIRECT C		18,900	131,007	1,454	1,454	0	152,8
INDIRECT COST AM		2,217	15,614	171	171		18,11
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	Shear.	and in his his heart.	24 年 44 44 44 44 44 44 44 44 44 44 44 44	Section 11 AL CHARGE	ALCOHOL BUILDER FOR	nomental restricts	A CAN PROPERTY
EDERAL REVENUES - click below		11,114	72,668	855	255		
DMC Regular FTP (50%) IRRA SDMC FFP (11.59)		2,575	16,845	198	855		85,49 19,81
TATE HEVENUES - cijck below		و/نب	10,840	180	198		: :
HAIE UPA EMARES - OTON MEION.	+	······		<del> </del>		74,00	
PSOT State Match		7,427	48,560	572	572		57,13
Family Mosaic Cepitated Medi-Cai	$\dashv$	7,421	40,000	3/2	5/2	··	D1,13
Annly Mosaic Capitated Medi-Cal	a #.			<del> </del>			····
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WORK ORDERS - click below			<del>                                     </del>				
HSA (Human Svcs Agency)		**************************************	8,549				8,54
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BRD PARTY PAYOR REVENUES - click below							
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REALIGNMENT FUNDS							· · · · · · ·
COUNTY GENERAL FUND				1	<b></b>		
TOTAL CHISMENTAL HEALTH EUNDING SOURCES	迎嬔	WEST 21716	145,620	1 625	1626	\$35556E445	2070 a
CBHS SUBSTANCE ABUSE FUNDING SOURCES							
FEDERAL REVENUES - click below			· · · · · · · · · · · · · · · · · · ·		****		
Maria de la companya				1		1	
STATE REVENUES - click below				_	1		
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GRANTS/PROJECTS - click below CFDA	₩:		T	1			
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COUNTY GENERAL FUND							I
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE	SVA	<b>建筑的建筑</b>				THE SECTION	
TOTAL DPH REVENUES 性影響 医肾管炎	法的影片	### 21,111	1 46 E20	的 <b>阿里斯斯特的</b> 1628	1 (625	1. 可以自由的自由的	<b>岩部時有70</b> 月
NON-DPH REVENUES • click below		<u> </u>	]				
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TOTAL NON-DPH REVENUES				•	·	·	
TOTAL REVENUES (DPH:AND:NON-DPH)	100000	WEST 21,416	·	的 电影響的 51,624	WEE 21 1 625	10(100) (10) (10) (10) (10) (10) (10) (1	·····································
CBHS UNITS OF SVCS/TIME AND UNIT COS	بحنسسب				T		<b>1</b>
UNITS OF SE		i	T	1	1	1	<del>                                     </del>
UNITS OF		<del>}</del>	54,710	407	328		65.6
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVE		<del></del>	<del></del>	<del></del>		·	·
COST PER UNIT-DPH RATE (DPH REVENUES						<del></del>	
		1	1		1	1	
PUBLISHED RATE (MEDI-CAL PROVIDERS	,						

<sup>&</sup>lt;sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day <sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25≂Hours

DPH 2: Depar.			t Reporting	g/Data &/	ection (CRI		
·	FISCAL YEAR:			·		APPENIDX #: B	· <del>······</del>
	LEGAL ENTITY NAME:	<del></del>		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		PROVIDER #: 3	
	PROVIDER NAME:	Seneca Center		·			16/2010
A	EPORTING UNIT NAME::	ST Connections	ST Connections	ST Connections	ST Connections	ŀ	,
	REPORTING UNIT:	38CO3	38CQ3	38CQ3	38CO3		
MODE OF SVCS / SE	TVICE FUNCTION CODE	15/01-09	15/10-59	15/70-79	15/60-69		
		Case Mg1		Crisis Intervention-			
	SERVICE DESCRIPTION	Brokerege	MH SVCs	OP	Med Support	1	TOTAL
	CBHSTEINDING TERM	eriaribisionia	\$7/1/10 6 6/86/At 1	77/10 A (10)	erininistaninis.	Billion Colored	a de la companya de
UNDING USES:						3	
	S EMPLOYEE BENEFITS	15,702	115,269	6,149	2,748		139,86
	OPERATING EXPENSE	4,494	30,407	1,780	786		37,44
CAPITAL OUTLA	Y (COST \$5,000 AND OVER)						
ŠU	TOTAL DIRECT COSTS	20,196	145,670	7,909	3,634	Ď.	177,30
	DIRECT COST AMOUNT	2,658	19,938	1,119	500		23,81
	TOTAL FUNDING USES:	23,053	165,008	9,028	4,034	0	201,12
DBHS MENTAL HEALTH FUNDING SOURCES						100.05 Finite: 199	
EDERAL REVENUES - click below			Γ	1			
DMC Regular FFP (50%)	***************************************	10,816	73,186	4,236	1,893		90,13
RRA SDMC FFP (11.59)		2,507	16,965	<del></del>	<del> </del>	<u>-</u>	20,62
TATE REVENUES - click below			1	<u> </u>	1		
	· · ·	<u> </u>	<del>                                     </del>	1	1		***************************************
PSDT State Match		7,228	48,908	2,631	1,265		60,23
amily Mosaic Capitated Medi-Cal	······································	1	1		<u> </u>	<del> </del>	- 43,24
TF Fund (Cmmly Tx Facility)		<u> </u>	<del> </del>	<b>†</b>	<del> </del>	<del>                                     </del>	
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NORK ORDERS - click below	<del></del>	<del> </del>	1	1	<del> </del>		···
HSA (Human Svcs Agency)	<del></del>		9,01	3	<del> </del>		10,6
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BRD PARTY PAYOR REVENUES - click below	· · · · · · · · · · · · · · · · · · ·	†	<u> </u>	<del> </del>	<u> </u>	l	
	*****************************	† · · · · · · · · · · · · · · · · · · ·	<del>                                     </del>	<del> </del>		<del> </del>	-
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REALIGNMENT FUNDS	······································	<del>                                     </del>	1				
COUNTY GENERAL FUND		2,503	1693	66 98	0 436		20,85
TOTAL CBHSMENTAL HEALTH FUNDING SO	IRCES CHICAGO	District 1000	A STANSANTON				CONTRACTOR OF THE
CBHS SUBSTANCE ABUSE FUNDING SOURCE							
FEDERAL REVENUES - click below					A CONTRACTOR OF THE PARTY OF TH	Direction to the state of the s	JULIE COLOR DE LA
PEDENAL REVENUES - CITCA DUTCH		<del> </del>	<del></del>	<del> </del>	<del> </del>	<del> </del>	
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GRANTS/PROJECTS - click below	CFDA #:	<del> </del>	<del></del>	<del> </del>	<del></del>	<del> </del>	
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NON-DPH REVENUES - click below		<del></del>	-	<del></del>	<del> </del>	<del></del>	<del> </del>
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TOTAL NON-DPH REVENUES	en erregistranski erre	GA Traditionian		36   #F##S\$##\$DD#9.D2	54 - 10 - 12 - 13 - 14 103	中国经历工作的影响,	7 FEBRUARY 201;
TOTAL REVENUES (DPH AND NON-DPH)	· · · · · · · · · · · · · · · · · · ·	# (W/W/#23.0)	Will and State State of the				
	NT COST:		with a second se				
TOTAL REVENUES (DPH-AND NON-DPH)	NT COST: UNITS OF SERVICE	E <sup>1</sup>					
TOTAL REVENUES (DPH AND NON-DPH) (CBHS UNITS OF SVCS/TIME AND U	HT COST: UNITS OF SERVIC UNITS OF TIM	E <sup>1</sup> 11,08	3 61,5	59 2,26	3 - 61	<del></del>	75,
TOTAL REVENUES (DPH-ANDINON-DPH) CBHS UNITS OF SVCS/TIME AND UI COST PER UNIT-CONTRACT RATE (DP	HT COST:  UNITS OF SERVIC  UNITS OF TIM  H & NON-DPH REVENUE	E' 11,05 S) 2.0	33 61,51 08 2.1	59 2,26 58 3.9	3 - 61 9 4.9	в 0.00	
TOTAL REVENUES (DPH-ANDMON-DPH) CBHS UNITS OF SVCS/TIME AND UI  COST PER UNIT-CONTRACT RATE (DP  COST PER UNIT-CONTRACT RATE (DP)	UNITS OF SERVIC UNITS OF SERVIC UNITS OF TIM H & NON-DPH REVENUE E (DPH REVENUES ONL	E <sup>1</sup> 11,05 S) 2.0 Y) 2.0	33 61,51 08 2.1	69 2,26 58 3.9	3 - 61 9 4.9	в 0.00	
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<sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day <sup>2</sup>Units of Time: MH Mode 15 ≈ Minutes/MH Mode 10, SFC 20-25≐Hours

DPH 2: Departm,/ of Pul		ost Repor	ting/Data C			
FISCAL YEAR			<del></del>	APPENIDX #:		<del></del>
. LEGAL ENTITY NAME		····		PROVIDER #:	3BCQ	
PROVIDER NAME	Seneca Center	,				B/16/2010
REPORTING UNIT NAME	LT Connections	LT Connections	LT Connections	LT Connections	LT Connections - MHSA	i
REPORTING UNIT	: 38CQ4	38CQ4	38CQ4	38CQ4	38CQ4	
MODE OF SVCS / SERVICE FUNCTION COD		15/10-59	15/70-79	15/60-69	60/72	······································
SERVICE DESCRIPTION	Case Mgl	MH Svcs	Crisis Intervention- OP	Med Support	Flexible Support Expenditure	TOTAL
TO STANCE OF THE SECOND STANCE OF THE PUNDING TERM.		Serial Carantains	7/1/10-6/30/11	Senanda Anther	@distance francis (	
FUNDING USES:	377770-0001145		Will ID-0180(ditta	WASHINGTO CONTRACTOR	AREA THE OF COURT OF STATE OF	mand ordinates contained district of the
SALARIES & EMPLOYEE BENEFIT:	508,658	3,130,203	195,549	78,254	221,732	4,134,397
###		327,522	20,461	8,188	15,500	424,893
OPERATING EXPENSI  CAPITAL QUTLAY (COST \$5.000 AND OVER	<del></del>	OE1,DEE	20,401	<b>B</b> , 100	13,500	424,053
<u></u>	<del></del>	2 627 770	210 010	96 489	037 026	4 EEO 000
SUBTOTAL DIRECT COST	<del></del>	3,457,725 398,097	216,010	86,442 9,952	237,232 27,086	4,559,290
INDIRECT COST AMOUN	<del></del>		24,870			524,696
TOTAL FUNDING USES		3,855,822	240,880	96,395	264,318	5,083,986
FEDERAL REVENUES - Click below	- San				The state of the s	
SDMC Regular FFP (50%)	313,285	1,927,908	120,440	48,197		2,409,830
	72620	<del></del>	27,918	11,172		558,600
ARRA SDMC FFF (11.59)	12020	440,090	21,510	11,172		000,000
STATE REVENUES - click below		<del>                                     </del>	<del></del>			
SPORT Carlo Maria	958 664	1 200 000	86.478	20.000		1 644 657
EPSDT State Match	209,338	1,288,233	BO,478	32,206		1,610,255
Family Mosaic Capitated Medi-Cat	<del> </del>	<del> </del>	<del> </del>	<b> </b>	554411	
MHSA	<b> </b>	ļ	ļ	<b></b>	264,318	264,318
GRANTS - click below CFDA #:		ļ				
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PRIOR YEAR ROLL OVER - click below			1			
						-
WORK ORDERS - click below						-
HSA (Human Svcs Agency)	31,329	192,791	12,044	4,819		240.983
HSA (Human Svcs Agency)						
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COUNTY GENERAL FUND					<u> </u>	<del>-</del>
TOTAL CHISMENTAL HEALTH HUNDING SOURCES	# CHESCO 626,672	3,855,822	240,880	250225967994	264,318	第二元5083,986
CBHS:SUBSTANCE WBUSE FUNDING SOURCES	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN TO THE PERSO	灣的影響的集物理	<b>建设制的电影</b>	PEEPERS SEE	NEW STREET	经国际新加利
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GRANTS/PROJECTS - click below CFDA #:	<del></del>	-	-	<b>_</b>	ļ	
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3RD PARTY PAYOR REVENUES - click below Please enter other here if not in pull down						
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND						-
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND TOTAL*CBHS:SUBSTANCEABUSE#UNDING:SOURCES	777					
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND TOTAL CORS SUBSTANCE SABUSE FUNDING SOURCES TOTAL OPH REVENUES	777					
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND TOTAL*CBHS:SUBSTANCEABUSE#UNDING:SOURCES	777					
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND  TOTAL CHIS SUBSTANCE ABUSE FUNDING SOURCES: TOTAL DRHIREVENUES.  NON-DPH REVENUES - click below	626,57	3,655,82				
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND  TOTAL CHIS SUBSTANCE ABUSE FUNDING SOURCES: TOTAL DRHIREVENUES.  NON-DPH REVENUES - click below  TOTAL NON-DPH REVENUES	626,67	3,655;62 0	24088 0	96,38 <u>.</u>	1 定等。264,818	S42-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-
SRD PARTY PAYOR REVENUES - click below  Please emer other here if not in pull down COUNTY GENERAL FUND  TOTAL CHIS SUBSTANCE ABUSE FUNDING SOURCES TOTAL DRHIREVENUES NON-DPH REVENUES - click below  TOTAL NON-DPH REVENUES TOTAL REVENUES (DRH-AND NON-DPH)	626;67.	3,655;62 0	24088 0	96,38 <u>.</u>	1 定等。264,818	S42-25 (083 pBc
SRD PARTY PAYOR REVENUES - click below  Please emer other here it not in pull down COUNTY GENERAL FUND  TOTAL CHRIS SUBSTANCE ABUSE FUNDING SOURCES ROTAL DRHREVENUES.  NON-DPH REVENUES - click below  TOTAL NON-DPH REVENUES  TOTAL REVENUES (DRHAND NON-DPH)  CBHS UNITS OF SVCS/TIME AND UNIT COST	626;67 	3,655;62 0	24088 0	96;39 0 0 96;394	264,318 4年第264,318	5,083,986
SRD PARTY PAYOR REVENUES - click below  Please emer other here it not in pull down COUNTY GENERAL FUND  TOTAL CBHS: SUBSTANCE ABUSE FUNDING: SOURCES: TOTAL DPH: REVENUES.  NON-DPH REVENUES - click below  TOTAL NON-DPH REVENUES  TOTAL REVENUES (DPH-AND-NON-DPH)  UNITS OF SERVIC  UNITS OF TAM	626,677 4,0626,572 E E 301,236	2 3,855,82 0 3,855,822 1,438,740	240,88 0 240,88 60,371	95,39 0 0 1,662	7 - 264,318 1.823	5,083,986 5,083,986
SRD PARTY PAYOR REVENUES - click below  Please enter other here it not in pull down COUNTY GENERAL FUND  TOTAL CORRESUBSTANCE ABUSE FUNDING SOURCES TOTAL DRH.REVENUES NON-DPH REVENUES - click below  TOTAL NON-DPH REVENUES TOTAL REVENUES (DRH-AND NON-DPH)  CBHS UNITS OF SVCS/TIME AND UNIT COST UNITS OF TIME COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE	\$26,677 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,000 \$1,00	2 3,855,822 0 3,855,822 5 1,438,745 3 2,66	2 240.88 0 240.880 0 60,371 3 3.96	96,394 0 1,662 0 58,00	264.51E  7.825  1.825  0  146.00	5,083,986
SRD PARTY PAYOR REVENUES - click below  Please emer other here it not in pull down COUNTY GENERAL FUND  TOTAL COBHS: SUBSTANCE ABUSE FUNDING: SOURCES: NON-DPH REVENUES - click below  TOTAL NON-DPH REVENUES TOTAL NON-DPH REVENUES TOTAL REVENUES (DRH-AND-NON-DPH)  UNITS OF SERVIC UNITS OF TAM	\$26,677 \$26,572 \$\text{E}\$ \$01,236 \$\text{S}\$ 2.06 \$\text{Y}\$ 2.06	2 3,855,822 0 3,855,822 5 1,438,745 3 2,66	2 240.88 0 240.886 0 50,371 3 3.96 3 3.96	96,394 0 1,662 0 58,00	264.51E  1.825  0 146.00	325 5.083,986

<sup>&</sup>lt;sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day <sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

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

FISCAL YEAR: 12		st Reporting/I	APPENIDX #:		
LEGAL FERTIZE  LEGAL ENTITY NAME:	·		PROVIDER #:		
PROVIDER NAME:	<del></del>		LHOAMEN #1		/16/2010
L HOADER (ALMAN-)	LT Connections	LT Connections	LT Connections	LT Connections	
REPORTING UNIT NAME::	Probation	Probation	Probation	Probation	
REPORTING UNIT:	38CQ4	38CQ4	38CO4	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
PARTIES THE PROPERTY OF THE PURPLE THE PURPL	学到//10-8/30/14年学	部约7/10-6/80/10顶	データカオロ B/BOJT 製造機	Middle Control	
UNDING USES:	7				
SALARIES & EMPLOYEE BENEFITS	39,199	241,218	15,076	6,030	301,52
Operating expense	6,128	37,711	2,357	943	47,13
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	45,327	278,929	17,433	6,972	348,6
INDIRECT COST AMOUNT	5,166	31,791	1,987	795	39,7
TOTAL FUNDING USES:	50,493	310,720	19,420	7,767	358,4
CEHSMENTAL HEALTH FUNDING SOURCES	4000年期1000年100	學的學問的問題	以。2015年前1988		学的相似的
EDERAL REVENUES - click below					
DMC Regular FFP (50%)	25,247	155,360	9,710	3,884	194,2
RRA SDMC FFP (11.59)	5,852	36,013	2,251	900	45,0
TATE REVENUES - click below					
PSDT State Malch	16,870	108.831	6,488	2,595	129,7
amily Mosaic Capitated Medi-Cal					
SRANTS - click below CFDA #:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Please enter other here if not in pull down		İ			
PRIOR YEAR ROLL OVER - click below					
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NORK ORDERS - click below					
1SA (Human Svcs Agency)	2,525	15,535	971	388	19,4
Please enter other here if not in pull down	, , , , , , , , , , , , , , , , , , , ,			[	
RD PARTY PAYOR REVENUES - click below		†*************************************	<u> </u>	<del> </del>	<del> </del>
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REALIGNMENT FUNDS		1	<u> </u>	<u> </u>	<del></del>
COUNTY GENERAL FUND		1			i — —
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NON-DPH REVENUES - click below	1	<del> </del>	4	<del> </del>	-
		<del></del>		<u> </u>	<del> </del>
TOTAL NON-DPH REVENUES	<b></b>	01		0	<u> </u>
TOTAL REVENUES (DPH AND MON-DPH)	1 A CONTRACTOR OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF	81 1810,72	0 4 4 4 4 2	14 Times 17 76	4 388;
CBHS UNITS OF SVCS/TIME AND UNIT COST:	<u> </u>				
UNITS OF SERVICE	1				
UNITS OF TIME	24,27	6 115,94	0 4,85	7 1.566	3
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES	3) 2.0	6 2.6	8 3,9	9 4.96	3
		8 2.6	8 3.9	9 4.90	
COST PER UNIT-OPH RATE (DPH REVENUES ONL)	() 2.0	, E.U	0.4	P 4,30	<u> </u>
COST PER LINIT-DPH RATE (DPH REVENUES ONL) PUBLISHED RATE (MEDI-CAL PROVIDERS ONL)		2.3	3	4,50	<del></del>

<sup>&#</sup>x27;Units of Service: Days, Client Day, Full Day/Half-Day

<sup>&</sup>lt;sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

			ollection (CRDC)
FISCAL YEAR:		APPENIDX €:	
LEGAL ENTITY NAME:	Seneca Center	PROVIDER #:	8980
PROVIDER NAME:	Seneca Center		8/16/2010
	San Leandro		
REPORTING UNIT NAME:			
	£9802 10/85-89		
MODE OF SVCE / SERVICE FUNCTION CODE	10/50-69	····	
	Day Tx Intensive	·	
SERVICE DESCRIPTION			LATOY
		. No recome and analysis. On	
A PROPERTY OF A CHARLEST THE PUNDING TERMS	· 17/1/16/20/11 5	eren Service Service	This county the first construction of the Principle
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	81,079		81,079
OPERATING EXPENSE	3.700		3,700
CAPITAL OLITLAY (COST \$5,000 AND OVER)			0
SUBTOTAL DIRECT COSTS	84,779		84,779
INDIRECT COST AMOUNT	10,610		10,610
TOTAL FUNDING USES:	985,389		08£,30
CBHS MENTAL HEALTH FUNDING SOURCES 1年 1000年 100	<b>不能於您的問題</b>	在ENCORPER PROPER	<b>BRANESSER</b>
FEDERAL REVENUES - click below			
SDMC Regular FFP (50%)	47,690		47,890
ARRA SDMC FFF (11.59)	11,056		11.056
STATE REVENUES - click below			C C
EPSDT State Match	31.674		31,874
Family Mosaic Capitated Medi-Cel	·		
ARHM			0
GRANTS - Click below . CFDA #:			0
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"Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25-Hours

UNDUPLICATED CUENTS

DPH 2: Department of Public . ...ath Cost Reporting/Data Collection (CRDC) FISCAL YEAR: 2010/2011 APPENIDX #: 89 LEGAL ENTITY NAME: Seneca Center PROVIDER #: 3BCA PROVIDER NAME: Seneca Center 8/16/2010 Dak Grove Day REPORTING UNIT NAME: Treatment REPORTING UNIT: 3BCA2 10/85-89 MODE OF SVCS / SERVICE FUNCTION CODE Day Tx mension Full day TOTAL SERVICE DESCRIPTION 在影響的中心中的一个可以在於在於自己的HS FUNDING TERMIN 可能能可能的可以如此的BONN可以對於 FUNDING USES: SALARIES & EMPLOYEE BENEFITS 12,772 12,772 300 OPERATING EXPENSE 30 CAPITAL OUTLAY (COST \$5,000 AND OVER) SUBTOTAL DIRECT COSTS 13,072 12,07 1.54 INDIRECT COST AMOUNT TOTAL FUNDING USES: 14.613 14.615 CBHS:MENTAL/HEALTH FUNDING SOURCES (本語) 中国 **设定过程的对象数** ことの言葉性性会議 FEDERAL REVENUES - click below SDMC Regular FFP (50%) 7.310 7,311 ARRA SDMC PFP (11.59) 1.694 1,68 STATE REVENUES - CACK BOION 4,878 4,870 EPSDT State Match Family Mosaic Caphared Medi-Cat CFDA #: GRANTS - click below Please enter other here if not in pull down PRIOR YEAR ROLL OVER - slick below WORK ORDERS - click below County Work Order Fund Please enter other here it not in pull down SRD PARTY PAYOR REVENUES - click below Please enter other here il not in pull down REALIGNMENT FUNDS COUNTY GENERAL FUND 731 CBHSISUBSTANCE 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 JRD PARTY PAYOR REVENUES - click below Please enter other here it not in pull down COUNTY GENERAL FUND TOTAL DPH REVENUES EXCENSION TO THE REPORT OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF NON-DPH REVENUES - click below TOTAL NON-DPH REVENUES TOTAL REVENUES (DRH:AND-NON-DPH)学型语言学习记录 各类学学学科学学学科4619 经企业经验证据证明的基础4.618 CBHS UNITS OF SVCS/TIME AND UNIT COST: UNITS OF SERVICE UNITS OF TIME2 COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES) 214.90 COST PER LINIT-OPH RATE (DPH REVENUES ONLY) 214.90 PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY

UNDUPLICATED CLIENTS

<sup>&</sup>lt;sup>1</sup>Units of Service: Days, Client Day, Full Day/Half-Day <sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

	SCAL YEAR:				APPENIDX #:	
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\*Units of Time: MH Mode 15 = Minutes/MH Mode 10. SFC 20-25=Hours

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	SCAL YEAR	<del></del>						APPENIDX #:	
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							Cost		
	RTING UNIT:		38HDOP	38HDOP	38HDOP	38HDOP	Remoursement		
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FUNDING USES:			48.448						
SALARIES & EMPLOYE			15,112	104,986	4.807	5,806	124,253		254,946
	G EXPENSE		3,925	27,262	1,249	1,508	. 24,911		58,864
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SOMC Regular FFP (60%)			2,468	17,143		<u> </u>	·		
ARRA SDMC FFP (11.59)			2,468	17,143	/150	948		<del></del>	21,344
STATE REVENUES , click below			<del></del>	<del> </del>		<del> </del> -			<u>-</u> -
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LEGAL ENTITY NAME	-		<del></del>	PROVIDER #;	
	Seneca Center				8/16/2010
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REPORTING UNIT	<del></del>	38HD2	38HD2	38HD2	
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MODE OF SVGS AERVICE FORDITOR COD	<del> </del>	G072	372	00/72	
SERVICE DESCRIPTIÓ		Flexible Support Expenditure (cost rembursement	Flexible Suppori Expenditure (cost reimbursement	Flexible Suppon Expenditure	TOTAL.
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FUNDING USES:	<u> </u>				
SALARIES & EMPLOYEE BENEFIT		236,701	76,355	6E,720	381,776
OPERATING EXPENS	<del></del>	39,191	12,931	10,946	63,06
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SUBTOTAL DIRECT COST	<del></del>	275,892	89,266	79,686	444,84
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FEDERAL REVENUES - click below	<u> </u>		ļ		
SDMC Regular FFP (50%)	<del> </del>			44,610	44,610
ARRA SDMC FFP (11,59)	<del></del>		l	10.341	10,341
STATE REVENUES - click below	<u> </u>				
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MHSA	<del> </del>	309,000			309,000
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MHSA			100,000		100,000
WORK ORDERS - click below		]			
County Work Order Fund					
HSA (Human Svcs Agency)					
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3RD PARTY PAYOR REVENUES - click below		` '			
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REALIGNMENT FUNDS					
COUNTY GENERAL FUND				446	
TOTAL COHSMENTAL SHEALTH/FUNDING SOURCES	<b>新型型的现在分</b>	200,000	100,000 (no.	學世級主89.223	490,22
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COUNTY GENERAL FUND	7	<del></del>	<del>                                     </del>		<del>                                     </del>
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TOTAL DPH-REVENUES		-		100	
NON-DPH REVENUES - click below	2			-7****	7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-
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TOTAL REVENUES (DPH AND NON-DPH)		41 -11 50 10 10 10 10 10 10 10 10 10 10 10 10 10	1 200 5 20 20 20 20 20 20 20 20 20 20 20 20 20	12(22)(24)(108)(22)	1 April 2015 2 4488 22
CBHS UNITS OF SVCS/TIME AND UNIT COST:		<del> </del>	<del> </del>	<del> </del>	
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UNITS OF TIM			<del> </del>	415.00	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUE		309,000,00	100,000,00	145,00	4
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PUBLISHED RATE (MEDI-CAL PROVIDERS ON	Y)[	1	1	3	1

<sup>&</sup>lt;sup>1</sup>Units of Service: Days, Cilent Day, Full Day/Half-Day <sup>2</sup>Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

UNDUPLICATED CLIENTS

195

DPH3: Salaries & Benefits Detail

APPENDIX #: B-1 Page 1

Document Date:

08/16/10

\$30,008

rev. 11/8/2000

\$0

Provider Number: Provider Name: 8989

Seneca Center - CTF Unit SF

\$1,979,917

		TOTAL		I Fund & Other Revenue		RANT #1: Supplement	. GA	ANT #2:	<b>work o</b>	RDER #1: DHS	ORDER #	t DJP
	Tr	Proposed Transaction		Proposed Transaction		Proposed Transaction		Proposed Transaction		oposed nsaction	Tra	roposed insaction
POSITION TITLE	. Term	: 7/1/10-6/30/11 SALARIES	Term: FTE	7/1/10-6/30/11 SALARIES	Term: _ FTE	SALARIES	Term: FTE	SALARIES	Term: _	SALARIES	Term: FTE	7/1/10-6/30/11 SALARIES
CTF Division Director	0.30	39,375	0.29	38,063	7.16	JALANIES	FIG	SALANICS	F15	SALANIES	0.01	1,313
San Francisco Program Director	0.84	79,380	0.83	78,435					<u> </u>		0.01	945
Assl. Director	2.00	132,000	1,97	130,020	***************************************						0.03	1,980
Nurse	1.85	149,912	1.82	147,481				***************************************			9,03	2,431
Clinician /Therapist	3.75	198,000	3.70	195,860							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				<u></u>		······································	0.02	666
Shift Coordinator	2.68	112,515	2.64	110,835		,					0.04	1,680
										•		
								-				
				•								
·												
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
•		•		•	•		•			•		

\$1,949,909

**TOTAL SALARIES & BENEFITS** 

DPH #2 (CMHS & CSAS)

DPH4:	Operating	Expenses	Detail

\$350,038

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

\$4,770

Provider Number: 8989
Provider Name: Seneca Center - CTF Unit SF .

• •
Expenditure Category
Contract Services
Psychlatric Services
Computer and Program Consultant
Total Contract Services
Program Support
Office Supplies
Telephone
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
· Total Program Support
Facility and Vehicle Expense
Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Mt. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
Total Facilities/Vehicle Expense
Child and Family Related Expense
Food
Household Supplies
Therapeutic Supplies
Medications/Personal Supplies
Child Transportation
Curriculum
Classroom Supplies
Special Events
Family Support
Total Child and Family Expense
TOTAL OPERATING EXPENSE

· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>			
TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2: na	WORK ORDER #1: DHS	WORK GRDER #2: DJP
PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
TRANSACTION	·TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Term: FY2010/11	Term: FY2010/11	Term:	Tenn:	Term:	Term: FY2010/11
150,000	148,795				. 1,205
20,000	19,640				360
170,000	168,435				1,585
	<u> </u>				
16,987	16,687				300
6,000	6,000	•			
7,000	6,900				100
9,000	9,000			•	
10,000	9,840				160
48,987	48,427		-		560
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1,500	1,500				
79,231	77,086				2,145
					2,145
20,000	20,000				
6,100	6,100				
0					
0	44.500				
11,500	11,500	<del></del>			
0   118,331	116,186				2,145
110,331	110,160			·	5,145
	···			····	
·	······································	•			· · · · · · · · · · · · · · · · · · ·

DPH #3 (CMHS & CSAS)

Provider Number: 8989 Provider Name: Seneca Cestar Date: 8/16/10

CTF Unit 9F

Appendix: B-1, Page 2

			Budget Line Hem		Deec	innut	
ibiorhes: FTE's	Stellery	Total	Samy				
0.36 X	\$191,260 ±	\$	66,876 CTF Division Director	<del></del>	Reep	orvsible tox	program development and oversight of ea program services
0.84 X	\$ 94,500 =		79,380 San Francisco Program Director		Provi	dan organio	zational teadership to the operation of the propram
2.00 X	£ 000,000 ±	<u>\$ 1</u>	32,090 Assistant Director/Administrator		Apple	t in the los	dership of the program and morphore day to day functioning of the program
1 A5 X	E 61,034 =	\$ 1	44.413 Hash			ored to ciler	i scoountable for prescribing, Implementing and evaluating the nursing care nts
8 75 X	\$ 52,600 =	S 1	98,000 Clinician Therapiet				g montal health &ervices to ckents, participats in mikeu activities and work clos O provide clinical Galdenos
					Resp	oneible lor	maintaining a sate office environment. These staff are available to hande raisi
3,52 X	\$ 40,404 ±	<u> </u>	54.347 Mileu Scherveor Meneger		CHILC	at incrowns	that may arise
19.29 X	E 24,577 =	\$ 5	11.049 Mental Heelth Assistant		Frov	de kervice	e to clients in both the mineu and in the community as well
1,75 X	\$ 33,280 ₪	<u> </u>	58,240 Duech Clenical	· · ·			ing actrimateduse equiport to an etalli ett judiquotit bebeen aa atriali giviniversi und privatent, vacivner
2.66 X	·\$ 41,983 =	<u>\$ 1</u>	19,514 Shill Concension			ikina lo or	
98.26		S 1.3	34,819 Total Salurios				
•	•		,		\$	65,159 22,205	620% Scow Scourty TAC% Madioure
			• •	٠.	1	3,637 111,274	6.26% Unemployment insurance 7.26% Workers Compensation
				•	\$	191,652	12.20% Health Incorpos
			445,050 Employee Fringe Barrell Rato 279,917 Total Salaries and Benefits		\$	445,096	28.00% Total Employees Prings Benefit Rate
		Operating E	Chelitatet;				
•		s	8.020 Expendable Equipment		2	6,520	Based on an warage of \$710 a month for pawequipment
•		\$	4200 Equipment Rental		-	4208	Ficral of Copier and postage machine
		\$	10,000 Building Minimenance 22,720 Total Occupancy (Facility and Vehicle)	Expense		633	Maintenerine for office site (approx \$030/menth)
	•	s	150,000 Psychistic Services	•		160,000	These costs are for an CTF payorisass to be available onced as meeted
•		•	·		ş	100,000	but to addition to provide medication support, psychietric reseasment and
. •							éválusion and knatment consultations évolus
٠	•	\$	20,000 Program Consulation 170,000 Total Contract Setvices	• •	\$	20,000	Consultant posts to indicate program .
			•				
		٠\$	16,997 Office Supplies, Postage		\$	16.987	Office Supplies and pissage for 36.28 stell - 100% (avg of \$500 per stall)
		•				٠.	•
		\$	8,000 Telephone		\$	6,000	Telephone (avg. \$600 mo) These costs include out phones, land lines and internet access
			7,000 Shill Travel		ŧ	7,000	•
			-1		.*	+ Journ	reimburgement trais par male. Not all staff travel in this proports, However on sverage
		• .	•				
• •		•					5583 has been reminured per murilly.
		• · · · · · · · · · · · · · · · · · · ·	9,000 Staff Testing				1000 has been reminured per morth.  Tinking costs for 36.20 stratoyses • 100%
• •		5	9,000 Stall Trining  15,000 Stall Reonsment  48,997 Total Progress Subport				5583 has been reminured per morito.
• •	· ·	\$ \$	10,000 Stall Recrustment				1000 has been reminused per morth.  Tinking costs for 36.20 stratoyses • 100%
·: :		5	10,000 Stall Recrustment			1,500	1000 has been reminured per morth.  Tinking costs for 36.20 stratoyses • 100%
· :		5	10,000 Staff Recrusmers 48,987 Tolef Progreen Support		\$	1,500 78,231	Thirting costs for 36.26 employees - 100% Recruiting Costs for 36.26 employees - 100% on Average \$100 month for 15 olients. On average \$5,200 is spert a year per olient and leadly. These costs are
· ;		\$	15,000 Staff Reordsment 48,997 Total Progress Bubport 1,500 Howsehold Supplies	•	-		Tisking costs for 38.28 employees + 100% Recruing Costs for 38.28 employees + 100% on Average \$100 month for 15 clients On wenage \$5.200 in sport a year per client and loadly. These costs are associated with info@costson demment activities that involve additional resources to implement trainings a process are associated with info@costson demment activities that involve additional resources to implement trainings a process. These costs are processed to implement trainings a process.
·:		\$	15,000 Staff Reordsment 48,997 Total Progress Bubport 1,500 Howsehold Supplies		-		EBS3 has been reinformed per morth.  Trishing costs for 36.28 employees - 100% Becruiling Costs for 36.28 employees - 100%  on Average \$100 month for 15 clients.  On average \$100 month for 15 clients.  On average \$5,200 is spert a year per overt, and lordy. Those costs are associated with individualized treatment activities that involve additions?
		\$	10,000 Staff Recrustment 48,997 Total Progress Budgort  1,000 Household Supplies 78,201 Therequalic Supplies			79,231	Titlining costs for 36.26 employees - 100%  Recruing Costs for 36.26 employees - 100%  on Average \$100 month for 15 cilents.  On weating \$5,200 is sport a year per distrit and loadly. These costs are associated with individualised centering activities that involve additional tensions are associated with individualised centering activities that involve additional tensions of inglineral trialiniers services. These costs may include meeting basic peets of families to ensure autoses, allow for predicing when determining tentment implementation strategies.
•:		\$	15,000 Staff Reordsment 48,997 Total Progress Bubport 1,500 Howsehold Supplies		-		EBS3 has been reminured per month.  Training costs for 38.26 employees - 100%  Recruiting Costs for 36.26 employees - 100%  on Average \$180 month for 15 cilests.  On average \$5,200 is spert a year per olient and locally. These costs are associated with vinduoustral construct activities the involve additional resources to implifement training as services. It have costs may relate meeting basic peaks of tamilies to ensure a supposes, who who provides meeting basic peaks of tamilies to ensure a supposes, who who provides
•:		\$ \$ \$	10,000 Staff Recomment 48,997 Total Progress Budgers  1,000 Household Supplies 78,201 Thempaulic Supplies 20,000 Medication and Personal Supplies 6,100 Child Transportation 11,500 Special Events			79,231 25,900	Ett83 his been reminished per morth.  Tinking costs for 38.26 employees - 100%  Recruing Costs for 36.26 employees - 100%  on Average \$100 morth for 15 cilents.  On average \$5,200 is sport a year per cilent and loady. These costs are associated with whick-deutsted transmert activities that involve additional tesources to implanted the involve additional tesources to implanted the involve additional tesources to implanted the involve additional tesources to implanted the involve additional tesources to implanted the involve activity when determining the tenance of families to arest a supposes, allow for predicing when determining the tenance implanted and on 15 milionis.  On weaking \$10.33 per short hasked on 15 milionis.
		\$ \$	15,000 Staff Recrument 48,997 Total Progress Support  1,500 Household Supplies 78,201 Thempaulic Supplies  20,000 Mediantion and Personal Supplies  0,100 Child Transponation 11,500 Special Events  116,201			78,231  28,900 6,166	EBS3 has been reminured per month.  Trining costs for 36.28 employees - 100% Becruiling Costs for 36.28 employees - 100%  on Average \$100 month for 15 cilests.  On average \$100 month for 15 cilests.  On average \$5.200 is spert a year per olient and locally. These costs are associated with individualized transment activities that involve additional testiogers to implament trainings as a month of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action
		\$ \$ \$	10,000 Staff Recomment 48,997 Total Progress Budgers  1,000 Household Supplies 78,201 Thempaulic Supplies 20,000 Medication and Personal Supplies 6,100 Child Transportation 11,500 Special Events			78,231  28,900 6,166	EBS3 has been reminured per month.  Trining costs for 36.28 employees - 100% Becruiling Costs for 36.28 employees - 100%  on Average \$100 month for 15 cilests.  On average \$100 month for 15 cilests.  On average \$5.200 is spert a year per olient and locally. These costs are associated with individualized transment activities that involve additional testiogers to implament trainings as a month of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action of the action

DPH3: Salaries & Benefits Detail

APPENDIX #: B-2 Page 1

Document Date: 8/16/10

Provider Number: Provider Name:

38CQ

Seneca Center - TBS SF

		TOTAL		RAL FUND AND ER REVENUE	GR	ANT #1:	- GF	RANT #2:		ORDER #1: DHS	1	OADER #2: DJP
	Tra	roposed ansaction 7/1/10-6/30/11	Tr	Proposed ensaction : 7/1/10-6/30/11		oposed nsaction		roposed insaction		oposed nsaction		oposed isaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES
Asst. Director	0.40	26,000	0.40	26,000	1 //// 1 //				<del> </del>			
TBS Clinician	3.15	157,500	3,15	· 157,500		• .						
TBS Coach	6.50	205,842	6.50	205,842	•							
Direct Clerical	0.75	24,960	0.75	24,960								
					•							
							;					
							·					•
							,					
		•				,						
				·								
TOTALS .	10.80	\$414,302	10.80	\$414,302	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
•				••								
EMPLOYEE FRINGE BENEFITS	. 29%	\$120,148	29%	· \$120,148	29%	\$0	29%	\$0	29%	\$0	29%	\$0
-						•			•			
TOTAL SALARIES & BENEFITS	r	\$534,450	F	\$534,450	ŗ	\$0	ſ	\$0	1	\$0		\$0
to tem onem had d'arith 110	. L	φοστ,του <u></u>	<u>L</u>	4004,400	i.	40	i	40]	i	401		40
· •				•					•	•		

DPH #2 (CMHS & CSAS)

rev. 11/8/2000

•			
npH4.	Opposition	Expenses	Patel
DF 117.	Operation	EVECTION	

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

Provider Number:

Provider Name:

38CQ Seneca Center - TBS SF

					:	
	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: State Supplement	GRANT #2; na	WORK ORDER #1: DHS	WORK ORDER #2: DJP
	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	0	1			1	I
Program Consultation	Ō					
Computer and Program Consultant	0					
Program Services(Speech, Trans.)	. 0		***************	1		
Total Contract Services		0				
Program Support						
Office Supplies	2,700	2,700		<del> </del>		
Telephone	7,200	7,200		<del></del>	<del></del>	
Staff Travel-(Local & Out of Town)	6,000	6,000		<u> </u>		
Staff Training	0			ļ	<del></del>	
Staff Recruitment	3,341	3,341				
Total Program Support	19,241	19,241				
Facility and Vehicle Expense						
Facility Lease	0					
Utilities	0					
Expendable Equipment	1,000	1,000				
Equipment Lease	0					
Bldg. Mt. and Repair	1,500	1,500				
Vehicle Lease/Depreciation	0					· · · · · · · · · · · · · · · · · · ·
Vehicle Operations	0	0		······································		
Total Facilities/Vehicle Expense	2,500	. 2,500				
			· · · · · · · · · · · · · · · · · · ·			
Child and Family Related Expense						· · · · · · · · · · · · · · · · · · ·
Food	0	· · · · · · · · · · · · · · · · · · ·				
Household Supplies	0					
Therapeutic Supplies	5,311	5,311				
Medications/Personal Supplies	3,000	3,000				
Child Transportation	1,000	1,000				
Curriculum	0	,				
Classroom Supplies	0.				•	
Special Events	0					
Family Support	0					
Total Child and Family Expense	9,311	9,311				
TOTAL OPERATING EXPENSE	\$31,052	\$31,052	\$0	\$0	\$0	\$0

Provider Number: 38CQ Provider Name: Seneca Center Date: 8/18/10

TES - SF

Appendix: B-2, Page 3

bries: FTE's	Relon	Total Sala	~			
Bries, FIES	Belary	TOTAL SAME		· · · · · · · · · · · · · · · · · · ·	**********	بر دانایا و روست می در در در در در در در در در در در در در
0.40 X	\$ 65,000 =	\$ 26,00	D Assisl. Director	Supe	rvisor the	Clinicians and Benavioral Specialist providing TES Services
5.15 X	\$ 50,000 ±	\$ 157,50	o Tes Clinician	ToP	rovide ber	naviorally-focused mental health services to children and families
6.50 X	\$ 31,688 =	\$ 205,84	2 TBS Coach	To P	rovide bet	naviorally-focused mental neath services to children and families.
0.75 X	\$ 63,280 =	\$ 24,98	O Direct Clerical	Provi	des on-go	olng administrative support to all staff
			<u> </u>			
10.80		\$ 414,80	2 Total Salaries	_		
				\$	25,657 B.007	6,20% Sodal Security 1 45% Medicare
				\$	1.035	0.25% Unemployment Insurance .
				\$ <u>t</u>	90,037 81,788	7.25% Workers' Compensation 12.50% Health Insurance
	•		•	Ī	5.593	1.25% other
			18 Employee Fringe Bahefit Pate	\$	120,146	29.00% Total Employee Fringe Benefit Rate
		\$ . 534,4	iii Total Salaries and Benefits			
	1	Operating Expens			•	
		\$ . 1,0	30 Expendable Equipment	\$	1,000	Based on an average of \$65.93 a month for new equipment Riemal of Copier and postage machine for 850 month
		\$ 1,5	DO Building Maintenance	•		Maintenance for office site (approx \$125/month)
		\$ 2,5	Total Occupancy (Facility and Vehicle Expense		•	
	٠.	·			•	•
•		\$ 2,7	DG Office Supplies, Postage			Office Supplies and portage for 10.80 staff - 100% (avg of \$250 per staff)
	•	\$ 7,2	CO Telephone · .			Telephone (avg. \$600 mo)
		\$ 6,0	DO Staff Traval			Based on past experience for cord and travel
		ş -	Staff Training			Training costs for 36.28 employees - 100%
			41 Staff Recruitment			Recruiting Costs for 10.08 employees - 100%
		\$ 19,2	41 Total Program Support			
			•			
		•	Household Supplies			· •
		\$ 5.3	7) Therapeutic Supplies		5311	On average \$442/month per client
			00 Medications and Personal Supplies	•	3000	
			CO Child Transportation		1000	•
		\$ B,3	11			

DPH3:	Salaries	R	Benefits	Detail

APPENDIX #: B-3 Page 1
Document Date: 8/16/10

Provider Number: Provider Name: 8989

Seneca Center - CTF Supplement SF

		TOTAL	A	L FUND & OTHER LEVENUE	State	RANT #1: Supplement	GR	ANT #2:	WORK O	RDER #1: DHS	ORDER#	2: DJP
	Tr	roposed ansaction 7/1/10-6/30/11	Tr	Proposed ansaction 7/1/10-6/30/11		Proposed ransaction		oposed nsaction		roposed insaction		roposed ansaction
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
lileau Supervisor	0.90	35,381	0.90	35,381			· · · · · · · · · · · · · · · · · · ·					
ental Health Asst.	2.25	70,902	2.25	70,902								
												<u> </u>
		<del> </del>				· · · · · · · · · · · · · · · · · · ·						<del></del>
		· · · · · · · · · · · · · · · · · · ·		:						ļ	<del> </del>	<del></del>
	_				<del></del>	· · · · · · · · · · · · · · · · · · ·						<u> </u>
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		•			•	•						
L-10/2-1												
			··-									
OTALS	3.15	\$106,283	3,15	\$106,283	0.00	\$0	0,00	\$0	0.00	·\$0	0.00	
	kannan kannan											
m over chimos penecito		ena zen	28%	. too zea	aan/ [	. ,	ann, [	\$0	28%	\$0	28%	
IPLOYEE FRINGE BENEFITS	28%	\$29,759	Z0%	\$29,759	28%	\$0 l	28%	\$U	Z076]	### ##################################	20%	
	r-		r		r		٠ -					
TAL SALARIES & BENEFITS	L	\$136,042	L	\$136,042	L	. \$0	L	. \$0	į	· \$0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

DPH #2 (CMHS & CSAS)

FREFI

Provider Number: 8989 Provider Name: Senace Center Date: 8/16/10

CTF Supplement - SF

Appendix: B-3, Page 2

Responsible for maintaining a safe miliou environment and ensuring successful implementation of Therapeutic behavioral programs within the milieu  2.25 X \$ 31,512 = \$ 70,902 Membil Health Assistant Works as part of a therapeutic team to provide appropriate adult role model for or  3.15 \$ 106,283 Total Salaries  \$ 6,590 \$ 6,20% Social Security \$ 1,541 1 45% Medicare \$ 286 0.25% Unerployment Insurance	iaties: FTE's	Salary	Total Salery		
3.15 \$ 106,283 Total Salaries \$ 6,590 5,20% Social Security \$ 1,541 1 45% Modicare	7. De.a	\$ 38,312 ×	\$ 35,381	Milieu Supervisor	
\$ 6,590 6,20% Social Security \$ 1,541 1 45% Modificate	225 X	\$ 31,512 =	\$ 70,902	Memal Health Assistant	Works as part of a therapeutic team to provide appropriate adult role model for children
\$ 1,541 1 45% Medicare	3.15		\$ 106,283	Total Salaties	
\$ 7,766 7,25% Working Compensation \$ 13,285 12,50% Health Insurance					\$ 1,541 1.45% Moditions \$ 286 0.25% Unemployment Insutation \$ 7,706 7.25% Worklass Compensation
. \$ 372 0.35% other \$ 29,769 Employee Frings Benefit Rate \$ 29,759 25.00% Total Employee Frings Benefit Rate					\$ 972 0.35% offer
.\$ 13€.042 Total Balaries and Benefits			.\$ 136,042	Total Salaries and Benefits	•

DPH3; Salaries & Benefits Detail

APPENDIX #: 6-4 Page 1
Document Date: 8/16/10

Provider Number: Provider Name: 38CQ

Seneca Center - MFTC Placement

	·		TOTAL		al Fund & Other Revenue	WORK C	RDER #1: DHS	ĢF	7ANT #2:	WORK O	RDER #1: DHS	DRK ORDE	R
		T: Ter	Proposed ransaction m: FY2010/11	Tı Teri	Proposed ransaction m: FY2010/11	Tre Term: _	roposed ansaction	Tra	roposed ansaction	Tra Term	roposed insaction i: FY2010/11	Tr Term:	Proposed ansaction
	POSITION TITLE	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
	Wrap Services Director	0.08	6,720	0.08	6,720								
	Licensed Clinical Supervisor	0.25	18,638	0.25	18,638								
	Therapis//Social Worker	0.95	52,800	0.95	50,160					0.050	2,640		
4	Menial Health Assistant	0.95	32,760	0.95	31,122					0.050	1,638		
62													
	·												
											•		
					·····								
										•			
											·		
										<del></del>		•	
. '	TOTALS	2.23	\$110,918	2.23	\$106,640	6,00	\$0	0.00	\$0	0.10	\$4,278	0.00	\$0
	EMPLOYEE FRINGE BENEFITS	29%	\$32,168	29%	\$30,926	29%	\$0	29%	\$0	29%	\$1,242	29%	\$0
						-				•			
	TOTAL SALARIES & BENEFITS	Γ	\$143,086	. [	\$137,566	. [	\$0	[	\$0	٠ . ٢	\$5,520	Γ	\$0
				مر		1-		*	·	•		-	· .

DPH #2 (CMHS & CSAS)

DPH4:	Operating	Expenses	Detai
M( ) (7.	Cheimning	アンドここのひつ	Detai

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

Provider Numbe	138CQ		•	
Provider Name:	Seneca Center -	MFTC Placement	•	

•
Expenditure Category
Rental of Property
Utilities(Elec, Water, Gas, Phone, Scavenger)
Office Supplies, Postage
Building Maintenance Supplies and Repair
Printing and Reproduction
Insurance
Staff Training
Staff Travel-(Local & Out of Town)
Rental of Equipment
отнея
Sheller Costs
Treatment Supplies
Child Transportation ·
Other - Clerical Temp
TOTAL OPERATING EXPENSE

DPH #3 (CMHS & CSAS)

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #2: ne	WORK ORDER #1; DHS	WORK ORDER
PHOPOSED . TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED THANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term: 7/1/10-6/30/11	Term;
0			·		
0					
1,490	1,140			350	·
. 0		•			
1,500	1,000			500	
0		·			
2,800	2,550	•		250	
0	,				
0					
9					
, 0	· · ·				
3,939	3,122	-:		· 817	
0					
<del>-</del>	······································				
		· · · · · · · · · · · · · · · · · · ·			
	<u></u>				
\$9,729	\$7,812	. \$0	\$0	. \$1,917	\$0

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

MTFC Placement

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Budget			0.00.41300010.00	·
Amount			Budget Line Item	Description
Salaries: FTE's	Salary		Total Salary	
0.85 X	\$ 64,000	= \$	6,720 Wrap Services Director	Provides organizational feadership for coordinating Wrap Services
0.25 X	\$ 74,550	= <b>5</b>	18,638   Doensed Clinical Supervior	Responsible for providing supervision to Team leaders and ensuring Seneca's practices are implemented correctly
~~~				
7.00 X	\$ 52,800	<u> </u>	52,800 Therapist/Social Worker	Provids on-going mental health services to dients.
100 X	\$ 32,760	# <b>\$</b>	92,760 Mental Health Assistant	Works as part of a therapeutic team to provice appropriate adult role model for children
			-	
2.83		¢	110,918 Total Salaries	
			·	\$ 6.877 £.25% Social Security \$ 1,508 1.45% Medicare
				\$ 277 0.25% Unamployment distrance
			•	\$ 8.042 7.25% Workers Compression
				\$ 13.805 12.50% Health structures
				1.499 1.35% otner
			32 168 Employer Fringe Benefil Rate	\$ 32,165 29,00% Total Employee Frlinge Benefit Rate
	*	2	143,066 Total Salaries and Benefits	•
	•	, Onz	niding Experienc:	
		***	incol mhaine.	
			•	
		•		
•				
		\$	1,490 Office Supplies, Postage	Office Supplies and postage for 2.33 staff - 100% (avg of \$640 per staff)
		\$	1,500 Telephone	Printing and Reproduction - approximately \$125 month
		\$ .	2,600 Staff Training	Training costs for 2.39 employees - 100%
		*	•	Recruiting Costs for 10,08 employees - 100%
		\$	5,790 Total Program Support	
				·
		<u>.</u>	3,939 Shelter Couts	5311 Based on past experience, as needed basis per family
		\$	3,529	
•		\$	8,729 Total Operating Costs	
		\$	152,815 Total Direct Costs (Salaries	s & Benefits and Operating Expenses)
		-	Partie Company of the	

DPH3: Salaries & Benefits Detail

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

Provider Number: Provider Name:

Seneca Center - Short Term Intensive Support Services

		TOTAL	1	al Fund & Other Revenue	GF	RANT #1:	GF	RANT #2:	WORK O	IRDER #1: DHS	ряк ово	iR
	Term	roposed ransaction : 7/1/10-6/30/11	Ti Term	Proposed. ransaction : 7/1/10-6/30/11	Tra	roposed insaction	Tre	roposed ansaction				Proposed ransaction
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								
Program Manager	0.15	11,183	0.15	11,183				•	ļ			
Clinician	1.00	52,800	1.00	52,800		•					ļ	
Support Counselors	1.00	31,668	1.00	31,668								
Direct Clerical	0.10	3,329	0.10	3,329								
1		•		·		•						
										•		
1							<u>                                     </u>	<u> </u>				
										•	ļ ·	
	ļ											
	<u> </u>		·		- 3							
											ļ	
						····				·· · · · · · · · · · · · · · · · · · ·		
							:					
TOTALS	2.35	\$108,430	2.35	\$108,430	0.00	\$0	0.00	\$0_	0.00	\$0	<u>  0'00  </u>	
•		•			•		•					
EMPLOYEE FRINGE BENEFITS	29%	\$31,433	29%	\$31,433	29%	\$0	29%	\$0	29%	\$Q	29%	\$
	•					•						•
TOTAL SALARIES & BENEFITS	· r	\$139,862	Γ	\$139,862	· 1	\$0	Г	- \$0	ī	\$0	l F	\$

DPH #2 (CMHS & CSAS)

•			
DPH4: O	perating	Expenses	Detail

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

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: no	WORK ORDER #1: DHS	WORK ORDER
	PROPOSED	PROPOSED	PROPOSED	PHOPOSED	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						
Sychiatric Services	1,000	1,000		T	T T	***************************************
Program Services(Speech, Trans., computers)	3,000	3,000				<del></del>
Total Contract Services	4,000	4,000				<del></del>
** <u></u>						·····
rogram Support		· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>		
Office Supplies	. 1,175	1,175				
Felephone	2,180	1,680			500	
Staff Travel-(Local & Out of Town)	2,820	2,320			500	
Staff Training	588	588			<u>                                     </u>	
Staff Recruilment	705	705				
Total Program Support	7,458	6,468			1,000	***************************************
acility and Vehicle Expense						
Facility Lease	12,000	11,500			500	
Milities	975	975				<del></del>
xpendable Equipment	1,910	1,410			500	
quipment Lease	900	900				
Bldg, Mt. and Repair	881	881				
/ehicle Lease/Depreciation	0	(				•
/ehicle Operations	0					
Total Facilities/Vehicle Expense	16,666	· 15,666			1,000	
Child and Family Related Expense	<u> </u>		· · · · · · · · · · · · · · · · · · ·		-	
ood	0	··				
lousehold Supplies	-0		***************************************			
herapeutic Supplies	ől			- :		
Medications/Personal Supplies	00E,S	1,300			1,000	· · · · · · · · · · · · · · · · · · ·
Child Transportation	1,000		<del></del>		1,000	***************************************
		1,000		•		· · · · · · · · · · · · · · · · · · ·
Surriculum	0					
lassroom Supplies	6,013	<del></del>			6,013	
pecial Events	. 0				<u> </u>	
amily Support	9,313	2 200		····	7,013	······································
otal Child and Family Expense OTAL OPERATING EXPENSE	· \$37,447	2,300 \$28,434	\$0	\$0	\$9,013	

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

ST Connections Intensive Support Services

Appendix B-5, Page 9

Amount	Budget Line item	Description								
darles: FTE's Salary	Total Salery	Responsible for program development and oversignt for all of Seneca's Community Bas-								
0,10 X 5 94,500 E	\$ 9.450 Sen Francisco Program Director	Programs								
015 X \$ 74,650 =	S 11,185 Program Manager	Provides organizational leadership for the operation of the program on a daily basis and oversees the ongoing development of the wrap around program								
100 V 5 50 500	£ 52,600 Clinidens	Provide time-timited child and family series with an emphasis in crisis stabilization and								
1.00 X \$ 52,800 =	\$ 52,800 Clinidians	emergency planning  Provides Family based mental neath counseling, support, case intervention and case								
1 00 X \$ 31,668 ⊨	\$ 31,598 Support counselors	management services to children and lamilies.								
DID X \$ 23,280 =	\$ 3,325 Direct Clerical	Provides on-going administrative support to all staff								
2.35	\$ 108,430 Total Salaries									
2.35 ;.	\$ tho,430 total Salenes	\$ 6,723 6 20% Social Security								
	<b>~</b>	\$ 1,572 1.45% Me@care								
		\$ 271 0.25% Upemployment insurance								
		\$ 7.661 7.25% Wolker Compensation \$ 13,554 12,50% Health Insurance								
•	•	E 1,452 1,35% of Met								
	\$ 31,433 Employee Fringe Benefit Rate	\$ 31,433 29,00% Total Employee Fringe Benefit Rate								
	5 139,662 Total Salaries and Sensitis									
		•								
· · ·	Operating Expenses:									
	\$ 12,000 FadinyLease	\$ 12,000 Monitary Rept of 1000 12 months								
	S 975 Utities	\$ 975 Gas & Electric average \$82/month								
•	\$ 1,910 Expendable Equipment	\$ 1,910 Based on an average of \$160 a month for new equipment								
	S 900 Equipment Rental	900 Remail of Copier and postage machine								
	\$ Ben Building Maintenance	Matrienance for office site (approx \$75/month)								
-	\$ 16,656 Total Occupancy (Feelity and Validia Expense									
•	the state of the s	. •								
	\$ 1,000 Psychiatric Services	\$ 1,000 Based on one hour a month								
•	\$ 3,000 Program Consultation	\$ 3,000 Consultant costs to facilitate a Task Force and training								
	\$ 4,080 Total Contract Services	1111								
	•	• • •								
	•									
•	\$ 1,175 Office Supplies, Postage	Office Supplies and postage for 2.35 wall • 100% (avg of \$500 per stall)								
	\$ 2,180 Telephone	Telephone (kwg. \$1,81 mo)								
·	S 2,825 Staff Travel	Based on average of 2.95 FTE staff for mileage rains, based on \$1200 per F								
•	\$ 568 Staff Training	Training costs for 2.35 employees - 100%								
	\$ 705 Staff Recruitment	Recristing Costs for 2.35 employees -100%								
	\$ 7,468 Total Program Support	The state of the s								
. *	, , , , , , , , , , , , , , , , , , , ,	•								
,	S 2,900 Medication/Personal Supplies	Based on monthly expense of \$191								
	\$ 1,000 Child Transportation	Based on monthly expense of \$83								
•	\$ 6,012 Supplies	Eased on budget of \$100 per clem								
	\$ 9,313	managed at 1 and Res Free Free 119								
	• •									
	\$ 37,447 Tetal Operating Costs	•								

DPH3: Salarles & Benefits Detail

APPENDIX #:

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Document Date:

Provider Number: Provider Name:

38CQ

Seneca Center - Long Term Connections Intensive Support Services

		TOTAL		I Fund & Other Revenue	WORK	ORDER #1:	•	MHSA	GR	ANT #2:	ORK ORDE	R
,	Tern	Proposed ransaction n: 7/1/10-6/30/11	Tı Term	Proposed ansaction : 7/1/10-6/30/11	Tra: Term:	oposed nsaction			Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FIE	SALARIES	FTE	SALARIES	FIE	SALARIES	FIE	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	. 1				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	26,00 970,840			1,50	56,010	0.50	18,670		
QA 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		
	·											
							· ·					
	·											
		· .										
***												
								<u> </u>				
TOTALS	71.60	\$3,204,959	64.00	\$2,866,964	0.00	\$0	4.00	\$171,885	3,60	\$166,110	0.00	\$0
										-		
EMPLOYEE FRINGE BENEFIT	s 29%	\$929,438	29%	\$831,419	29%	\$0	29%	\$49,847	29%	\$48,172	29%	\$0
												e e e e e e e e e e e e e e e e e e e
	r			_	<b>r</b> -		r		٠, ٣	···	; r-	
TOTAL SALARIES & BENEFI	rs (	\$4,134,397	. L	\$3,698,383	L	\$0	Ĺ	\$221,732	L	\$214,282	·	\$0

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

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

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: ne	Work onder
	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: 7/1/10-8/30/11	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	•	<u> </u>
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	. 11,129	11,129	••			
Staff Recruitment	12,000	12,000	•			
Total Program Support	118,773	112,284	0	a,000	3,489	
Facility and Vehicle Expense			•			
Facility Lease	60,000	60,000	•		,	
Utilities	10,400	. 10,400				
Expendable Equipment	8,520	8,520				
Equipment Lease	3,700	3,700				
Bldg. 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	0	•				
Therapeutic Supplies	0					
Medications/Personal Supplies	. <u>0</u> .	• .				
Child Transportation .	0					
Curriculum .	0.					
Classroom Supplies	0					
Special Events .	. 0	••				•
Family Support	0		•			
Total Child and Family Expense	0	0	0	Ō	0	
TOTAL OPERATING EXPENSE	\$424,893	\$405,904	\$0	\$15,500	\$3,489	\$0
DPH #3 (CMHS & CSAS)						#REF1

Provider Number: 38CQ
Provider Name: Sensor Center Long Term Intensive Support Services
Date: 8/15/10

Appendix: B-6, Page 5

alaries; FTE's Se	lerv .	Total Selecy	
	-	•	
0.25 X \$130.0	2 = 00	32,500 Regional Director	Responsible for program revelopment and oversight for all of Senecare Community Based Program
0.56 X \$ 85.0	2 = 00	42,506 Progrem Director	Provides organizational leaquestip for the operation of the program on a daily basis and overview th ongoing development of the water around program.
1,00 X £ 82,1	52 = \$	£3,352 Wrap Service Director	Provides organizational leadership for coordinating Wrep Services
2.00 X \$ 82.4	2 = DG	164,800 Assistant Director/Administrator	Responsible for the everal management and on-going running of several program warms
1.60 X \$ 60,0	00 = £	85,000 Team Supervisor	Listeon between patents and exceptivers to help support and facilitate tamily members of all children errolled in the Connections Program
21.00 X E 46,0	\$ = 52	1,458,187 Care Coordinator/Facilitator	Responsible for the care and stabilization of clients, families and caregivers
4.00 X \$ 51,0	00 ≈ \$	204,000 Family Finding Specialist Supervisor	Listen between class, parents and caregivers to facilitate reunification
28 00 × \$ 37.3	40 = E	1,045.520 Family Finding Specialists/Counselors	Conducts the search for relatives of children who are without parmanent femily connections and assi- in promoting remittestion with families.
1.50 X E 37.0	105 ± \$	55,500 CA BILLING Specialist	Responsible for treaking and billing at services in Program
2.35 × \$ 39.5	31 \$	78,800 Administrative Support	Provides on going aministrative support to all staff
71.60	\$	3,204,958 Total Salaries	
	•		\$ 189,707
			\$ 202,960 7.26% Whether Companied in \$ 400,660 12.50% Health Internation \$ 40,660 12.50% Health Internation \$ 40,207 1.06% other
		929,436 Employee Frings Benefit Flate 4,194,997 Total Salaties and Sanelits	\$ 529.436 29.00% Total Employee Frings Benefit Rate
•	\$	60,000 Facility Lausse	\$ 50,000 Monthly Fient of 5000 "12 poonts
		. 10,400 Utilion	\$ 10,400 Gas & Clonkin everage \$955/month
•	\$ \$	6,520 Expendable Equipment 3,700 Equipment Routed	\$ 9,020 Breed on an everage at \$710 a month (or new equipment flantel of Copies and peatage machine
	\$	12,500 Building Maintenance	Maintenage for office size (approx \$1 Difficiently)
	\$	95,120 Total Occupancy (Facility and Vahicle Expe	
		185,000 Payohleta Services 25,000 Program Consultation	\$ 188,000 Besed on per ciseal of \$1550 multiplied by 120 clients \$ 25,000.00 Consultent costs to facilitate a Yest Force and training
	. \$	211,000 Total Contract Services	Solocitos antimitatione in trenference a user Librid distriction.
		86,486 Office Supplies, Postage *	Office Supplies and postage for 71.5 staff - 100% (any of \$500 per winth
	\$	13,000 Telephone	Telephone (evg. \$1,083 mo)
	٠		\$ 26,105.00 Samed on everage of 80.25 FTE staff for misage reimb, based on \$600 per FTE Besed on School supercised coats, Staff is reimbursed at the current FRS reimbursement
•			rate per mits. Besend on historical averages, staff will be membersed appear \$50/month.
		46,188 Giall Trovel	\$ 10,000.00 Out of Town Travel for Staff and Families \$ 46,155.00
	*	11,120 Staff Training	Casts essectioned with posturating expert transings 7-9 times a year
•	\$_	12,000 Staff Recruitment	Rectaling Costs for 71.6 emptoyees - 100%
	. \$	(18,773 Total Program Support	•
	.*	424,993 Total Operating Costs	

APPENDIX #:

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Document Date:

8/16/10

DPH3: Salarles & Benefits Detail

Provider Number:

Provider Name:

Seneca Center - Long Term Connections Probation Intensive Support Services

			TOTAL	•	al Fund & Other Revenue	WORK O	PRDER #1: DHS	WORK	ORDER #2:	GF	RANT #2:	DRK ORDE	R
		Term	Proposed ansaction : 7/1/10-6/30/11	Tr Term	Proposed ansaction : 7/1/10-6/30/11	Tre Term:	roposed ansaction	Tra Term:	róposed insaction	Tra Term:	roposed insaction 7/1/10-6/30/11	Term:	
	POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
	Regional Director	0.02	2,600	0.02	2,600							<del>                                     </del>	
	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								
74	Care Coordinator/Facilitators	2.70	115,875	2.50	106,605					0.200	9,270		
77	Family Specialist Supervisor	0.40	20,400	0,40	20,400								
_	Family Specialist	1,75	65,818	1,75	65,818								
							<u> </u>						
					4								
						<u>.</u>							
												ļļ	
	TOTALS	5.22	\$233,738	5.02	\$224,468	0,00	\$0	0.00	\$0	0,20	\$9,270	0.00	<del></del>
		_		_		-				_	····		
	EMPLOYEE FRINGE BENEFITS	29%	\$67,784	29%	\$65,096	29%	\$0	29%	\$0	29%	\$2,668	29%	\$0
	•		•	٠		•			•				•
	TOTAL SALARIES & BENEFITS		\$301,522		\$289,564	[	\$0		\$0	[	\$11,958		\$0
	DPH #2 (CMHS & CSAS)					-							#REFI

DPH4: Operating Expenses Detail

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

Provider Number 38CQ

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

•
• •
1
Expenditure Category
Contract Services
Psychiatric Services
Computer and Program Consultant
Total Contract Services
Program Support
Office Supplies
Telephone ·
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
Total Program Support
,
Facility and Vehicle Expense
Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Ml. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
Total Facilities/Vehicle Expense
Child and Family Related Expense
Food
Household Supplies
Therapeutic Supplies
Medications/Personal Supplies
Child Transportation
Curiculum
Classroom Supplies
Special Events
Family Support
Total Child and Family Expense
TOTAL OPERATING EXPENSE
DPH #3 (CMHS & CSAS)

		· · · · · · · · · · · · · · · · · · ·			
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
Term: 7/1/10-6/30/11	Term; 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:
19,300	18,200	1,100			
. 2,200	2,000	200			
21,500	20,200	1,300	0		
0.040	0.0/0	400			
2,610	2,510	100	·		,
1,200 3,612	1,000 3,012	600	· · · · · · · · · · · · · · · · · · ·		
2,000	1,750	250			
1,500	1,200	300			
10,922	9,472	1,450			
103322		1,700			
				·	
0	900	766			······································
1,666	900				
1,850	1,500	`350			
0	0				
0	0	· · · · · · · · · · · · · · · · · · ·			
3,516	. 2,400	1,116	0		
				~ <del>~~~</del>	
. 0					
266		266			
7,665	7,415	250			
1,510	1,510				: 
610	610				
0	0				
0	0	·			
1,150	1,150				·
11,201	10,685	516	. 0	. 0	· · · · · · · · · · · · · · · · · · ·
	16,099.1	2101	U :	· u i	

Provider Number: 38CO Provider Name: Seneca Cemer Date: 8/16/10

Long Term Intensive Probation Support Services

Budgel Amount	Budget Line Nem	Description
Spieries: FTE's Spiery	Total Salary	
0.02 X \$150,000 =	\$ 2,600 Fieglonal Director	Responsible for program development and oversight for all of Sensoa's Community Based Programs
0.05 X \$ 85,000 =	\$ 4,250 Program Director	Provides organizational featership for the operation of the program
0.10 X \$ 83,152 =	S 8,315 Wrap Service Ditector	Provides organizational leadership for coordinating Wrap Services
· 0.20 X \$ 82,400 =	\$ 16,480 Assistant Director/Administrator	Responsible for the overall management and on-going running of several program teams.
2.70 X \$ 42,920 =	\$ 115,875 Care Coordinator/Facilitator	Flesponsible for the care and stabilization of dients, temilies and caregivers
0.40 X \$ 51,000 =	\$ 20,400 Family Finding Specialist Supervisor	Lieison between dients, parents and caregivers to facilitate reunification  Conducts the search for relatives of children who are without permanent family connections
175 X \$ 37,610 =	\$ 65,518 Family Finding Specialists/Counselors	and assist in promoting reunification with tentilles.
5,22	\$ 283,738 Total Spinnles	5 14,492 5,20% Social Security 5 3,386 1,45% Medicare 5 594 0,25% Unemployment insurance 5 10,946 7,25% Worker's Compensation 5 29,217 12,50% Health Insurance 5 3,155 1,35% other
· · · · · · · · · · · · · · · · · · ·	\$ 57,784 Employee Fringe Benefit Rate \$ 301,522 Total Selerise and Benefits	\$ 67,784 28,00% Total Employee Frings Benefit Rate
	Operating Expenses:	
•		Gas & Electric average \$665/morth
•	\$ 1,606 Expensioble Equipment \$ Equipment Rental	\$ 1,655 Based on an everege of \$155 a month for new equipment
	\$ 1,850 Bidding Meintenance \$ 3,516 Total Occupancy (Facility and Vehicle Expense	Repairs for program sile (approx \$154/month)
•	\$ 19,300 Psychlatric Services \$ 2,200 Program Constitution \$ 21,500 Total Contract Services	\$ 19,300 Based on approximately 128 hours of service \$ 2,220.00 Commitant costs to techtiate a Task Ferce and training
	\$ 2.610 Office Supplies, Postage \$ 1,200 Telaphone	Office Supplies and postage for 71.6 staff - 100% (avg of \$500 per staff) Telephone (avg. \$1.083 mo)
•	\$ 3,612 Staff Trevel	Based on average at 5.22 FTE staff for mileage rainth, based on \$690 per FTE
	\$ 2,000 Staff Training \$ 1,500 Staff Recrutances \$ 10,922 Total Program Support	Training coxis for 5.22 employees - 100% Recruiting Coxis for 5.22 employees - 100%
	\$ 256 Household Supplies \$ 7,665 Therepartic Supplies \$ 1,510 Medication/Persahal Supplies	Besed on incidental costs  Avisege spent per month on clients of \$038  Based on average of \$120 month
	\$ 610 Child Transportation \$ 1,150 Special Events \$ 11,201	Based on houdget of \$100 per client
	\$ 47,139 Total Operating Costs	÷
	\$ 348,661 Total Direct Costs ( Salaries & Ber	nefits and Operating Expenses)

DPH3: Salaries & Benefits Detail

APPENDIX #: Document Date:

B-8 Page 1 8/16/10

Provider Number:

8980

Provider Name:

Seneca Center - San Leandro Day Tx Day Treatment Services

		TOTAL		il Fund & Other Revenue	WORK O	RDER #1: DHS	GR	ANT #1:	GF	RANT #2:	DRK ORDE	iR
	· Tr	Proposed ansaction : 7/1/10-6/30/11	Ti Term	Proposed ransaction : 7/1/10-6/30/11	Tra Term: _	roposed insaction	Tra Tërm:	oposed nsaction		roposed insaction		
POSITION TITLE	FTE	SALARIES	FIE	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		·						
Mental Health assistant	0.65	20,584	0.65	20,584	,			· .				
Nurse	0.05	4,052	0.05	4,052	<u> </u>				<del></del>			
4												
	<u> </u>											
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				_ ··			·					
	<del>  </del>										<b> </b>	
											<del>  </del>	
TOTALS	1.39	\$62,906	1.39	\$62,906	0,00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
	Lamber of the lamb											
EMPLOYEE FRINGE BENEFITS	29%	\$18,173	29%	\$18,173	29%	\$0	29%	\$0	29%	\$0	29%	\$0
				•								
TOTAL SALARIES & BENEFITS		\$81,079		\$81,079		\$0		\$0	[	\$0	] [	\$0

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

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

Provider Number 8980
Provider Name: Seneca Center - San Leandro Day Tx Day Treatment Services

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	. WORK ORDER #1: QRS	GRANT#1: na	GRANT #2: na	Work order
	PROPOSED THANSACTION	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:	Term:
Rental of Property	. 0					
Utilities(Elec, Water, Gas, Phone, Scavenger)	0					
Office Supplies, Postage	500	500				
Telephone .	1,200	1,200				
Rental of Equipment	. 0	-			****	
CONSULTANT/SUBCONTRACTOR	1,000	1,000				
PSYCHIATRIST	1,000	. 1,000				
					•	
TOTAL OPERATING EXPENSE	\$3,700	\$3,700	\$0	\$0	\$0	\$0
DPH #3 (CMHS & CSAS)			• - •			

Appendix: B-6, Page 3

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

Аторы Аторы	····		Budget Line Item	Description
alaries: FTE's	Salary	Total Salary	وميان والحارب والموارث والموار	
5.02 X	\$129,500 =	\$ 2,472	Regional Director	Provides organizational (eadership for the operation of the program
0,02 X	\$ 73,900 =	\$ 5,478	Clinical Supervisor	Flesponsible for providing supervision to Team leaders and ensuring Senece's practices temperatures to the supervision of the s
0 85 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 Guidance
0.65 X	\$ 31,688 =	\$ 20,584	Mental Health Assistant	Works as part of a therapeutic team to provide appropriate adult role model for children
D D5	\$ 81,094	\$ 4,052	Nurse .	Responsible and accountable for prescribing, implementing and evaluating the nursing of delivered to offents.
1,39		\$ 62,906	Total Salaries	
•		•		\$ 3,900 6.20% Societ Security \$ 912 1.45% Medicare
	·,			\$ 157 0.25% Workers Compensation \$ 4,601 7.25% Workers' Compensation \$ 7,700 12,50% Health resugning
			Employes Frings Benefit Rate	\$ 849 1.55% other \$ 16,172 20,00% Total Employee Fringe Benefit Rate
		\$ 81,079	Total Salaries and Benefits	
		Operating Expense	<b>s:</b>	
		\$ 1,000	Psychiatric Services	\$ 1,000 Average of \$400 per student based on 2.5 students
			Program Consultation	\$ 1,000 Actual Consultum costs to facilitate program
	•	\$ 2,000	Total Contract Services	•
٠			Office Supplies, Postage	Office Supplies and postage for 1.50 staff - 100% (avg of \$350 per staff) Based on monthly tagge of \$100 month
			ر .	. Social and Hadding country of the Notations
		\$ 1,700	Total Program Support	
•	•			
		\$ 3,700	Total Operating Conta	•
		\$ 84,779	_Total Direct Costs ( Salaries	& Benefits and Operating Expenses)

DPH3: Salaries & Benefits Detail

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

U

Provider Number: Provider Name: 38CA

Seneca Center - Oak Grove Day Tx Day Treatment Services

		TOTAL		al Fund & Other Revenue	WORK O	RDER #1: DHS	GF	IANT #1:	GF	RANT #2;	ORK ORDE	R
	Term	Proposed ransaction : 7/1/10-6/30/11	Ti Term	Proposed ransaction : 7/1/10-6/30/11	Tra	oposed nsaction	Tra	oposed nsaction	Tra	roposed ensaction	Term:	
POSITION TITLE	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES	FIE	SALARIES	FTE	SALARIES
Division Director	0.00	0	•								<del>  </del>	
Program Manager/ Clinical Supervisor	0.01	· 746	0.01	746								
Nurse	0.01	810	0.01	810								
ClinIclan/Therapist	0.10	5,280	0.10	5,280								·
Mental Health Asst./Counselors	0.10	3,169	0,10	3,169								
							·				<del>  </del>	
	<del></del>			<u> </u>	·						ļ	
								·			<del>  </del>	
							—— <u> </u>				<u> </u>	A.A 1
		-	· ·		•	····						
					4							
TOTALS	0.22	\$10,005	0.22	\$10,005	0.00	\$0	0.00	so ]	0.00	\$0	0.00	9
•				•								
EMPLOYEE FRINGE BENEFITS	29%	\$2,767	29%	\$2,767	· 29%	\$0	29%	\$0	29%	<b>\$</b> Q	29%	5
20										•		
	p=		~	<u></u>							· .	
TOTAL SALARIES & BENEFITS	(,,,	\$12,772	Ĺ	: \$12,772	L	\$0	Ĺ	. \$0		\$0		

DPH #2 (CMHS & CSAS)

#REFI

DPH4:	Operating	Expenses	Deta

APPENDIX #: 8-9 Page 2 08/16/10 Document Date:

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

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1: DHS	GRANT #1: na	GRANT #2: na	<b>WORK ORDER</b>
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Calegory	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		<del></del>		
Program Support						
Office Supplies	0					
Telephone	0					
Staff Travel-(Local & Out of Town)	0 0					
Staff Training .	0					
Staff Recruitment	0					
Total Program Support	0	· Q				
					<u> </u>	
Facility and Vehicle Expense	-					
Facility Lease	. 0					
Utilities	0	0			<u> </u>	
Expendable Equipment	0					
Equipment Lease	0					
Bldg. Mt. and Repair	· 0			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
Vehicle Lease/Depreciation						
Vehicle Operations	0					
Total Facilities/Vehicle Expense	0	0		· · · · · · · · · · · · · · · · · · ·		
						}
Child and Family Related Expense						
Food				·	_,,,,,,,,,,,	
Household Supplies .	0				<b></b>	<u> </u>
Therapeutic Supplies	0			4		<u> </u>
Medications/Personal Supplies					<u> </u>	ļ,
Child Transportation						
Curriculum						
Classroom Supplies	- 0	0				
Special Events	- 0					
Family Support	0				<u> </u>	
Tolal Child and Family Expense	0	<u>0</u>	···			
	L				L	l
TOTAL OPERATING EXPENSE	\$300	\$300	. \$0	\$0	. \$0	. \$
DPH #3 (CMHS & CSAS)						·

Provider Number: 38CA Provider Name: Seneda Center Date: 8/16/10

Oak Grove Day Treatment Services

Appendix B-8, Page 3

Amount				Budget Line Nam	Description
slaries: FTE's	Salary		Total Salary	opportunated additions are recovery paying have recovered among APA, Part 1991	
х			•		
0.01 X	\$ 74,550 *	. \$	, 746	Progrem Wenager/Olinician Supervisor	Responsible for providing superasion to Team traders and ensuring Seneca's practices implemented correctly
0,01 X	\$ 81,034 =	. \$	013	Nurse	Hesponsible and accountable for prescribing, implementing and evaluating the nursing delivered to clients.
016 X	\$ 52,800	; <b>\$</b>	5,280	Clinician/Therepist	Responsible for the ongoing mental health services to clients and internal and external communication
0.10	\$ 31,688	\$		Mental Health Ass./counsalors	Works as part of a therapeutic team to provide appropriate adult role model for children
0,22	,	\$	16,005	Total Salaties	
					\$ 620 6.20% Social Security \$ 145 1.45% Medipare
			·	• .	\$ 145 1.45% Medicare \$ 25 0.25% Unemployment Insurance
					\$ . 725 7.25% Workers' Compensation
					\$ 1,217 12,50% Health Insurance .
					\$ 25 0.35% other
		\$		Employee Fringe Benefit Rate	. \$ 2,787 26,00% Total Employee Fringe Benefit Rate
	VII. III.	\$	12,772	Total Sejaries and Behafits	
		Open	nting Expenses	5 <del>1</del>	
				•	
		\$	\$00	Psychiatric Services	\$ 300 Based on one student for 2.5 months
		\$	. 300	Total Contract Services	
•		. · s		Total Operating Costs	·
		-		•	
		\$	13.072	Total Direct Costs (Salaries & Be	nefits and Operating Expenses)

DPH3: Salaries & Benefits Detail

APPENDIX #:

B-10 Page 1

Document Date:

8/16/10

Provider Number: Provider Name:

38CQ

Seneca Center - Parenting Training

		TOTAL	Work	ORDER #1: DHS		( ORDER #2:	GF	RANT #1:	GRANT #2:		DRK ORDE	R
	T Term	Proposed ransaction : 7/1/10-6/30/11	Proposed Transaction Term: 7/1/10-6/30/11		Proposed / Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:		Proposed Transaction Term:	
POSITION TITLE	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES
Parenting Training	1.00	83,408	1.00	83,408								
					· · · · ·							
				-								
					· · ·		i					
							,					
						•						
TOTALS	1.00	\$83,408	1.00	\$83,408	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$(
EMPLOYEE FRINGE BENEFITS	29%	\$24,188	29%	\$24,188	29%	\$0	29%	\$0	29%	\$0	29%[	\$0
					•			٠.				
TOTAL SALARIES & BENEFITS	. [	\$107,596		\$107,596		\$0	[	\$0	. [	\$0		\$(

DPH #2 (CMHS & CSAS)

DPH4: Operating Expenses Detail

APPENDIX #:	
ocument Date:	08/16/10

Provider Numbe	138CQ
Provider Name:	Seneca Center - Parenting Training

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: na	GRANT #2; na	WORK ORDER #1: DHS	WORK ORDER
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PHOPOSED 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					
Jillitles(Elec, Water, Gas, Phone, Scavenger)	. 0					
Office Supplies, Postage	o'	<u> </u>				
Telephone .	600				600	
/ehicle Lease	. 0					·
ehicle Operations	. 0		***			
Staff Training	0					
Aileage Reimbursement	. 0					
Rental of Equipment	. 0					
CONSULTANT/SUBCONTRACTOR	0					
SYCHIATRIST	. 0					
	. 0					
	0					
THER	. 0					
lalf Recrutiment	o o		•			
hild Related -	. 0					
	0					
	0					
OTAL OPERATING EXPENSE	\$600	\$0	\$0	\$0	\$600	······································

Provider Number: 38CQ Provider Name; Sensos Center Date: 8/16/10

Parent Training

Appendix: 8-10, Page 3

Budget Amount							Budget Line Item		Des	cription		
iaries: FTE	E's	···.	Sala	ī <u>y</u>		Total Salary	yr (mannagae program a gan gan gan gan gan gan gan gan gan g					
		<u> </u>			:							
1.0	20. >	(	28,40	<u> </u>	<u> </u>	£3,408	Parent Training		Tot	rovide tra	nining caregivers of young children with emotional and be	eldord latoivarie
	,, , , , , , , , , , , , , , , , , , ,								, <u></u>			
<del></del>										· <del></del>		
1.0	10				\$	83,408	Total Salaries					
									ş	5,171	5.20% Social Security	
							•		4	1,209 209	1.45% Medicare	•
								,		8,047	0.25% Unemployment insurance 7.25% Workers Compensation	
										10,426	12.50% Health Insurance	
									1	1,126	1.35% other	
					5	24,188	Employes Fringe Benefit Rate		\$	24,18E	20.00% Total Employee Frings Benefit Rate	
	****				\$	107,696	Total Salaries and Benefits					<del></del>
					Ор	arating Expense	<b>:</b>					
			1		\$	. 600	Talephone	:		500	Based on one FTE at 50 month .	•
					•	600	Total Program Support				•	
					\$	600	Total Operating Costs					
					\$	108,196	Total Direct Costs (Salai	ries & Ben	etits a	nd Oper	ating Expenses)	

DPH3: Salaries & Benefits Detail

APPENDIX #: 8-11 Page 1

8/16/10

Document Date:

Provider Number: Provider Name:

3BHD

Seneca Center - MST

•		TOTAL -		al Fund & Other Revenue	GF-C	Cost Based	GI	RANT #1:	WORK	ORDER #1:	WOR	K ORDER #2:
	Term	Proposed ransaction ransaction	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term; 7/1/10-6/30/11		Tri Term: _	roposed insaction	Proposed Transaction Term:		Proposed Transaction Term:	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES
	-						_					
MST Supervisor	0.80	44,000	0.40	22,000	0.40	22,000						
MST Clinician	2.50	132,000	1.25	66,000	1.25	66,000			·			
Direct Clerical	0.65	21,632	0.40	13,312	0,25	8,320						
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·												
TOTALS	3.95	\$197,632	2.05	\$101,312	1.90	\$96,320	0.00	\$0	0.00	\$0 j	0.00	\$0
	-		-	•	-		r		r		r-	
EMPLOYEE FRINGE BENEFITS	29%	\$57,313	29%	\$29,380	29%	\$27,933	29%	<u>\$0</u>	29%	\$0	29%	\$0
		•	. •						•			
TOTAL SALARIES & BENEFITS	Ė	\$254,945	. [	\$130,692		\$124,253	[	\$0	·	\$0		\$0
DPH #2 (CMHS & CSAS)				•	•							#REF!

m	DMA.	Orenati	ne Ew	penses	Datal

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

Provider Number 8989
Provider Name: Seneca Center - CTF Unit SF

Expenditure Category .
Contract Services
Psychiatric Services
Program Consultation
Compuler and Program Consultant
Program Services(Speech, Trans.)
MST contract Services
Total Contract Services
Program Support
Office Supplies
Telephone
Staff Travel-(Local & Out of Town)
Staff Training
Staff Recruitment
Total Program Support
Facility and Vehicle Expense
Facility Lease
Utilities
Expendable Equipment
Equipment Lease
Bldg. Mt. and Repair
Vehicle Lease/Depreciation
Vehicle Operations
Total Facilities/Vehicle Expense
Child and Family Related Expense
Family Service Fund
Child Behavior rewards
Special Events
Total Child and Family Expense
TOTAL OPERATING EXPENSE

DPH #3 (CMHS & CSAS)

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	
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	Term:	Term:	
0						
10,400	5,400	5,000				
0			······································			
0	<del></del>		······································	<del> </del>	\	
28,084	15,124	12,960	Windows Williams			
38,484	20,524	17,960				
	•				İ	
1,675	1,025	650				
2,850	1,710	1,140	•			
3,020	3,020	0	·			
1,500	1,100	400				
1,425	1,425					
10,470	8,280	2,190	**************************************			
					·	
0						
. 0						
2,780	1,500	1,280	***************************************		·	
1,620	900	720	•	<u></u>		
0			-	ļ		
0						
0	8 400					
4,400	2,400	2,000				
			· · · · · · · · · · · · · · · · · · ·			
2.000	4 FF7	4 4 6	· · · · · · · · · · · · · · · · · · ·			
3,000	1,557 682	1,443	· · · · · · · · · · · · · · · · · · ·			
2,000		1,318		· · · · · · · · · · · · · · · · · · ·		
500 5,500	500 2,739	2,761				
	\$33,943		\$0	\$0	\$0	
\$58,854	\$33,943	\$24,911	φυ	ąν	20	

Provider Number: 38HD

Provider Name: Sensos Center Date: 8/16/10

Appendix: 8-11, Page 3

Amount			B	udget Line Item	Des	cription	·
laries: FTE's	Salary		Total Salary	•			
							for maintaining a program designed to make positive change in the social syste
D 80 X	\$ 55,000 =	<u> </u>	44,000 iv	ST Supervisor			inicians and direct defical
2.50 X	\$ 52,800 =	5	192,000 5	AST Clinician		cal treatm	assessments. Engage plimary meregiver and other participants, provide direct
	,u		102,000 10	TO 1 CALL MANAGEMENT			
0.65 X	\$ 33,280 •	\$	21,632 (	ired Clental	위이	ides on -	going administrative support to all steff
B 0F				traded Study allow			
3.95		\$	181,005 1	otal Salaries	ŧ	12,253	5.20% Social Security
				1*	Ě	2,686	1,45% Medicare
				•	2	494	0.25% Unemployment Insurance
		•			8.	14,328	7.25% Workers' Compensation
			•		\$`	24,704	12.50% Health Insurance
		\$	67 me 5	Imployee Fringe Benefit Rate		2,666 57,313	1.35% other 29.00% Total Employee Frings Benofit Flate
·	<del>~;·</del>	<del></del> -		otal Salaries and Benefits	<del>-</del> -	21,212	\$3,00 % Trust Establish Lating Deligness and
•			•				• •
		Operati	ng Expenses:				•
				•			•
		\$	2750 F	xpendable Equipment	8	2,780	Based on an average of \$281s month for new equipment
		\$		риза возве	3	1,620	Frental of conier machine
•		•	,,,,,	•	_	-,	,
		\$	4,400 T	otel Compancy (Feolity and Vehicle Expanse			
		s	28.084 &	IST Contract Services	. 8	28,084	Monthly MSt consultation and language transalation services
		\$		ragism Consultation		10,400.00	
•		*		otal Contract Services	_	12,000,00	s accept and the
	•	•	441.44				•
		\$	1 675 (	Office Supplies, Postage			Office Supplies and posuage for 3.95 staff - 100% (avg of \$425 per staff)
		•	1,015				This includes all deak, copier and computer supplies
			•		٠		
			•				
		s		el <del>ep</del> hone			Telephone (evg. \$ 235 mo)
		•	2,000 (				resolutions (on the \$ 500 Her)
	•						
		¥	3,020 €	itali Trevel .			Based on Travel of 3.3 straff, average of approx \$75 month per staff Based on acrual expected costs. Staff is reimbursed at the current IPS reimbursement
							rate per mile. Based on historical everages stall will be reimbureed appox. \$120/mon
							- The second supposed the second supposed supposed the second supposed the second supposed supposed supposed the second supposed
	:						
		\$		Staff Training			Cost associated with conducting an expert training per year
	•			Staff Recruitment.			Recruding Coets for 3,05 employees - 100%
		\$	10,470	Total Program Support			
							•
	•	2	9,000 f	Family Service Fund			Based on \$200 per Femily
	,	£		Diski Behaviotel Award			Breed on 15 clents average award \$193 per client
	•	s		Special Events			actual expenses
• •		\$	5,500			•	•
		s	58,854	Fotol Operating Costs			
		-		,			
		\$		Total Direct Costs (Salaries & Ben			boffing Change and

DPH3: Salaries & Benefits Detail

APPENDIX #: Document Date:

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Provider Number: Provider Name:

38HD Seneca Center - MHSA & PEI

•			<u> </u>				•					
	TOTAL			il Fund & Other Revenue	WORK	CORDER#1:		MHSA	MHSA Rolloyer		DRK ÖRDER	
		Proposed		Proposed	Proposed		Pr	oposed	Pi	oposed	†	roposed
		ransaction		Transaction		Transaction		nsaction		nsaction	Transaction Term:	
	Term	: 7/1/10-6/30/11	Term: 7/1/10-6/30/11		Term:		Term:	7/1/10-8/30/11	Term:	7/1/10-6/30/11		
POSITION TITLE	FIE	SALARIES	FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES		FTE SALARIES	
											-	
Assessment Specialist	1.00	48,000	0.18	8,640			0.62	29,760	0.200	9,600		
Youth Family Advocates	3.15	151,200	0.57	. 27,216			1.95	93,744	0.630	30,240		,
Family Partner		0	0.00	. 0								
Program Supervisor	0.75	48,750	0.14	8,775	,		0.47	30,225	0.150	9,750		
4		0		•								
4 8 6 <u>MST</u>		o										
MST Clinician	1.00	48,000	0.18	8,640			0.62	29,760	0.200	9,600.		
										•		
	<u>.</u>									<del></del>		
												·
					-							
						•						
TOTALS	5.90	\$295,950	1.06	\$53,271	0.00	\$0	3.66	\$183,489	1.18	\$59,190	0.00	\$0
	•			•	•							
EMPLOYEE FRINGE BENEFITS	29%	\$85,826	29%	\$15,449	29%	\$0	29%	\$53,212	29%	\$17,165	29%	\$0
	***************************************			·	•	•						
	٠		,				<b>p-</b> -			· · · · · · · · · · · · · · · · · · ·		
TOTAL SALARIES & BENEFITS	Ĺ	\$381,776		\$68,720	Ĺ	\$0		\$236,701		\$76,355	[	\$0
	•		-	•	-	•	_		-			

DPH #2 (CMHS & CSAS)

DPH4:	Operating	Expenses	Detail

APPENDIX #: B-12 Page 2
Document Date: 08/16/10

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

Expenditure Category
Office Supplies, Postage
Printing and Reproduction .
Staff Training
Stalf Travel-(Local & Out of Town)
Rental of Equipment
Contract Expense
Telephone/Communication
Staff Recruitment
OTHER
Child Related
TOTAL OPERATING EXPENSE
DPH #3 (CMHS & CSAS)

		*	·	•		
TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	WORK ORDER #1:	мняа	MHSA Rollaver	WORK ORDER	
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	Termi	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term:	
2,969	950		. 758	1,261		
. 3,125	. 1,351		621	1,153	•	
1,587	148		585	854		
7,125	2,141		1,956	3,028		
5,625	2,855		. 379	2,391		
3,750	1,199		957	1,594		
3,563	1,066		983	1,514		
2,672	1,236	•	300	1,136		
. 0						
. 32,652			. 32,652		*****	
		*	•			
\$63,068	\$10,946	\$0	\$39,191	\$12,931	\$0	

Provider Number: 38HD Provider Name: Benson Center Date: 8/15/10

MHSA PE & I

Appendix: 6-12, Page 3

State FTE v State Total State Total State Total State	Budget Amount	<del>************************************</del>		Budget Line frem	Description	
3.15 X \$ 48,000 = \$ 151,200 Youth Family Advocation Provide planning and activities, youth encoding for youth and family Advocated and the traphs.  1.00 X \$ 48,000 = \$ 45,000 MST Chirplan  Will provide intensive family relevention for youth and Family Advocated and the traphs.  1.00 X \$ 48,000 = \$ 45,000 MST Chirplan  Will provide intensive family relevention for youth a swelloning back to the community  5.50 \$ 255,550 Total Salarios  \$ 10,000 MST Chirplan  \$ 100 MST Chirplan  \$ 10,000 MST Chirplan	interies: FTE's	Salary	Total Salar	Y		
D.75 X \$ 66.000 = \$ 46,750 Program Strenvoor Stopwises the Assessment Specialist, Youth and Family Attrocated Entraphyt.  1.00 X \$ 46,000 = \$ 46,000 MST Clincian  Will provide immerses family intervention for youth sensitioning back to the concernaty.  5.90 \$ 265,550 Total Salaries  \$ 1,000 MST Clincian  \$ 2,000 MST Clincian  \$ 3,000 MST Clincian  \$	100 X	\$ 48,000 =	\$ 48,000	Assessment Specialist	Master's level of	incien who is certified to summister the CAN assessment for denied youth.
1.00 X \$ 48,000 = \$ 48,000 MST Cliricals  \$ 286,550 Total Salarina  \$ 1 1,000 MST Cliricals  \$ 286,550 Total Salarina  \$ 1 1,000 MST Cliricals  \$ 286,550 Total Salarina  \$ 1 1,000 MST Cliricals  \$ 2,000	3.15 X	\$ 48,000 =	\$ 151,200	Youth Family Advocates	Provide planning	g and advocacy, and service finlages for yours and their (anily sect); year
\$ 255,550 Total Salarios  \$ 10,000   \$ 255,550 Total Salarios  \$ 10,000   \$ 1	0.76 X	\$ 66.000 =	\$ 46,750	Program Supervisor	Supervises the	Assessment Specialist, Youth and Family Advocated and therapist,
\$ 250,550 Yold Salarisa  \$ 10,555 Employee Friga Banelli Fata \$ 2,000 Signed \$ 3,760 Command September and Baselite  \$ 2,760 Command September \$ 3,760 Command Septembe	1.00 X	\$ 48,000 =	\$ 48,0X	MST Clinician	Wit provide inte	naive family intervention for youth transitioning back to the community
### 1.50   1.50						
\$ 21,450 C. 100 Comments and Search S	δ.90		\$ 295,550	Total Salaries	£ 16,849	6.20% Stolel Security
\$ 10,005 Employee Frigge Benefit Rate \$ 1000 Femild of copier machine.  \$ 1,000 Femild					\$ 746 \$ 21,460	0.26% Untemployment incurence 7.25% Workers' Companiention
Constant Expenses:  \$ 2,035 Equipment issues \$ 1 000 Feated of copier mechine.  \$ 5,035 Equipment issues \$ 1 000 Feated of copier mechine.  \$ 3,750 Contract Services \$ 0,700 Monthly MSI consulations and tenguage is inextines.  \$ 3,750 Contract Services  \$ 2,860 Office Supplies, Prenings  \$ 0,600 Telephone Office Supplies and positings for X,00 staff - 100% (say of X500 per staff) The interface off deat, copier and congrutes supplies  \$ 0,600 Telephone Telephone Office (eq. 5 216 mg)  Costs mescolated with developing printed materials for conjugate.  \$ 7,125 Staff Training  \$ 1,600 Staff Training  \$ 1,600 Staff Training  \$ 1,600 Staff Training  \$ 2,072 Staff Resistment  \$ 21,140 Total Program Support  \$ 12,000 Total Program Support  \$ 32,000 Telephone Telephone Telephone Telephone Telephone from the per miss. Beamed on actual supplies and cortex staff with per staff to continuous and telephone telephone. \$100 months are missing per year.  \$ 1,000 Staff Training  \$ 1,000 Staff			\$ 85,92	Employee Fritzs Esnell fixte		
\$ 0,625 Equipment innex \$ 1,000 Femiled of copier modifies \$ 0,700 Contract Sprvious \$ 3,700 Contract Sprvious \$ 3,700 Contract Sprvious \$ 2,600 Office Supplies, Prentage \$ 2,600 Office Supplies, Prentage \$ 0,500 Telef Contract Sprvious  \$ 0,500 Telef Contract Sprvious  \$ 0,500 Telef Contract Sprvious  \$ 0,500 Telefonce \$ 0,100 Printing and postage for K.00 s.inf( - 100% (erg of \$5.00 per staff) The intertaction of sets, copier and congreter supplies Telefonce (mg. S 21% mg) Code: mesociated with convecting printed motivated by printing motivated for concernate.  \$ 7,120 Steff Tracing \$ 1,500 Steff Training \$ 1,500 Steff Training \$ 2,000 Steff Training \$ 0 cost secondard with contracted with convent IRD reinfurcement Telefonce (mg. S 20% on secondard with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted and printing of costs. Steff is refinitive and at the current IRD reinfurcement Telefonce (mg. S 20% on secondard with contracted with contracted with contracted with contracted with contracted with contracted with contracted with contracted with providing per views Recruiting Costs for 3.90 employeds - 100% and charged to the program. Cost are based on this costs as exercised of monthly, and charged to the program. Cost are based on this costs as exercised as a series of a house of a house costs.						
\$ 0.525 Total Occupancy (Facility and Vahiole Expanse \$ 3,760 Contract Services \$ 3,760 Contract Services \$ 2,660 Office Supplies, Plentage \$ 0,560 Total Contract Services  \$ 2,660 Office Supplies, Plentage \$ 0,560 Telephone \$ 0,560 Telephone \$ 0,560 Telephone \$ 0,560 Telephone \$ 0,125 Piniting and Production \$ 0,125 Piniting and Production \$ 0,125 Piniting and Production \$ 0,560 Stell Training \$ 1,560 Stell Training \$ 1,560 Stell Training \$ 2,000 Stell Training \$ 1,560 Stell Training \$ 2,000 Stell Training \$ 1,560 Stell Security Security Stell Security Stell Security Stell Security Security Security Stell Security Secu		•	Operating Expens	·		
\$ 3,750 Contract Services  \$ 0,760 Monthly MSt consediction and lenguage is smarthion services  \$ 0,760 Office Supplies, Postage  Colline Supplies and speakage for 8,60 citeff - 100% (evg of \$5.00 per staff) The intuities off deat, popier and pomprior supplies  \$ 0,560 Telephone \$ 3,125 Printing and Production  \$ 7,120 Staff Training \$ 1,560 Training \$ 1,560 Staff Training \$ 1,560 Training \$ 1,560 Training \$ 1,560 Staff Training \$ 21,040 Total Program Support  \$ 32,652 Cited Related  This is a reflected coets, Staff as refinitive and at the our anti-RB reimbursement raising the pomprior supplies  Record on actual expected coets, Staff as refinitive and at the our anti-RB reimbursement rais per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per mile. Beautiff and per visit		•	\$ 5,62	i Equipment human	\$ 1620	Hentel of copier machine
5 0.760 Total Contract Services  5 0.760 Office Supplies, Pontage  6 0.760 Office Supplies, Pontage  7 100 Office Supplies and speakage for 8.00 staff - 190% (avg of \$500 per staff) The industes all deak, copies and computer supplies  8 0.760 Telephone  9 0.760 Telephone  1 100 Octa mescricted with developing primed materials for concurrents.  9 7.100 Staff Travel  1 1.400 Staff Training  1 1.400 Staff Training  1 1.400 Staff Training  2 1.700 One associated with middle averages, staff will be reimbursed appear, \$120/month  9 1.700 Staff Recultment.  1 2.700 Total Program Support  1 32.002 Chird Related  1 This line relikots coats associated with providing verices brings for youth and their families These coats associated with providing verices brings for youth and their families These coats associated with providing verices brings for youth and their families These coats associated with providing verices brings for youth and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats associated and their families These coats are collected monthly and charged to the program. Cost are based on thintoxicial assertages around \$100, however there is a winds range of of actual coats.			\$ 6.62	Total Occupancy (Facility and Validole Expansi	,	•
Cilion Supplies and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes all deat, popier and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes and postage for X-00 sinff - 100% (sog of \$5.00 per staff) The industes and postage for X-00 sinff sog of staff and sta	•		\$ 3.75	Contract Services .	\$ 3,760	Monthly MSI consideration and renging a translation verview
The industies All deak, popier and pomputer supplies  \$ 0,583 Telephone \$ 0,785 Priviling and Production  Coate responded with developing priving materials for consumets.  \$ 7,120 Stell Travel  \$ 1,690 Stell Training  \$ 1,690 Stell Training  Coate respectated with anothering an expect priviling per year  \$ 1,690 Stell Training  Coate respectated with anothering an expect priviling per year  \$ 1,690 Stell Training  Coate separation on distortions in support priviling per year  \$ 21,000 Total Program Support  This line reflects posts accordanted with producting arraigned in the program. Cost are based on distortions awarded except triving and charged to the program. Cost are based on distortions awarded except the a wide range of a social coate.  \$ 02,057 Teles Operating Costs  \$ 03,057 Teles Operating Costs			\$ 3.76	Total Contract Services		
\$ 0,582 Telephone \$ 0,582 Tele			\$ 2.96	e Office Supplies, Poetage		
\$ 7,120 Stell Travel  \$ 1,800 Stell Training  \$ 1,800 Stell Training  \$ 2,072 Stell Repulsioned  \$ 21,040 Total Program Support  \$ 32,052 Chird Related  This in a reflects posted an extract and program. Cost are based on bistorical averages cround \$100, however there is a wide range of all actual costs.  \$ 32,052 Total Operating Costs  \$ 32,057 Total Operating Costs  \$ 32,057 Total Operating Costs	·	•		· · · · · · · · · · · · · · · · · · ·		Telephone (mg. \$ 218 mg)
\$ 1,900 Stoll Training Costs proceed on historical averages stoll will be reimbursed appear, \$120/monits \$ 2,072 Stall Requirement Reculting Costs proceed on historical averages stall will be reimbursed appear, \$120/monits \$ 21,040 Total Program Support  \$ 32,052 Chief Related This are reflects costs associated with providing services linkage for youth and their families These costs are octoeded monthly and changed to the program. Cost are based on historical averages around \$100, however there is a wide range of a control costs.  \$ 32,052 Total Operating Costs			\$ 4,12	5 Printing and Production		Costs respectated with developing printed materials for consumats.
\$ 1,000 Stoff Training Costs associated with providing an expert training per year \$ 2,072 Stoff Recriftment. Heartiful Costs for 5,00 employees - 1,00% \$ 21,040 Total Program Support  \$ 32,052 Chird Related These costs associated with providing services linkage for youth and their families These costs are ordered monthly and charged to the program. Cost are based on historical averages around \$100, however there is a wide range of a Astud costs.  \$ 02,652 \$ 63,057 Total Operating Costs			\$ 7,12	5 Stell Trevel		
\$ 21,040 Total Program Support  \$ 32,032 Child Related This line reflects poets associated with providing services linkage for youth and their families These costs are polacided monthly and charged to the program. Cast are based on bisconicist averages around \$100, however there is a wide range of all Actual occus.  \$ 32,052 \$ 63,057 Total Operating Costs	•		\$ 1,58	e Stell Training	1	
\$ 32,652 Clind Related  This line reflects conts accolerated with providing services linkage for youth and their families  These costs are ordered monthly and charged to the program. Cost are based on this torical averages around \$100, however there is a wide range of a Actual costs.  \$ 92,652 \$ 63,057 Total Operating Costs		•			. 7	Recruiting Cooks for 5.90 employees - 100%
These costs are polected monthly and charged to the program. Cost are based on fisherinal averages around \$100, however there is a wide range of a notuci costs.  5 D2,652  \$ 63,057 Total Operating Costs			°\$ 21,04	C Total Program Support		•
\$ 02,652 \$ 63,057 Tatal Oppreting Costs			\$ 32,65	2 Child Related	•	
\$ 63,057 Total Operating Costs						historical averages around \$100. however there is a wide range of of actual ocuss.
		. :	\$ 92,68	2		
\$ 444,843 Total Direct Costs ( Salaries & Benefits and Operating Expenses)			<b>\$</b> 63,00	7 Total Operating Costs		
		•	\$ 444,84	Total Direct Costs (Salaries & Br	melits and Ope	erating Expenses)

#### DPH 6: Contra Vide Indirect Deta

	'Vide Indirect Detail	
CONTRACTOR NAME:Senecs Center		8/16/201
DATE: 8/16/10	FISCAL YEAR: 2010/201	1
LEGAL ENTITY #:00115	· · · · · · · · · · · · · · · · · · ·	
SALARIES & BENEFITS		
Position Title	FTE	Salaries
Executive Office	0.63	105,84
Information Technology (IT Dept)	2.41	159,84
Accounting	2.67	106,80
Human Resources	1.91	76,40
Administrative Support	4.59	183,60
Centralized Quality Assurance	- 1,88	100,84
EMPLOYEE FRINGE BENEFITS		
TOTAL SALARIES & BENEFITS	<u> </u>	945,98
2. OPERATING COSTS  Expenditure Category	Amount .	
itract Service	\$ 16,863	
Meetings & Conf.	\$ 19,007	
Office Supplies	\$ . 16,800	
Occupancy	\$ 17,000	
Insurance	\$ 24,560	
Program Consultation	\$ 23,200	
TOTAL OPERATING COSTS	\$ 117,430	,
TOTAL INDIRECT COSTS	\$ 1,063,422	•
(Salaries & Benefits + Operating Costs)	•	



# CERTIFI: ATE OF LIABILITY INSURANCE

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 JELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

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

PRODUCER		626-405-8031	CONTACT NAME:	
Chapman		626-405-0585	PHONE FAX [A/C, No. Ext]: (A/C, No):	· · · · · · · · · · · · · · · · · · ·
License #	0522024	•	E-MAIL	
P. O. Box Pasadena	5455 , CA 91117-0455	•	ADDRESS: PRODUCER CLISTOMER ID #: SENEC-1	,
Troy Win!			INSURER(S) AFFORDING COVERAGE	NAIC#
INSURED	Seneca Center		INSURER A: American Home Assurance Co	·
	2275 Arlington Drive		INSURER B : NIAC	
•	San Leandro, CA 94578	•	INSURER C: National Union Fire insurance	19445
		•	INSURER D:	
			INSURER E:	
			INSURER F;	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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

INSR LTR			SUBR	POLICY NUMBER	POLICY EFF (MM/OD/YYYY)		LIMIT		
LTR	GENERAL LIABILITY	INSR	WVD	POLICY NUMBER	(MM/DD/YYYY)	(MM/DD/YYYY)	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		1	201000557NPO	07/01/10	07/01/11	PERSONAL & ADV INJURY	\$	1,000,000
			ļ				GENERAL AGGREGATE	\$	2,000,000
1	GEN'L AGGREGATE LIMIT APPLIES PER:			•		]	PRODUCTS - COMP/OP AGG	\$	2,000,000
	POLICY PRO-		ľ					S	
	AUTOMOBILE LIABILITY	X		204000557NDO	07/01/10	07/01/11	COMBINED SINGLE LIMIT (Ea accident)	\$	1,000,000
В	X ANY AUTO	١.		201000557NPO	07/01/10	07/01/11	BODILY INJURY (Per person)	\$	
	ALL OWNED AUTOS .	•	1	•			BODILY INJURY (Per accident)	\$	
	X HIRED AUTOS						PROPERTY DAMAGE (Per accident)	\$	
	X NON-OWNED AUTOS			}	(	1		\$	<del></del>
	X comp \$500			:				\$	······································
	UMBRELLA LIAB X OCCUR						EACH OCCURRENCE	S	4,000,000
В	EXCESS LIAB CLAIMS-MADE			201000557UMB	07/01/10	07/01/11	AGGREGATE	\$	4,000,000
15	DEDUCTIBLE	l	1	20 1000337 O RID	01101110	0370171		\$	
1	RETENTION \$		<u> </u>	-		<u> </u>		\$	•
-	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						X WCSTATU- OTH-		
Α	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A		WC0834106	11/01/10	11/01/11	E.L. EACH ACCIDENT	\$	1,000,000
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	1770					E.L. DISEASE - EA EMPLOYEE	5	1,000,000
ľ	If yes, describe under DESCRIPTION OF OPERATIONS below		<u>i</u>	1			E.L. DISEASE - POLICY LIMIT	\$	1,000,000
C	Crime/Employee Dis		1	067766440	09/10/10	09/10/11	Emp Disho .		850,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
San Francisco Department of Public Health is named additional insured with
respect to the Automobile Liability policy of the named insured per the
attached Auto Al endorsement. Workers Compensation coverage excluded,
evidence only. 10 days notice of cancellation for non-payment of premium.

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#### CANC

SANFR-3

#### CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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### 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.

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Page 1 of 1

City and County of San Francisco
Office of Contract A dministration
Purchasing Division
City Hall, Room 430
1 Dr. Cariton 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 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

1

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 30<sup>th</sup> 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 30<sup>th</sup> 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: (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

2

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

CONTRACTOR

Seneca Center

MITCHELL H. KATZ, M.D. . Director of Health Approved as to Form: DENNIS J. HERRERA City Attorney 10/4/10 Deputy City Attorney Approved: Director Office of Contract Administration and Purchaser Appendices Services to be provided by Contractor Calculation of Charges B: -N/A (Insurance Waiver) Reserved Additional Terms D: HIPAA Business Associate Agreement E: F: Invoice' G: Dispute Resolution H: Private Policy Compliance

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

City vendor number: 24631

21 -

**Emergency Response** 

I:

CITY

Recommended by:

# Appendix B Calculation of Charges

#### 1. Method of Payment

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

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

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

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

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

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

#### B. Final Closing Invoice

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

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

#### (2) Cost Reimbursement:

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

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

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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 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Sixty 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.

(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
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.

# FY 13-14 CBHS BUD. .. DOCUMENTS

					n Contract Budge	et Summary			•		
DHCS Legal Entity Number (MH): 0		Prepa	ared By/Phone #:		js/ 510-300-6325					Fiscal Year:	13/14
DHCS Legal Entity Name (MH)/Contractor Name (SA): 5	Seneca Center			Document Date:	6/30/2014						
Contract CMS # (CDTA use only): 6	6941				·						
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		FMP (a) & Crisis	Parenting Training		] !	. 1
· 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 ·	3BCQ	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	TOTAL
INDING USES	· · · · · · · · · · · · · · · · · · ·			-							
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		36,166		69,722				27,059		814,979
Capital Expenses:	<u> </u>			000,001		1,001	,0,,00	<del> </del>	21,000	10,020	014,575
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			7,006					924.04
Indirect Expenses.	12%	12%	12%	12%		12%					12
TAL FUNDING USES	832,959	420,987	451,124	5,330,124	604,800	65,390	223,003	1	212,447		8,624,3461
777111111111111111111111111111111111111	,			-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	30,/14.00			1,0,000		ringe Benefits %:	25
3HS MENTAL HEALTH FUNDING SOURCES					<del>                                     </del>			<del> </del>	Linployee	Tange Beriette 70.	
H FED - SDMC Regular FFP (50%)	356,682	210,494	215,134	2,528,239	238,548	32,695	82,251	0	22,577	24,860	3,711,480
H STATE - PSR - EPSDT	321,014	189,444	81,120		214,694	29,425					3,227,832
H STATE - Family Mosaic Capitated Medi-Cal	021,014	0	01,120		217,007	20,720	50,000				50.000
H WORK ORDER - Human Services Agency (Match)	36,305	21,049	9,013		23,515	3,270		<del></del>	- 0	1	334,161
H WORK ORDER - Human Services Agency (Match)	30,303				20,010	3,270		<u></u>		1	112,200
	0				1 0	<u> </u>				1	
H STATE - MHSA (CSS)				2.0,0.0	<u> </u>	0	l	·		1	273,648
H STATE - MHSA (PEI)	0	<u> </u>	<u> </u>		<u> </u>		· · · · · · · · · · · · · · · · · · ·	<u></u>		319,908	319,908
H PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster	0	<u> </u>	445 057	0		U	8,500			0 200	8,500
H COUNTY - General Fund	113,946		145,857	11,815	128,043	U	8,225		1	2,486	579,922
H COUNTY - General Fund WO-CODB	5,012	0				05.000	200 000	1,683			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	212,447	369,629	8,624,346
BHS SUBSTANCE ABUSE FUNDING SOURCES		ļ		<u> </u>	ļ	ļ	<del>                                     </del>	<del> </del>			
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OTAL DPH FUNDING SOURCES	832,959	420,987	7 451,124	4 5,330,12	4 604,80	65,390	223,00	3 113,88	212,44	7 369,629	8,624,346
ON-DPH FUNDING SOURCES				T		ŀ		1			
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OTAL NON-DPH FUNDING SOURCES	(	) (		0 (	D T		0	0		0 0	0
OTAL 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

# **FY 13-14 CBHS BUDGET DOCUMENTS**

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

DHCS Legal Entity Name (MH)/C	entractor Name (CA):		remigration of		<del>'</del>	Appendix/Page #:	B-1, Page 1
Dhos Legal Entity Name (Min)/C	Seneca Center/Sen Fran		Document Date:	6/30/2014			
,	38CQ	asco Connections:			Fiscal Year:	13/14	
	· TBS		· · · · · ·		Tiscal Feat.	13/14	
Program Code (for	Program Name: nerly Reporting Unit):	38CQ5					····:
	MH) or Modality (SA)	.15/58					
Wode/SFC	Service Description:	TBS	- 0		0	· · ·	TOTAL
<u> </u>							
	FUNDING TERM:						
FUNDING USES			門的最初時代等的	SPERMENT OF THE	<b>《新式器件》(1993)</b>	的語句的對於可能的	
	& Employee Benefits:	712,423					712,423
	Operating Expenses:	31,291			<del></del>		31,291
	greater than \$5,000):	0					0
Subto	tal Direct Expenses:	743,713	.0	0	0	· 0	
	Indirect Expenses:	89,246					89,246
101	AL FUNDING USES:	832,959	0	0	0	0	832,959
	Index						
	Code/Project						
CBHS!MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	ENTROPE DESCRIPTION		1985 P. P. P. P. P. P. P. P. P. P. P. P. P.	作完性相對原門數	Laborated market consider	
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	356,682					356,682
MH-STATE-PSR-EPSOT	HMHMCP751594	321,014		, , , , , , , , , , , , , , , , , , , ,			321,014
MH WORK ORDER - Human Services Agency (Match)	нмнмснмтснwо			•	•		36,305
	HMHMCP751594	113,946					113,946
MH COUNTY - General Fund WO-CODB	HMHMCP751594	5,012					5,012
TOTAL CBHS MENTAL HEALTH I		832,959	•	-	•	-	832,959
	Index		21.24.25	CALLES TO SECURE		SALVEST CONTRACTOR	
	Code/Project		and the second		14,325,640		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:	<b>非常特别的19</b> 25年5	THE PERSON NAMED IN	6. 种类种 10 世中	1000年的1000年	<b>海水温料图的水料</b> 。	<b>全国国际</b> 中国国际中国
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	Index						
	Code/Project	ASSESSMENT OF THE SECOND					\$10.4 B. 4.5 S.
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	<b>医马克特斯特尼克克</b>					<b>建物的流流性</b>
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TOTAL OTHER DPH-COMMUNITY PROGRAMS					-	<b>H</b>	-
	FUNDING SOURCES		-		-	-	832,959
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TOTAL NON-DPH FUNDING SOURCES		-	0	0	0	. 0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		832,959	-		-		832,959
CBHS UNITS OF SERVICE AND UNIT COST	<u> </u>	,					elet more allemants
Number of Beds Pu	rchased (if applicable)	1	1				APPROXIMA
Substance Abuse Only - Non-Res 33 - ODF # of Gro		1				160011001100	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with		<del> </del>				ALTONES I	
Cost Reimbursement (CR) or F					l	PARTON OF THE PAR	
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<del> </del>	DPH Units of Service Unit Type					l	
Cost Per Unit - DPH Rate (DPH FUND				0.00			
Cost Per Unit - Contract Rate (DPH & Non-DPH F				0.00	0.00		
	di-Cal Providers Only)		<del> </del>	0.00	5,00	0.00	Total UDC:
	licated Clients (UDC)				<u> </u>		10tal DDC:
Undup	modeu onenis (UDC)	.) 95	<u>'1</u>	1	1	1	1 90

# FY 13-14 CBHS BUD C DOCUMENTS

DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-1 Page 2

	•	TOTAL	General Fund HMHMCP751594		Work Order HSA HMHMCHMTCHWO		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Index	ource 3 (Include Source Name and c Code/Project tall/CFDA#)	Funding Source 4 (Includ 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	
sst. Director	0.70	\$ 49,000	0.70	\$ 49,000								<del></del>	
BS Clinician	7.84	\$ 438,938	7.43	\$ 416,083	0.41	22,855				·		·	
BS Coach	1.00	\$ 46,000	1.00	\$ 46,000				•				***************************************	
irect Clerical	1.00	\$ 36,000	1.00	\$ 36,000									
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	0.00		ļ	ļ			<u> </u>		<del> </del>		ļ	<u> </u>	
Totals:	10.54	\$ 569,938	10.13			. \$22,855	0.00	\$0		\$0	0.00	<u> </u>	
			-	547,538 (455			•	•	•				
Employee Fringe Benefits:	25%	\$142,484.50	25%	\$136,771	25%	\$5,713.75	#DIV/0!		#DIV/0!		#DIV/0!		
				•	-			• .					
TOTAL SALARIES & BENEFITS		\$712,423	] .	\$683,854	7	\$28,569	7	\$0	7	\$0	7		

# **FY 13-14 CBHS BUDGET DOCUMENTS**

#### DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-1 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Work Order HSA HMHMCHMTCHWO	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	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				
Materials & Supplies:		<u></u>				
Office Supplies	\$ 1;507.50	\$ 1,507.50				
Photocopying		Ψ 1,007.30				
Printing				· · · · · · · · · · · · · · · · · · ·		
	<del></del>	e 2.020.00				
Program Supplies Computer hardware/software		\$ 3,036.00				
	<del>-</del>	<u> </u>	<del></del>			
General Operating:						
Training/Staff Development		\$ 1,400.00			l	
Insurance		<u> </u>				
Professional License		ļ		<u> </u>	<u> </u>	
Permits					ļ	
Equipment Lease & Maintenance	\$ 1,015.00	\$ 1,015.00				
Staff Travel:	•					
Local Travel	\$ 8,248.00	\$ 6,002.00	\$ 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		<u> </u>	<del></del>
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	1				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts)	\$	L				
(add more Consultant lines as necessary)					<u> </u>	ļ
Other:		<u> </u>				ļ
Staff Recruitment	\$ 2,667.00	2,667				
				<u> </u>		
	\$		•			
	\$		/			
	\$ -					
	\$' -				,	

TOTAL OPERATING EXPENSE \$31,291 \$27,445 \$3,846 \$0 \$0 \$0

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

DHCS Legal Entity Name (MH)/Co	ontractor Name (SA):		Annigroata co	Hechon (SIAS)	7	Appendix/Page #:	B-2, Page 1
Di 100 Euga Enary Harris (m. 1)		Seneca Center/San France	cisco Connections			Document Date:	6/30/2014
	Provider Number:		38CQ	38CQ	38CQ	Fiscal Year:	
		· ''	. Intensive	Intensive	Intensive		
	,	Intensive Therapeutic				1	1.
Í	Program Name:		Care	Care	Care		(·
Program Code (for	merly Reporting Unit):		38CQ6	38CQ6	38CQ6	<del>                                     </del>	· · ·
	(MH) or Modality (SA)		15/10-57	15/70-79	15/60-69		<del>                                     </del>
1				Crisis Intervention-			
L	Service Description:		MH Svcs	OP	Medication Support	0 .	TOTAL
	FUNDING TERM:		7/1/13-6/30/14	7/1/13-6/30/14			ſ <u></u>
FUNDINGUSES		There's committeen			"神经"的"护"。		the property of the second second
	& Employee Benefits:						353,223
	Operating Expenses: (greater than \$5,000):			9 227 0 0			22,658
	(greater than \$5,000): otal Direct Expenses:						375,881
·	Indirect Expenses:						45,106
TOT	TAL FUNDING USES:						
Terretain commission and the second s	Index		Chesage et Springing	A SECURE AND A SECURE	A SECRETARIAN PROPERTY	LOSS CONTRACTOR	· ALEXANDER STRAIN
	Code/Project						AND RESERVED
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:		學學學學問題	<b>计算经验的数据</b>		<b>《新沙泽》的</b> 特别的	<b>《建門海北部灣山市</b>
	HMHMCP751594	27,365					210,494
Section Assessed by the Control of t	HMHMCP751594	24,629					189,444
MH WORK ORDER - Human Services Agency (Match)	НМНМСНМТСНО	2,736	6 17,891	1 211	1 211	4	21,049
							C
	4	<u> </u>	<u></u>	<u> </u>	<del> </del>	4	1
TOTAL CBHS MENTAL HEALTH	- TINDING COURCE!	· E4 72F	257 92/	4 211	4 211	<del> </del>	420,987
IUIAL UBIS MICHALITA		S 54,730	357,834	4,211	4,211	The transfer of the second particles of the second par	MAU, OU.
	Index Code/Project		ARWES DELET	和建設性影響	ARECO DE		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	. Code/Project Detail/CFDA#:	THE STATE OF THE S			APPROPRIE	4年18月1日18日	<b>上</b> 可能的数数
COULD SADS I WINCE UP ASSESSMENT OF THE PROPERTY OF THE PROPER	Detaile Dem.	31353 (C. 1153 (G. 11	federalist since a marrie	SOUTH AND AND AND AND AND AND AND AND AND AND	PRESENTATION OF	A SASSANI A SASSANI MATERIAL PROPERTY AND ADMINISTRATION OF THE PARTY	13 JO DAN EUT WITE LUTE TO
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TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCE	š <u> </u>	1	-	-		-
	Index		A SETTLEMENT	A TOMBON TO SERVICE AND A SERV	A SINGER STORY	SECTION OF STREET	<b>建筑特别的</b>
	Code/Project		APPRINCE.	A HUSTINET	<b>的理解的程序</b>	<b>HARMONIA</b>	推翻對歐洲
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	A STATE OF THE PARTY OF THE PAR	ALPHA MERCHANIS	A SERVICE DESIGNATION	A STATE OF THE PARTY OF THE PAR	N. Sandahalan and A. A. A.	4 77 746 80 50 10
	<u></u>	1	<u> </u>				<del>-</del>
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TOTAL OTHER DPH-COMMUNITY PROGRAMS	LINDING SOURCE	<u></u>				<del></del>	<del></del>
	FUNDING SOURCES		357,834				420,987
NON-DPH FUNDING SOURCES							
NON-BERTHUNING-SOURCES	A PART CHICKET CHARLES AND A	A 251320 Same annexe	A PASTAL SET MARK AS A C	E Walterson as	A SHEVEL IN CASE A CO.	4 PERSONAL PROPERTY OF THE PRO	NAME OF TAXABLE PARTY O
TOTAL NON-DPH FUNDING SOURCES	s	<del> </del>	1	ol ·	0 0	0	0 -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		54,730	0 357,834	4 4,211			420,987
CBHS UNITS OF SERVICE AND UNIT COST	4			4	+	<del></del>	ANGERSSESSALTE
Number of Beds Pu	e)	-			1	723 - 44 (C)	
Substance Abuse Only - Non-Res 33 - ODF # of Gro				1	<u> </u>	- <del></del>	<b>不到的英雄性</b>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with						NOTES FOR	
Cost Reimbursement (CR) or F	S): FFS	FFS	FFS	FFS		A STATE OF THE STATE OF	
	DPH Units of Service	e: 27,094	4 . 137,101	1,085	5 874		\$4.00 mg/2 48.00
	· Unit Type	e: Staff Minut	te #N//	/A Staff Minute	te Staff Minute		O sachagharan
Cost Per Unit - DPH Rate (DPH FUND							104
Cost Per Unit - Contract Rate (DPH & Non-DPH F	FUNDING SOURCES	5): 2.02	2 2.61				1147 1141 1141 1141
	edi-Cal Providers Only						Total UDC:
Unde	uplicated Clients (UDC)	AT .	15 1	15 1	15 . 1	15	1

### **FY 13-14 CBHS BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-2 Page 2

	TOTAL		General Fund HMHMCP751594				k Order HSA MCHMTCHWO	Funding Index	Source 2 (Include Source Name and c Codé/Project etail/CFDA#)	Funding Inde	Source 3 (Include Source Name and x Code/Project etail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		
	Term:			Term:			Term:		Term:		Term:		Term:	
Position Title	FTE	i	Salaries	FTE		alaries	FTE	Salaries	FTE	Salaries	FTE	Salarles	FTE	Salaries
Wrap Services Director	. 0.10		8,500	0.10		8,500			<u>-</u>					
Licensed Clinical Supervisor	0.50	\$	37,500	0.50	\$	37,500								
Therapist/ Social Worker	2,53	\$	128,827	2.35	\$	119,850	0.18	8,977	<b> </b>					
Mental Health Assistant	2.49	\$	88,502	2.32	\$	82,444	0.17	6,058						
Clerical	0.53	\$	19,250	0.53		19,250								
	0.00	·\$								•				
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	0.00	\$			<u> </u>	:			ļ <u>'</u>		<u> </u>		<u> </u>	
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·	0,00	\$	-											
Totals:	6.15	\$	282,579	. 5.80	\$ .	267,544	0.35	\$15,035	0.00	\$0	0.00	\$0	0.00	\$0

[	Employee Fringe Benefits; 25	% \$70,644.66	-25%	\$66,886	25%	\$3,758.78	#DIV/0!	#DIV/0!	. #	DIV/OI	
	•								•		
	TOTAL SALARIES & BENEFITS	\$353,223	[	\$334,429	1	\$18,794		\$0	\$0	Γ	\$0

# FY 13-14 CBHS BUD \_\_ ( DOCUMENTS

DPH 4: Operating Expenses Detail

Program	

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

Appendix/Page #: B-2 Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project · Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:		·	•			
Rent	:\$ -	\$ -		· .		
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance	\$ -				·	
Materials & Supplies:						
Office Supplies	\$ 1,736.00	\$ 1,736.00				
Photocopying			<u> </u>			
Printing						
Program Supplies						
Computer hardware/software						
General Operating:					· ·	
Training/Staff Dévelopmen	\$ 6,145.00	\$ 6,145.00		· · · · · · · · · · · · · · · · · · ·		
Insurance	1	5,1-10.00				
Professional License	<del></del>	<del></del>				
Permit					<del> </del>	
Equipment Lease & Maintenance		\$ 1,351.00		<del> </del>	<u> </u>	
Staff Travel:			<u> </u>			
Local Trave	\$ 13,425.00	\$ 13,425.00	<del> </del>		1	
Out-of-Town Trave		3 13,423.00		<del>                                     </del>		
Field Expense		<del> </del>	<del> </del>		<del>                                     </del>	
	-					<u> </u>
Consultant/Subcontractor: CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	<del> </del>	<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
w/Dates, Hourly Rate and Amounts)	s -	1			ļ	1
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail					· · · · · · · · · · · · · · · · · · ·	
w/Dates, Hourly Rate and Amounts)	\$		ļ	<u> </u>	ļ	<del> </del>
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	s -					1
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	<del> </del> -	<del></del>	<del> </del>	<del> </del>	<del>\</del>	<del></del>
Other:		1	<u> </u>			
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	\$ -	<del> </del>		<del></del>		<del> </del>

TOTAL OPERATING EXPENSE

\$22,657

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

	rtment of Public		orting/Data Co	llection (CRD	J)		
DHCS Legal Entity Name (MH)/Co				Appendix/Page #:	B-3, Page 1		
		Seneca Center/San Fran				Document Date:	6/30/2014
	Provider Number:	38CQ	38CQ	38CQ	38CQ	Fiscal Year:	13/14
	Program Name:	ST Connections- Intensive Support Services	ST Connections- Intensive Support Services	ST Connections- Intensive Support Services	ST Connections- Intensive Support Services		
Program Code (for	nerly Reporting Unit):	38CQ3 ·	38CQ3	38CQ3	38CQ3		
	MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69		
	Service Description:	Case Mgt Brokerage	MH Svcs	Crisis Intervention- OP	Medication Support	0	TOTAL
•	FUNDING TERM:	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14		
PUNDING USES A PROPERTY OF THE		TO DESTRUCT OF THE PARTY OF THE	STATE AND LABOR.		<b>用这里那样</b>	<b>经验证金额公司的基本的现在</b>	<b>下午</b> 是他的"开始"
Salaries	& Employee Benefits:	43,995			7,699		366,62
	Operating Expenses:	4,340	29,367	1,700	759		36,16
	greater than \$5,000):						
Subto	al Direct Expenses:	48,335				. 0	402,78
	Indirect Expenses:	5,800					48,33
тот	AL FUNDING USES:	54,135	366,316	21,200	9,473	0	451,12
CBHS MENTAL HEALTH FUNDING SOURCES	Index Code/Project Detail/CFDA#:		AND THE STATE OF T				
MH FED - SDMC Regular FFP (50%)	HMHMCP751594 .	25,816	174,690	10,110	4,518	200100000000000000000000000000000000000	215,13
MH STATE - PSR-EPSDT	HMHMCP751594	9,734					81,12
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO						9,01
			0		0		
MICOUNTY CO. LEGIS	HMHMCP751594	<u> </u>		'L			145,85
MH COUNTY - General Fund TOTAL CBHS MENTAL HEALTH I	17,503		21,200			451,124	
TOTAL CORS MENTAL HEALTH		54,135	366,316	21,200	9,473	a voca makamaya a ayadaya sa	No characteristics
CHIS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
		-					
							-
TOTAL CBHS SUBSTANCE ABUSE		-	-	<u> </u>		-	_
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
			<u> </u>	<u> </u>			-
							-
TOTAL OTHER DPH-COMMUNITY PROGRAMS							154 45
	FUNDING SOURCES					-	451,124
NON-DPH FUNDING SOURCES	Politica de la companya de la companya de la companya de la companya de la companya de la companya de la compa					75 Th Carp 15 4 200 (1)	TO NUMBER
TOTAL NON-DPH FUNDING SOURCES			<del>                                     </del>	3	0	. 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	·	1 7	1		<del>                                     </del>		TO PARTICIONE
	rchased (if applicable				1		Year Eller
Substance Abuse Only - Non-Res 33 - ODF # of Gro						Control of San Page 1	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	1					中国专门工作	
Cost Reimbursement (CR) or F		FFS	FFS	FFS			
	26,799	140,351	5,464	1,965		http://www.	
	Staff Minut					110岁集级的数	
Cost Per Unit - DPH Rate (DPH FUND						<b>新加州的</b>	
Cost Per Unit - Contract Rate (DPH & Non-DPH F						能們們都們	
	di-Cal Providers Only)						Total UDC:
· Undur	licated Clients (UDC)	:\ 6	6	6	0 60	1	6

#### DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-3 Page 2

		TOTAL.	Genera HMHMCF			Order#1 HSA MCHMTCHWO	Funding Index	ource 2 (Include Source Name and Code/Project tail/CFDA#)	Funding Index	iource 3 (Include Source Name and c Code/Project etall/CFDA#)	Index	ource 4 (Include Source Name and c Code/Project stall/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	0.10	\$ 9,785	. 0.10	\$ 9,785			ļ					•	
Program Manager	0.75		0.75	\$ 62,541		•			ļ	· · · · · · · · · · · · · · · · · · ·			
Clinician	2,00	\$ 112,000	2.00	\$ 112,000		·			Ĺ				
Support Counselors	2.00	\$ 81,536	. 2.00	\$ 81,536									
Direct Cierical	0.75	\$ 27,437	0.75	27,437			·			•			
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	0.00		<u> </u>	ļ	<u>   `                                  </u>				ļ		<u> </u>		
Totals	5,60	\$ 293,299	5,60	\$ 293,299	0.00	\$(	0.00	\$0	0.00	\$0	0.00	\$0	
										•			
Employee Fringe Benefits	25%	6 \$73,325	. 25%	\$73,325	#DIV/0!	\$0.0	0 #DIV/01		#DIV/0I		#DIV/0!		

Employee Fringe Benefits:	25%	\$73,325	25%	\$73,325	#DIV/0!	\$0.00	#DIV/01		#DIV/0!		#DIV/0!	
										•		
							l		٠ ا			
TOTAL SALARIES & BENEFITS		\$366,623		\$366,623		\$0		\$0		\$0	1	Şt

### **FY 13-14 CBHS BUDGET DOCUMENTS**

DPH 4: Operating Expenses Detail

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

Appendix/Page #:

Expenditure Category TO		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#)
	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	\$ 13,000.0	0 \$	11,500.00	\$	1,500.00			
Utilities(telephone, electricity, water, gas)	\$ 3,655.0	0 \$	2,655.00	\$	.1,000.00		•	
Building Repair/Maintenance		0 \$	. 2,291.00	\$	500.00		•	
Materials & Supplies:			·			•		
Office Supplies	\$ 1,722.0	0 \$	1,175.00	s	547.00			
Photocopying		7		<u> </u>				
Printing		$\top$						
Program Supplies	· · · · · · · · · · · · · · · · · · ·	0 5	1,300.00	s	1,000.00	***************************************		
Computer hardware/software		_	1,000.00	· * · · · ·	.,,,,,,,,,			
General Operating:	<u> </u>	_						•
Training/Staff Development	\$ 588	0 \$	588,00	<del></del>				
Insurance	<del></del>	<del>"</del>	00,000	-				
Professional License	<del></del>			-				·····
				<b></b>			<del></del>	
Permits				<del> </del>				
Equipment Lease & Maintenance	\$ 585.	0 \$	585.00	<del>                                     </del>				
Stati (ravei:	<del> </del>	-	······································					
Local Trave		0 \$	3,330.00	\$	3,500.00		<u> </u>	
Out-of-Town Trave				<u> </u>	·	·		
Field Expenses	\$ -							
Consultant/Subcontractor:		$\perp$		<u> </u>		1		
Nancy Fey (L.C.S. W) . Various Dates, \$70/hr, 57 hours CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ 3,990.	00	3,990	<u> </u>				
w/Dates, Hourly Rate and Amounts)	s .	1					'	
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	7	-		†				
w/Dates, Hourly Rate and Amounts)	\$							
(add more Consultant lines as necessary)		4					·	
Other:	<u> </u>							
Staff Recruitmen	t \$ 705.	00	705	<u> </u>				
Depreciation	\$ -	$\bot$					<u> </u>	
	\$ -							
	\$ -						,	
	\$ -	Т						
	\$			1				

TOTAL OPERATING EXPENSE \$36,166 \$28,119 \$8,047 DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

	: Department of I		st Reporting/L	ata Collection	(CKDC)		A	
DHCS Legal Entity Name (MH)/Co		Seneca Center Seneca Center/San Fran	risra Connections				Appendix/Page #: Document Date:	B-4, Page 1 6/30/2014
•	Provider Number:	38CQ	38CQ	38CQ	38CQ	· 38CQ	Fiscal Year:	13/14
		LT Connections-	LT Connections-	LT Connections-	LT Connections-	LT Connections-		<del></del>
	Program Name:	WRAP ·	WRAP	WRAP	WRAP	WRAP	ì	
Program Code (for	nerly Reporting Unit):	38CQ4	38CQ4	38CQ4	38CQ4	38CQ4		
	MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/78		
	Case Mgt Brokerage	. MH Svcs	Crisis Intervention- OP	Medication Support	Other Non-MediCal Client Support Exp	0	TOTAL	
	7/1/13-6/30/14	7/1/13-6/30/14	7/1/13-6/30/14				TOTAL	
UNDING USES	FUNDING TERM:	7/1/13-0/30/14	7/1/13-0/30/14	171713-0/30/14	7/1/13-6/30/14	7/1/13-6/30/14	and the Limited becomes	e designation of the second
	& Employee Benefits:	583,539	2,787,232	208,407	375,132		**** ******************************	4,168,13
	Operating Expenses:	82,727		29,545				590,90
	greater than \$5,000):	0						
Subto	tal Direct Expenses: Indirect Expenses:	666,265 79,952		237,952 28,554			0	4,759,03 571,08
	AL FUNDING USES:		. 301,003	20,004	31,100	273,648	0	5,330,12
	Index	CONTRACTOR STATE	TO PROPERTY OF THE PARTY OF THE	THE REPORT OF THE PERSON OF TH	THE PROPERTY OF THE PARTY OF TH		2014 6 00 1 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	CACCALARINATION
	Code/Project							ula de la la la la la la la la la la la la la
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	<b>特別時期等20%</b>		行的批准等的主要	都是影響發現到	が行うの	が対象が対象を	使用导用和共
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	373,109						2,528,23
MH STATE PSR EPSOTO A REPORT OF THE PROPERTY OF THE PSR AND A REPORT OF THE PSR AND A REPORT OF THE PSR AND A PSR AN	HMHMCP751594 HMHMCHMTCHWO	335,798 35,567						2,275,41 241,00
MH WORK ORDER - Human Services Agency (Match)	HIVIHIVICHIVI TCHVVO	35,567	109,000	12,703	22,000	<del> </del>		241,00
MH STATE - MHSA (CSS)	PMHS63-1403					273,648		273,64
MH COUNTY - General Fund	HMHMCP751594	1,744	8,328	623	1,120			11,81
TOTAL CBHS MENTAL HEALTH						273,648	-	5,330,124
	Index					Mestrus da		
	Code/Project	Salva Mataria Sil	Experience (Control	150000000000000000000000000000000000000		DENESTICAL DE		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:	3.600mm 1.400mm	A Landa telephinesia kala	4444466644644	1 Transcription and allowed desp	HUMBICH WERENGER	minute presentation of the comment of the control	delineration And constitution
	<u> </u>	<u> </u>	<del> </del>	<del> </del>	<del> </del>	ļ		<del></del>
				1		<del> </del>		
TOTAL CBHS SUBSTANCE ABUSE		-	-	, -	•	-	-	-
	Index	J. 1985	Asset Park		LANGE AND			
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Code/Project Detail/CFDA#:		HANDLE BOOK	H22052175		12 3 4 5 5 5 5		
OTHER DETICOMMONTHER COGRAMO I VINDING 3001/CE3	DetailiorDA#:	Street sends that are this say	1. Walter St. 2, 15 April 2012 100 100 100 100 100 100 100 100 10			A Constitution and the second	The state of a state of the sta	(+130 Samesti processed =
							ļ.,	
TOTAL OTHER DPH-COMMUNITY PROGRAMS			2 564 254	266,506	479,498	273,648	<u> </u>	5,330,12
NON-DPH FUNDING SOURCES	FUNDING SOURCES						of the Handley Stem Blong	
MON-DELI CAMPING SDOUGES WAS TRANSFER AND THE PROPERTY OF THE	n programme of the contract of	S DO DE A PARAL DE ZEVIAL PARTENTA	e panter de le constitue	PROPERTY SALVORS SALV	s provinces and the second of the second	TO PROJECT OF THE PROPERTY OF	a and the disease a discussion respective	200 N. P. J. 190 1 1 2 1 12 1 12 1 19 1 1
TOTAL NON-DPH FUNDING SOURCES	:	1		D	0 .	0	0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH		746,217	3,564,254	266,506	479,498	273,648	-	5,330,12
CBHS UNITS OF SERVICE AND UNIT COST		1			†	<del>                                     </del>		
Number of Beds P	urchased (if applicable							er specification of
Substance Abuse Only - Non-Res 33 - ODF # of Gr								用的的數數器的
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider will			FFS	FFS	FFS	CENTRAL SE		2017年2月1日 1200年時期第1日
Cost Reimbursement (CR) or I	DPH Units of Service						<del> </del>	71-AS\$2757
	S. 11 GIRLS OF GET FICE	000,410	7,000,010	50,007	30,401		<u> </u>	清的認識的關係性
•		1		1		Month of Clien	ř –	i Mana
	Unit Type					e Support Services		性原理學是實
Cost Per Unit - DPH Rate (DPH FUNI						22,804.00		Perpendicular Control
Cost Per Unit - Contract Rate (DPH & Non-DPH I	<u> </u>					22,804,00	0,00	學學是的物學
	di-Cal Providers Only)						ļ	Total UDC:
ı Undu	plicated Clients (UDC)	: 16	0 16	0 160	) 16	U		16

#### **FY 13-14 CBHS BUDGET DOCUMENTS**

DPH 3: Salaries & Benefits Detail

Program Code: 38CQ4
Program Name: Long Term Connections - Wraparound Services
Document Date: 6/30/14

		TOTAL.		eral Fund CP751594		order # 1 HSA CHMTCHWO	HMHMPRO	(Prop.83)-CSS P63. PMHS63-1403	Funding Index	ource 3 (Include Source Name and ( Code/Project etail/CFDA#)	Funding Index	ource 4 (Include Source Name and k Code/Project etail/CFDA#)
,	Term:		Term:		Tern		Term:		Term:		Term:	
Position Title	FTE	. Salaries	FTE.	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Regional Director	0,25		0.25			·	<del> </del>		<del>                                     </del>			
Program Services Director	0,50	\$ 48,925	0.50			<del>                                     </del>	ļ:				<del>-</del>	
Wrap Services Director			0,90	\$ 76,	00 0.1	8,500	<del>   </del>				<u> </u>	
Asst. Director/Administrator	2.00	\$ 162,650	1,61	\$ 130,	33 0.2	17,078	0.18	· 14,639		· · · · · · · · · · · · · · · · · · ·		
Team Supervisor	1.00	\$ 65,356,00	1.00	\$ 65,	56			, ·				
Care Coordinator/Facilitators	31.50	\$ 1,512,000.00	28.00	\$ 1,344,	00 1.5	72,000	2.00	96,000				
Family Specialist Supervisor	3,00	\$ 153,000.00	2.80	\$ 142,	00 0.2	10,200	1					
Family Specialist/Counselors	28,00	\$ 1,141,504.00	26.00	\$ 1,060	99 0.5	20,384	1.50	60,421				
QA Billing Specialist -	1.40	\$ 56,352.80	1.00	\$ 40,	52 0.4	- 16,101						
Administrative Support	2.25	\$ 77,220.00	1.75	\$ 60,	0.5	17,160	)					
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*	0.00	T		<del> </del>			1:					
	0.00		<del> </del>				<del> </del>		<del>                                     </del>			
	0.00						+		<del>  .                                     </del>			·
Total		T	63,81	\$ 3,002	025 3.4	1 \$161,42	3 3,68	\$171,060	0.00	\$0	0.00	\$0
·	10.90	1 9 3,334,508	03,81	. 3,002	3.4	11 \$101,42	3.00	1 . 4171,000	1 0.00	1 30	. 0.00	- 40
				•			•				•	
Employee Fringe Benefit	s: 25%	\$833,626,95	25%	\$750	506 25	% \$40,355.7	0 25%	\$42,765.00	#DIV/01	<u> </u>	#DIV/01	<u> </u>

TOTAL SALARIES & BENEFITS

\$4,168,135

\$3,752,531

\$213,825

# 7513

#### DPH 4: Operating Expenses Detail

Program Code:	38CQ4					
Program Name:	Long Ter	m Connections - \	Vraparound .	Services		
Document Date:					•	

Appendix/Page #: B-4 Page 3

Expenditure Category	TOTAL General Fund HMHMCP751594		Work Order HSA HMHMCHMTCHWO	MHSA (Prop.63) QSS HMHMPROP63 PMHS63- 1403		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: 7/1/13-6/30/14	Term:	Term:
Occupancy:			•		······································	
Rent	\$ 70,609.00	\$ 70,609.00				
<ul> <li>Utilities(telephone, electricity, water, gas)</li> </ul>	\$ 40,440.00	\$ 34,612.00	\$ 2,828.00	\$ 3,000.00		
·Building Repair/Maintenance	\$ 26,597.00	\$ 15,826.00	\$ 2,781.00	\$ 7,990.00		
Materials & Supplies:	:	*				
Office Supplies	\$ 35,905.00	\$ 31,377.00	\$ 1,705.00	\$ 2,823.00	•	
Photocopying	\$ -					
Printing	\$ -					
Program Supplies					· · · · · · · · · · · · · · · · · · ·	<del> </del>
Computer hardware/software			l .			<del>                                     </del>
General Operating:						
Training/Staff Development	\$ 10,000.00	\$ 10,000,00				T
Insurance		10,000.00			, , , , , , , , , , , , , , , , , , , ,	<del> </del>
Professional License			· · · · · · · · · · · · · · · · · · ·			
Permits						
Equipment Lease & Maintenance		\$ 6,949,00	<del> </del>	<del>  ,                                   </del>		<del> </del>
Staff Travel:	0,040.00	0,040,00				<del> </del>
Local Travel	\$ 115,560,00	\$ 115,560.00			<u> </u>	
Out-of-Town Trave		110,000.00				
Field Expenses			<del> </del>	<del> </del>		<del></del>
Consultant/Subcontractor:		<u> </u>				
Center on Juvenile and Criminal Justice & Edgewood, Support Services various, monthly rate of \$2628 per client, approx 76 clients	\$ 200,844.00	178,250	6,094	16,500		
Beats, Rhymes & Life, therapuetic activity, various, hourly rate \$100, 720 hours	\$ 72,000.00	72,000				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail W/Dates, Hourly Rate and Amounts) [add more Consultant lines as necessary)	s -	-	<u> </u>			
		+	<del>                                     </del>		†	
Other:	\$ 12,000.00	12,000			<del> </del>	<del> </del>
Staff Recruitmen		12,000	'			<del> </del>
Depreciation	<del></del>	1	<u> </u>		· · · · · · · · · · · · · · · · · · ·	<del> </del>
	<u> </u>	<del> </del>	<del> </del>	<del>                                     </del>		+
	\$ -	<del></del>	<del> </del>	<del> </del>	<del> </del>	
	\$ -	<u> </u>			ļ	<del> </del>
	- \$	1	<u> </u>	1	<u> </u>	<u> </u>

TOTAL OPERATING EXPENSE

590,904.00

\$547,183

\$13,408

\$30,313

)

# **FY 13-14 CBHS BUDGET DOCUMENTS**

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

	rtment of Public			llection (CRD)	(خ		
DHCS Legal Entity Name (MH)/C				Appendix/Page #:	B-5		
		San Francisco Connection	ns ,		Document Date:	3/4/2014	
	Provider Number:	38CQ				Fiscal Year:	13/14
	. Program Name:	RBS	RBS	RBS	RBS .		
	nerly Reporting Unit):	38CQ7	38CQ7	38CQ7	38CQ7		
Mode/SFC (	MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69		
Service Description:		Case Mgt Brokerage	MH Svcs	Crisis Intervention- OP	Medication Support	0	TOTAL
	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	STARTERS OF LOOK AND	MILE THE PERSON AND THE	THE CENTRAL SE	<b>全型的基本等的工作。</b>	elektrick francisch	CHOLOMBER LANDS	erstrættt datet
	& Employee Benefits:	61,136	376,222	23,514	9,406	AND RESIDENCE OF THE PARTY OF T	470,278
	Operating Expenses:	9,064	55,778				69,722
Capital Expenses	(greater than \$5,000):						
	tal Direct Expenses:	70,200	432,000	27,000	10,800	0	540,000
	Indirect Expenses:	8,424	51,840	3,240			64,800
TOT	AL FUNDING USES:	78,624	483,840	30,240	12,096	0	604,800
	Index	TREES INCLUDED AND AND AND AND AND AND AND AND AND AN	CONSTANTON	245 House 6922 (2)	elotorambyo-paretos	modern and the second	encire value em los.
	Code/Project			Per marking the		<b>经保护的关系</b>	
GBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	31,011	190,838	11,927	4,771	Language Company Company Company	238,548
MH STATE - EPSDT Realignment	HMHMCP751594	27,910	171,755				214,694
MH WORK ORDER - Human Services Agency (Match)	HMHMCHMTCHWO	3,057	18,812				23,515
MH COUNTY - General Fund	HMHMCP751594	16,646	102,434	6,402			128,043
INT COUNTY I CONTOUT AND	1 11/11/11/11/11/11/11/11/11/11/11/11/11	78,624	483,840	30,240	12,096		604,800
	Index .	THE PARTY OF THE PARTY OF	State of the contract of the	Particular services Artes	arteria and acressan	Priame Canada est lebra accept	SERVER SERVER SERVE
	Code/Project		学3.17代713.87	Milder Zerreit	3,20000044		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:		100	SERVICE HAVE	4.05.05.00		rition of the second
	Detail/CFDA#.	Contract Management & and charge	and control of the Land of the land of the	New Street, Telephone Name	District Contract (2006)	Section Consideration Below Sec	· · · · · · · · · · · · · · · · · · ·
		<u> </u>					
			<del> </del>				<del></del>
	<del></del>		<del> </del>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES			-	† <u>-</u>		
	Index	Day District Co.	14470223215320	HANGE CONSTRUCT	TOTAL POST	AND THE PARTY OF THE PARTY.	145.03496974425
	Code/Project						
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:				THE RESIDEN		
	Detailed Dray.	Visitor Andrews Control State Control Section	TOTAL STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	Seattle Laboration	30.000 (200.000)	2,	-
			<u> </u>	<u> </u>	<del></del>		
				<del></del>			-
TOTAL OTHER DPH-COMMUNITY PROGRAMS		-	-		-	•	
TOTAL DPH	FUNDING SOURCES	78,624	483,840	30,240	12,096	-	604,800
NON-DPH FUNDING SOURCES	<b>次本的企业的企业的</b>	<b>经时间的制度</b>	"中国的人们的人们的人们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们	[10] 医克里克特氏 计图片 [10]	<b>经营业的</b>	THE VEHICLE STATES	<b>建筑的市场</b>
·							
TOTAL NON-DPH FUNDING SOURCES		-			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			( ·	,			
	rchased (if applicable)		<del>                                     </del>				SAN WARREN
Substance Abuse Only - Non-Res 33 - ODF # of Gro					<del>                                     </del>	TRINGE THE P	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with					<del> </del>	<del> </del>	PRESIDENT
Cost Reimbursement (CR) or F			FFS	FFS	FFS		
	DPH Units of Service:		185,379	7,794		-	1781424 4 1013
	Unit Type:					0	201725-0-04-0
Cost Per Unit - DPH Rate (DPH FUND			2,61	3.88		0,00	Maria Company
Cost Per Unit - Contract Rate (DPH & Non-DPH F			2.61	3.88		0.00	SKIPS CHOOSE
Published Rate (Med	di-Cal Providers Only):		2.61		4.82		Total UDC:
Undug	licated Clients (UDC):	12	Included	Included	Included		12

DPH 3: Salaries & Benefits Detail

p	rooram	Code:	3800

Program Code: 38-04/
Program Name: Residentially Based Services (RBS)
Document Date: 6/30/14

Appendix/Page #: B-5 Page 2

	,	TOTAL	, HWHM	eral Fund ICP751594	нмнм	Order HSA CHMTCHWO	Funding Index De	ource 2 (Include Source Name and c Code/Project stall/CFDA#)	Funding Inde	ource 3 (Include Source Name and k Gode/Project stall/CFDA#)	Inde	Source 4 (Include Source Name and x Code/Project etall/CFDA#)
Position Title	Term:	· Salaries	Term: FTE	Salaries	Term:	Salaries	Term; FTE	Salaries	Term:	Salaries	Term: FTE	Salaries
Program Services Director		\$ 9,785	0.10			Salaties		Jaiailes	FIG	Salaries	FIE	Salaries
Wrap Services Director		\$ 12,750	0.15					-				,
Asst, Director/Administrator		\$ 20,331	0.25									•
Care Coordinator/Facilitators		\$ 192,000	3,70		. 0.30	14,400						
Family Finding Specialist Supervisor		\$ 25,500.00	0.50	25,500	† · · · · ·							
Family Specialist/Counselors	2.00	\$ 81,536.00	2.00	81,536								-
Direct Cierical	1.00	\$ 34,320.00	1.00	. 34,320			<u> </u>					
·	0.00	\$ -				•						
	0.00	\$ -				•		·				
•	0.00	s <u>-</u>										
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	0.00	\$ -		<u> </u>	<u> </u>				<u> </u>			
Totals:	8.00	\$ 376,222	7.70	\$ . 361,822	0.30	\$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/0!	•	#DIV/01		#DIV/0I	
•		•	•									
TOTAL SALARIES & BENEFITS		\$470,278		\$452,278	]	\$18,000		\$0	<u> </u>	\$0		\$0

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

Appendix/Page #: B-5 Page 3

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 Detall/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	\$ 16,641.00	\$ 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		\$ 2,500.00	\$ 816.00			
Computer hardware/software						
General Operating:				•		
· Training/Staff Development	s -					
Insurance						
Professional License						
Permits					<u>                                     </u>	
Equipment Lease & Maintenance		\$ 1,000.00				
Staff Travel:						
Local Travel	\$ 5,521.00	\$ 5,521.00				
Out-of-Town Travel		1	<u> </u>			
Field Expenses						
Consultant/Subcontractor:	•					<u> </u>
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)	\$ -	1				
(add more Consultant lines as necessary)						
Other:						
Staff Recruitment	s - ·					
Depreciation	\$					` `
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	\$ -					•
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	\$ -				•	

TOTAL OPERATING EXPENSE \$69,722 \$66,727 \$2,995 \$0 \$0 \$0

			Reporting/Data Collection	on (CRDC)			
DHCS Legal Entity Name (MH)/C						Appendix/Page #;	B-6, Page 1
		Seneca Center/James Baldwin Acade	emy .			Document Date:	6/30/2014
	Provider Number:	8980				Fiscal Year:	13/14
	Program Name:	San Leandro Day Treatment		Baldwin Academy OP			
	nerly Reporting Unit):	89802	8980OP	8980OP	8980OP		
Mode/SFC	(MH) or Modality (SA)	10/85-89	15/01-09	15/10-56	15/60-69		
	Service Description:	Day Tx Intensive Full day	Case Mgt Brokerage	MH Svcs	Medication Support	D	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		indian and against partition of	2012年5月1日 1913年 19	THE PERSON NAMED IN	<b>美国创新工作和高兴区</b>	1900年1900年1900年	的情况的特色性的问题
Salaries	& Employee Benefits; Operating Expenses;	35,815 3,253	2,656 241	. 14,166	885 80	<u> </u>	53,523
Conital Evapages	(greater than \$5,000);	0,253		1,286	80		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
TO1	AL FUNDING USES:	43,756	3,245	17,307	1,082	0	65,390
	Index	S-resultations of the state of	SANCHER SERVICE DE LA COMPANION DE LA COMPANIO		Section 10 11 10 10 10 10 10 10 10 10 10 10 10	TELEPONO EN TROSENT	ASAMATAN TERMINANA
	Code/Project				ente la returnación	<b>建设在创新的公司</b>	
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	<b>第一章 等的第一章 中央</b>		等。2017年11日	<b>建筑建筑地域</b>		
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	21,878	1,623	8,653	541		32,695
MH STATE - PSR-EPSDT	HMHMCP751594	19,690	1,460	7,788	487		29,425
MH WORK ORDER - Human Services Agency (Match)	<b>НМНМСНМТСНWO</b>	. 2,188	. 162	866	54		3,270
TOTAL CBHS MENTAL HEALTH	FUNDING COURCED	40.750					0 0 000
IOTAL ODIS MENTAL DEALIT	Index	43,756	3,245	17,307	1,082	S province recovery and a suprement sour	65,390
	Code/Project					PARTE BETTER	2012000
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:	10.000				<b>""一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	
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TOTAL CBHS SUBSTANCE ABUSE	<b>FUNDING SOURCES</b>		-			-	-
	Index	PARTE DESCRIPTION OF THE PARTE	The Market State of the	性能學的學學學	THE REPORT OF THE	<b>ESTIMATED AND AND AND AND AND AND AND AND AND AN</b>	AND MANAGEMENT AND AND AND AND AND AND AND AND AND AND
general and an experimental and the control of the control of the control of the control of the control of the	Code/Project ·		AMERICAN STREET	The second of the second			AND STORY
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	<b>化。1000年度,1000年度,1000年</b>	<b>3.</b> 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次 第二次		<b>建设建筑区域</b>		<b>可能以自己的</b>
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	<u> </u>			<del></del>		<del> </del>	
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES					<del> </del>	
	FUNDING SOURCES		3,245	17,307	1,082		65,390
NON-OPH FUNDING SOURCES			<u> </u>				00,000
	AL TONE TONE CONTRACTOR SENSON SENSON SENSON	THE ST WATER BOTH STATE OF STREET STATE OF STREET	COLUMN CONTRACTOR AND AND AND AND AND AND AND AND AND AND	- an - Albert and the first and an extraction of the con-	De av Sterlandinger (* Matthible (* 2017)	Seedle terminate highlight habet. It 25% on 13	Condition to design and the state of the
TOTAL NON-DPH FUNDING SOURCE	s	-	0	C	0	. 0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH	<del></del>	43,756	3,245	17,307	1,082	<u> </u>	65,390
CBHS UNITS OF SERVICE AND UNIT COST	<u> </u>	40,750		17,507	1,302	<del>                                     </del>	nevackijantiki
	rchased (if applicable	<u> </u>	1	t		<del> </del>	PROPERTY OF THE PROPERTY.
Substance Abuse Only - Non-Res 33 - ODF # of Gr				•		T	2. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wi	in Narcotic Tx Program						<b>为其他的规律的</b>
Cost Reimbursement (CR) or			45 (19 11 12 PFS 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		FPS		可能是認為自由主義
	DPH Units of Service		1,606	6,631		<del></del>	<b>建筑的设施的</b>
	Unit Type					·	常的特別
Cost Per Unit - DPH Rate (DPH FUN			2.02	2.61	4.82		<b>则如</b> 四百折方金数
Cost Per Unit - Contract Rate (DPH & Non-DPH)	di-Cal Providers Only)		2.02	2.61	4.82		- 1.50 Y 1 - 2 - 1 - 1 - 1 - 1
	plicated Clients (UDC)		5 . 5		4.8	5	Total UDC:
LOrigin	piloaleu Oliettia (UDC)	•}	<u> </u>	1 3	L	1	

DPH 3: Salaries & Benefits Detail

Program Code: 89802/8980OP

Program Name: Seneca San Leandro Day Tx Day Treatment
Document Date: 6/30/14

Appendix/Page #: B-6 Page 2

		TOTAL		ral Fund CP751594		rk Order HSA MCHMTCHWO	Funding Inde	ource 2 (Include Source Name and c Code/Project stall/CFDA#)	Funding Index	iource 3 (Include Source Name and x Code/Project stall/CFDA#)	Funding Inde	Source 4 (Include Source Name and x Code/Project etail/CFDA#)
Position Title	Term: FTE		Term:		Term:		Term:		Term;	Salaries	Term:	Salaries
Regional Director	0.02	Salaries \$ 2,600	0.02	Salaries \$ 2,600	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Supervisor	0.02		0.02							<del></del>		
Therapist	0.40		0.40				<b> </b>					
Mental Health assistant	0.42	· · · · · · · · · · · · · · · · · · ·	0.40				<b> </b>					
Nurse	0.05		0.05	4,100						· .		
	0.00		0.00	. 4,100			<b> </b>					
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	0.00	s -										
	0.00	s -						•				
	0.00	\$ -								•		
Totals:	0.91	\$ 42,818	0.91	\$ 42,818	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	25% \$10,704,50	25%	\$10,705 #DIV/01	\$0.00	#DIV/0I	#DIV/0!	#DI\	//0!
	•							
TOTAL SALARIES & BENEFITS	\$53,523		\$53,523	. \$0	]	\$0	\$0	\$0

TOTAL OPERATING EXPENSE

### FY 13-14 CBHS BUD\_\_ DOCUMENTS

### DPH 4: Operating Expenses Detail

Program Code: 89802/89800P
Program Name: Seneca San Leandro Day Tx Day Treatment
Document Date: 6/30/14

Appendix/Page #:\_ B-6 Page 3

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 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:	•		• •			
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	s -		•			
Computer hardware/software						
General Operating:	·					-
Training/Staff Development	\$ -				-	
Insurance	\$ -				•	
Professional License	\$ -			·		
Permits	<b>s</b> -					
Equipment Lease & Maintenance	\$ -	Ţ.		•		
Staff Travel:		,		,		
Local Trave	\$ -					•
Out-of-Town Trave						
Field Expenses					·	
Consultant/Subcontractor:		<u> </u>			1	
Language People Inc, Interpreting, \$75/Hour, various dates, 36 hours	\$ 2,700.00	1,000	1,700			
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	s -					-
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail		<del> </del>	<del> </del>	<del> </del>		<del> </del>
w/Dates, Hourly Rate and Amounts)	. \$ -	<u> </u>		<u> </u>		
(add more Consultant lines as necessary)						
Other:	4		ļ		<u> </u>	ļ
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	\$ -			<u>                                     </u>		
	\$ -				<u> </u>	<u>                                     </u>
•	\$ -			1		

\$1,941

\$2,920

\$4,861

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

DHCS Legal Entity Name (MH)/Ci			Data Gonodio	(0.1.50)	Appendix/Page #:	B-7a, Page 1
			an Francisco Conr	nections	Document Date:	6/30/2014
•	Provider Number:	38CQ	arr ranoisco com	10040110	Fiscal Year:	13/14
	Program Name:	FMP Wrap			Tiodal Tour.	10/11
Program Code (for	nerly Reporting Unit):	38CQWF	<del>, , , , , , , , , , , , , , , , , , , </del>			
Mode/SFC (	MH) or Modality (SA)	60/78				
		Client ·				
		Supervision/Family				
	Service Description:	Respite				TOTAL
	FUNDING TERM:	7/1/13-6/30/14	,			
FUNDING: USES						
	& Employee Benefits:	41,034				41,03
	Operating Expenses:	3,610				3,61
	(greater than \$5,000):	. 0				
Subto	tal Direct Expenses:	44,644		0	0	44,64
	Indirect Expenses:	5,356				5,35 50,00
101	AL FUNDING USES:	50,000		0	. 0	50,00
	Index				,	
CBHS MENTAL HEALTH FUNDING SOURCES	Code/Project					_
	Detail/CFDA#: HMHMCP8828CH	50,000				50,00
MH STATE - Family Mosaic Capitated Medi-Cal	I IIVINIVICE GOZOCH	50,000				30,00
	<del>                                     </del>					
	<del> </del>					
TOTAL CBHS MENTAL HEALTH	FUNDING SOURCES	50,000		· · · · · · · · · · · · · · · · · · ·		50,000
	Index	30,000				
	Code/Project					
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#;	Ì				-
	Detail Of DAW.					
		<del></del>		<del></del>		_
	1					
			·			<del></del>
TOTAL CBHS SUBSTANCE ABUSE	FUNDING SOURCES		-	-	-	-
	·Index					
	Code/Project					
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	<b>,</b>	,			-
		•				-
· · · · · · · · · · · · · · · · · · ·						
	·					
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING SOURCES	•				-
. TOTAL DPH	FUNDING SOURCES	50,000	•	-		50,000
NON-DPH EUNDING SOURCES	THE PROPERTY OF THE PERSON NAMED IN					
TOTAL NON-DPH FUNDING SOURCES		0	0	.0	0	
TOTAL FUNDING SOURCES (DPH AND NON-DPH		50,000	-		-	50,000
CBHS UNITS OF SERVICE AND UNIT COST				i	-	
	rchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes)					
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with						
Cost Reimbursement (CR) or F		FFS				
	DPH Units of Service:		-	- :		
	Unit Type:			0	0	
Cost Per Unit - DPH Rate (DPH FUND			1			
Cost Per Unit - Contract Rate (DPH & Non-DPH F						
Published Rate (Med	di-Cal Providers Only):					Total UDC:
Undup	licated Clients (UDC)	15	il	1		1

DPH 3: Salaries & Benefits Detail

D	1	A1	
Proor	am '	roue.	38CQWI

25%

**Employee Fringe Benefits:** 

TOTAL SALARIES & BENEFITS

\$8,206.75

\$41,034

25%

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

Appendix/Page #: B-7a Page 2

#DIV/01

		TOTAL .		neral Fund IMCP751594	1594 Index Code/Project Index C			unding Source 2 (Include Funding Source 3 (Inclu Funding Source Name and Index Code/Project Detail/CFDA#) Funding Source 3 (Inclu 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:		Term:		Term:		Term:		Term:		Term:		
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Services Clinician Director	0,06		0.06					•					
Family Supprt Counselor .	0.50	\$ 20,800	0.50	\$ 20,800	ļ			<u> </u>					
Clerical Support	0,20	\$ 6,867	0,20	\$ 6,867	ļļ								
	0.00	<u> </u>							•				
	0.00	s -				·							
	-0.00	\$ -			<u> </u>		<b> </b>						
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	0.00		<del> </del>	<del> </del>	-		<del> </del>		<del>                                     </del>		<del>                                     </del>		
Totals:	0.76	\$ 32,827	0,76	\$ 32,827	0.00	\$0	0.00	\$0	0.00	\$0	0.00		

\$8,207 #DIV/0!

\$41,034

\$0.00 #DIV/0!

TOTAL OPERATING EXPENSE

### **FY 13-14 CBHS BUDGET DOCUMENTS**

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

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

Appendix/Page #: B-7a Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#).	Funding Source 4 (include Funding Source Name and Index Code/Project Detail/CFDA#)
. •	Term: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:		· .				
Rent	\$ -				•	
Utilities(telephone, electricity, water, gas)	\$ 930.00	-\$ 930.00		,		
Building Repair/Maintenance						
Materials & Supplies:					•	
Office Supplies	\$ 450.00	\$ 450.00				
Photocopying						
· Printing						
Program Supplies						
Computer hardware/software						
General Operating:						
Training/Staff Development	\$ 950.00	\$ 950.00				•
Insurance		· · · · · · · · · · · · · · · · · · ·	İ			
Professional License	<del></del>			· · · · · · · · · · · · · · · · · · ·		
Permits						
Equipment Lease & Maintenance	<del></del>			1.		
Staff Travel:	·					
Local Travel	\$ 1,280.00	\$ 1,280.00				
. Out-of-Town Travel						
Field Expenses		<del> </del>	***************************************			
Consultant/Subcontractor:		<u> </u>				
e allogistica de a allogistica de la constanta della constanta de la constanta de la constanta de la constanta	-					
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 -					
(add more Consultant lines as necessary)						
Other:		•				l
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	s -					
	\$ -	· · · · · · · · · · · · · · · · · · ·		<u> </u>	<u> </u>	

\$3,610

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

· · · · · · · · · · · · · · · · · · ·	rtment of Public I		orting/Data Co	llection (CRDC	<i>i</i> )		
DHCS Legal Entity Name (MH)/Co						Appendix/Page #:	B-7b, Page 1
• • •		Seneca Center/San Franc	Isco Connections	-		Document Date:	6/30/2014
	Provider Number:	38CQ				Fiscal Year:	13/14
	Program Name:		Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	Child Crisis Wrap	
Program Code (form	nerly Reporting Unit):	38CQWC	· 38CQWC	- 38CQWC	38CQWC .	38CQWC	
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	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			CONTRACTOR CONTRACTOR	NEW PROPERTY OF THE PARTY OF TH	STATEMENT CONTROL	NATES (NATES OF STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET, STREET,	ROME TO SERVE
	& Employee Benefits:	, 16,235	109,587	6,765	2,706	6,991	142,284
	Operating Expenses:	1,390		. 579	232	599	12,183
	greater than \$5,000):	0	0	. 0	0	0	,
	al Direct Expenses:	17,625	118,970	7,344	2,938	7,589	154,46
	Indirect Expenses:	. 2,115	14,276	881	353	911	18,53
TOT.	AL FUNDING USES:	19,740	133,247	8,225	3,290	. 8,500	173,00
	Index Code/Project		C. Salara				
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:		A SECTION ASSESSMENT	<b>经济的</b> 自然等的。		Charles and a second section of	SERVICE STANSON
MH FED - SDMC Regular FFP (50%) MH STATE - PSR-EPSDT	HMHMCP751594 HMHMCP751594	9,870 8,883		. 4,113 3,701	1,645 1,481	0	82,25
	MINIMICP/51594	0,003			1,481		74,02
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH COUNTY - General Fund	HMHMCP751594	987			165		8,50
TOTAL CBHS MENTAL HEALTH				8,225			8,22
IOTAL COM WIENTAL NEALTH		19,740	133,247	0,223	3,290	8,500	. 173,003
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
		<u> </u>	<u> </u>			<u> </u>	-
		,					
TOTAL CBHS SUBSTANCE ABUSE	 FUNDING SOURCES	_		ļ. ·	-		-
	Index		DESTRUCTION OF	25 N. 2011	<b>XEPETES</b>	THE STATE OF THE S	\$P\$ 医肾上腺 医胃炎 医胃炎 医胃炎 医胃炎 医胃炎 医胃炎 医胃炎 医胃炎 医胃炎 医胃炎
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Code/Project Detail/CFDA#:						
TOTAL OTHER DPH-COMMUNITY PROGRAMS	TUNDING SOURCES	_	<del> </del>	<del> </del>	-	-	-
TOTAL DPH	<b>FUNDING SOURCES</b>	19,740	133,247	8,225	3,290	8,500	173,00
NON:DPF FUNDING SOURCES	2. AEA-CHAILTER IN ALL AND A	Section 12 property 182	17757775557750		不会是2000 <b>为</b> 成果		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
TOTAL NON-DPH FUNDING SOURCES	3	-	- 1	0	C	) C	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	19,740	133,247	8,225	3,290	8,500	173,00
CBHS UNITS OF SERVICE AND UNIT COST	·				·		THE PROPERTY AND PARTY.
. Number of Beds Pu	rchased (if applicable)						CLEB SAFERE
Substance Abuse Only - Non-Res 33 - ODF # of Gro							<b>一种种的产生的</b>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	h Narcotic Tx Program						- NATIONAL PROPERTY OF THE PART
Cost Reimbursement (CR) or F			FFS	FFS	FFS	FFS	<b>建筑大学</b> 250000
	DPH Units of Service	9,772	51,053	2,120	683	283	30 TO 10 TO
	11-14 70	: Staff Minute	e #N/	A Staff Minute	Staff Minute	Staff Hour or Clien Day, depending or contract	
College Ball St. Carlotte	Unit Type		<u> </u>				1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Cost Per Unit - DPH Rate (DPH FUNI							
Cost Per Unit - Contract Rate (DPH & Non-DPH F							The property of the Symptom for the principle
	di-Cal Providers Only)						
· Undu	olicated Clients (UDC)	:  15	5 1	5 15	1:	5  1:	· ·

DPH 3: Salaries & Benefits Detail

Program Code: 38CQWC
Program Name: Child Crists Wraparound Services
Document Date: 6/30/14

Appendix/Page #: B-7b Page 2

		TOTAL		neral Fund IMCP751594	мн Рг	ior Year SB 163	· Funding	Source 2 (Include Source Name and x Code/Project etail/CFDA#)	Funding Inde	Source 3 . (Include Source Name and x Code/Project etail/CFDA#)	Funding Index	ource 4 (Include Source Name and Code/Project etall/CFDA#)
	Term:		Term:		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	· 0.15	\$ 12,750	0.15	\$ 12,750				`	<u> </u>			
Clinician	1.00	\$ 52,800	1.00	\$ 52,800	-		ļ					
Support Counselors	1.10	\$ . 44,845	0.95	\$ 38,730	0,15	\$ 6,115		0.000		<u> </u>		
Direct Clerical	0.10	\$ 3,432	0.10	\$ 3,432				•	<u> </u>			·
	0.00	\$ -							L			
•	0,00	\$ -										
	0.00	\$ -										
	0.00	\$ -					1 ,				•	
	0.00						1					
	0,00						1		<u> </u>			
	.00.00	\$ -										
	0.00	s -			<del> </del>		1		╁╌╴╴			
,	<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del>                                     </del>		<del> </del>		<del> </del>			w
	0.00			<del> </del>		ļ. <del></del>	<del> </del>		<del> </del>			<del></del> ,
	0.00	\$ -	<del> </del>		<del> </del>		<del>                                     </del>		<del> </del>			
	0.00	<u> </u>	ļ	<del> </del>	<del> </del>	<u> </u>			<del> </del>	<del> </del>	ļ:	
	0.00		<del> </del>		ļ	ļ		<u> </u>	ļ. ——	<del> </del>		
	0.00	† <del>************************************</del>	ļ <u>-</u>	<u> </u>	<u> </u>	ļ	<del> </del>		ļ	ļ		~
	0,00	\$ <u>-</u> -	<del> </del>	<u> </u>		<u> </u>	ļ	<u> </u>	<b>}</b>	<u> </u>		
	0.00	\$	ļ		ļ				ļ			
	0.00	<u> </u>	<u> </u>	<u> </u>	<u> </u>		ļ				<u></u>	
	0.00	\$ -								<u> </u>		
•	0.00	\$ -									L	_
Totals	2.35	\$ 113,827	2.20	\$ 107,712	0.15	\$6,115	0.00	-\$0	0,00	. \$0	0,00	· \$0

Employee Fringe Benefits:	\$28,456.83	25% \$26,928	25%	\$1,528.80	#DIV/0[	#DIV/0!	•	#DIV/01	
						,	•		•
TOTAL SALARIES & BENEFITS	\$142,284	\$134,640		\$7,644		\$o ·	. \$0	[ ·	\$0

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

Program Code: 38CQWC
Program Name: Child Crisis Wraparound Services
Document Date: 6/30/14

Appendix/Page #: B-7b Page 3

Expenditure Category	TOTAL	General Fund HMHMCP751594	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
	Term: 7/1/13-5/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:				<u> </u>		
Rent	\$2,000.00	\$ 2,000.00				•
Utilities(telephone, electricity, water, gas)	\$ 1,683.00	\$ 1,683.00			-2	
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 800,00	\$ 800.00				
Photocopying				T		
Printing		ļ · · · · ·	·	1		
Program Supplies		\$ 500.00	<u> </u>	· · · · · · · · · · · · · · · · · · ·		
Computer hardware/software		1				
General Operating:						
Training/Staff Development	\$ 1,200,00	\$ 1,200.00				
Insurance		1,200.00		<del></del>	<u> </u>	
Professional License	<del></del>	<del>                                     </del>		<del> </del>		
		<del> </del>		<del> </del>		l
Permits  Equipment Lease & Maintenance		\$ 500.00		<del> </del>	<del> </del>	
Staff Travel:	000,00	9, 300.00	<del> </del>	<del> </del>	-	<del>                                     </del>
Local Travel:	\$ 3,000.00	\$ 3,000.00		·	<u> </u>	
		3,000.00		<del></del>	<u> </u>	
Out-of-Town Trave Field Expenses		1.				
	-	<del> </del>	<u> </u>			
Consultant/Subcontractor: Shira M, Jindal-Jordon (LCSW) , MH note approver, \$25/hour, 102	<del> </del>	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del>                                     </del>	<del> </del>
Thours	\$ 2,500.00	2,500		1		
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail		1	•			
w/Dates, Hourly Rate and Amounts)	\$ -	<del> </del>	<del> </del>		ļ	
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	s -				1	
(add more Consultant lines as necessary)	† <sup>4</sup>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>
Other: Staff Recruitment	\$ -			<del>- </del>		
Ameri Ordii Vectordileli	\$ -			<u> </u>		<u> </u>
	s -		<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>
	\$		<del> </del>	<del> </del>	<del> </del>	<b> </b>
•	<del>                                     </del>		<del> </del>	<del>- </del>	<del> </del>	<del> </del>
	\$ -	<del> </del>	<del> </del>		<del> </del>	<del> </del>
	\$	<del> </del>	<del> </del>	<del></del>	ļ	<del> </del>
L	\$ -		<u> </u>		<u> </u>	<u> </u>

TOTAL OPERATING EXPENSE

\$12,183

\$12,183

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

DHCS Legal Entity Name (MH)/Co		Seneca Center				Appendix/Page #:	B-8, Page 1
		Seneca Center/San Francisco Co	onnections		·	Document Date:	6/30/2014
	Provider Number:	38CQ				Fiscal Year:	13/14
	Program Name:	Describe Training Institute	ļ				
Program Code (form	nerly Reporting Unit):	Parenting Training Institute 38CQPTI					
	MH) or Modality (SA)	60/72					
700000101	Service Description:	CS-Client Flexible Support Exp	0	-0	. 0	0	TOTAL
	FUNDING TERM:	7/1/13-6/30/14					
FUNDING USES			SE PROPUSEDE	Patent mattered pro	COMMUNICATION CONTRACTOR	HETHERIE RETHROOF	STANCE OF THE PERSONS
	& Employee Benefits:	101,681	1104 C. (1991) 4000 Mp. 1641	e na day na ang ang ang ang ang	SOUTH AND BY THE 22 PLANTS	4.4.5.7 ** E. (1260 to 16.0.5 (12.5	101,681
	Operating Expenses:	0		-			0
Capital Expenses (	greater than \$5,000):	0					· 0
Subtot	al Direct Expenses:	101,681	0	0	0	. 0	101,681
	Indirect Expenses:	. 12,202					12,202
ΤΟΤ	AL FUNDING USES:	113,883	0	Ö	0'	0	113,883
	index	<b>计数型计算机的</b>	Harris State (Market Co.		PROPERTY.	经继续基础计算的	will a serve the serve to the s
	Code/Project						
CBHSIMENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:	HARRIST TO THE PARTY OF THE PAR	ne see see see	2011 A 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
MH WORK ORDER - Human Services Agency	HMHMCHTHFCWO	112,200					112,20
MH COUNTY - General Fund WO-CODB	HMHMCP751594	1,683					1,683
		<u> </u>	<u> </u>				·
TOTAL CBHS MENTAL HEALTH F	UNDING SOURCES	113,883			·		113,883
	Index	NEW CONTROL OF COMMENT SERVICES	SELECTION WEST PROPERTY.	Characant cause	KNEW CONTRACTOR	THE CHARLES THE RESERVE OF THE	Witter Charle
	Code/Project					April Salah Nasa	
CBHS BUBSTANGE ABUSE PUNDING SOURCES	Detail/CFDA#:						
	Detailed Drur.	_	2552 0 25323 18.2 2522 25	2 10 10 10 10 10 10 10 10 10 10 10 10 10	11.51 (2.11.124, 34.124, 40.114)		-
		<u> </u>					· -
							4
							<u> </u>
TOTAL CBHS SUBSTANCE ABUSE I		-			-		
	Index						
	Code/Project		of the state of				PM to the P
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	213 Table 2017 (187)	2-216 PM	THE RESERVE OF STREET	PHO PART OF THE PA		AND SEAL OF SEA
		<u> </u>	<u> </u>		<del> </del>	·	<u> </u>
		<u> </u>	<u> </u>				
TOTAL OTHER DPH-COMMUNITY PROGRAMS I	I INDING SOLIPCES						<del></del>
	UNDING SOURCES						113,883
NON-DEHI-FUNDINGISOURGES IN THE ASSOCIATION OF THE PROPERTY OF					MR Carried State of Life and	5.5.601656666.20105	WART WARTER CHARLE
	A STATE OF THE PARTY OF THE PAR		· Committee Comm	2-rangesous translations and a	~ (24)	Annual Secretary Contracts Secretary 175, 114 (1975)	Acquire 14 and mi
TOTAL NON-DPH FUNDING SOURCES		<del>-</del>	. 0	0	0	· 0	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		113,883	<u> </u>		-	-	113,883
CBHS UNITS OF SERVICE AND UNIT COST	I	. 10,000	<del> </del>	<del> </del>		<del> </del>	<b>企业建筑中级</b> 电路
	rchased (if applicable)	<u> </u>		1			32401H
Substance Abuse Only - Non-Res 33 - ODF # of Gro				1			
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	Narcotic Tx Program		1				
Cost Reimbursement (CR) or F	ee-For-Service (FFS):	CR					<b>建筑建筑</b> 主义发展
	DPH Units of Service:		-	-		-	4956百万四个150
		Staff Month of	}			].	
	Unit Type:		c	1		<u>'</u>	
Cost Per Unit - DPH Rate (DPH FUND			0.00		. 0.00		Straff and straff to
Cost Per Unit - Contract Rate (DPH & Non-DPH F			. 0.00	0.00	0.00	0.00	<b>新新社社</b> 295
Published Rate (Med	di-Cal Providers Only)		<del> </del>	ļ		<u> </u>	. Total UDC:
Undup	licated Clients (UDC)	·!	<u> </u>		<del></del>		<u> </u>

# 7527

DPH 3: Salaries & Benefits Detail

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

Appendix/Page #: B-8 Page 2

		TOTAL	TOTAL General Fund HMHMCP751		нмн імн	k Order HSA MCHMTCHWO HMCP751594	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Index	ource 3 (Include Source Name and COde/Project stall/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		
	Term:			. Term: . Te			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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	0.00	s · -										•	
•	0,00	\$ -											
. Totals	1.00	\$ 81,345	0.00	s -	1.00	\$ 81,345	0.00	\$0	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/01	
				,				•				• ,
TOTAL SALARIES & BENEFITS		\$101,681		. \$0		\$101,681		\$0		\$0		\$0

**TOTAL OPERATING EXPENSE** 

### **FY 13-14 CBHS BUDGET DOCUMENTS**

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

Drii 4. Operating Lx	penses betan		
Program Code: 38CQPTI	•	Appendix/Page #:	B-8 Page 3
Program Name: Parenting Training Institute		,	
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: 7/1/13-6/30/14	Term: 7/1/13-6/30/14	Term:	Term:	Term:	Term:
Occupancy:						
Rent	\$ -			*		
Utilities(telephone, electricity, water, gas)		\$ -				
Building Repair/Maintenance		· ·				
Materials & Supplies:	<del></del>					
	•					
Office Supplies						
Photocopying				<u> </u>		
Printing						
Program Supplies	\$					
Computer hardware/software	\$ -					
General Operating:		•				
Training/Staff Development	\$ -					
Insurance				<u> </u>		
		<del></del>	<del> </del>			
Permits						
Equipment Lease & Maintenance	-			<u> </u>		
Staff Travel:			<u> </u>	·		
Local Trave	\$ -			}		
Out-of-Town Trave	\$ -					
Field Expenses	\$ -					
Consultant/Subcontractor:	<u> </u>					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	<del>                                     </del>	<u> </u>				
w/Dates, Hourly Rate and Amounts)	\$ -					
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	1.				,	
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$ -	<del> </del>		<del> </del>	ļ	
w/Dates, Hourly Rate and Amounts)	s -				,	J ·
(add more Consultant lines as necessary)	·	† <del>-</del>		<del>                                     </del>	<del>                                     </del>	
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			<del> </del>		<del> </del>	<del> </del>
	<del> </del>	<del>                                     </del>	<del> </del>			
	\$ -		<u> </u>			<del> </del>
	\$					
	\$ -					
	\$ -		1		1	

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

		olic Heath Cost Reportin	g/Data Collect	tion (CRDC)			
DHCS Legal Entity Name (MH)/Co	ntractor Name (SA):	Seneca Center				Appendix/Page #:	B-9, Page 1
		Document Date:	6/30/2014				
· · · · · · · · · · · · · · · · · · ·	Provider Number:	. 38CO				Fiscal Year:	13/14
		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	
	MH) or Modality (SA)	15/01-09	15/10-57	15/70-79	15/60-69	60/72	
	7			Crisis Intervention-		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	Authority Bearing the	(1975-1994) 全国中华中华中华中华的	里 <b>伊斯伊</b> 巴特马拉克特	<b>"你这样的特别</b>	<b>建筑和新疆的</b>	THE PERSON NAMED IN COLUMN	(前首位) 医神经线线
Salaries 8	& Employee Benefits:	4,494	27,652	1,728	691	128,060	162,625
	Operating Expenses:	748	4,601	288	115	21,308	27,059
	greater than \$5,000):	0	0	. 0	. 0	, , , , , , , , , , , , , , , , , , , ,	C
Subtot	al Direct Expenses:	5,241	32,253	2,016	806		. 189,684
	Indirect Expenses:	. 629	3,870	242	. 97	17,924	22,762
· TOTA	AL FUNDING USES:	5,870	36,124	2,258	903	167,292	212,447
NOT THE RESERVE THE PROPERTY OF THE PROPERTY O	. Index	的国际公司 网络公司西部州科	<b>建筑设置</b>	ENGLANDSH		2000年代2000年2000年	tight to the same of the same
	Code/Project						<b>建筑型的</b>
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:		大学 大学 大学 大学	国行政等等。這個學科學	<b>"我们不是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个</b>	<b>发展的一种发展的一种发展</b>	2条5回位上5652年
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	. 2,935	18,062	1,129	451		22,577
	HMHMCP751594	2,642					1
	HMHMCP751594	. 294	1,806		45		169,550
TOTAL CBHS MENTAL HEALTH F		5,870	36,124	2,258	903	167,292	212,447
	Index		Part 2012	13. 3.09.234.9		<b>自然的特别</b>	
作品等的可以用于10mm中的。10mm中的10	Code/Project	W. 1			The Carry		
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:	Samuel Comments of Comments of the Comments of	<b>学生的特别的</b>	WITTER STREET	<b>用编码表示</b> 法	<b>在4000年</b>	<b>"特别"</b>
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	<u> </u>		<u> </u>	<u> </u>	<u> </u>		
			<del> </del>	ļ	<u> </u>	ļ	-
TOTAL CBHS SUBSTANCE ABUSE F			-		-	<u> </u>	-
	Index		Tribant to the	14.42			
	Code/Project	a exploration particles	447184655			PERMIT	
OTHER DPH-GOMMUNITY PROGRAMS FUNDING SOURCES	Detail/CFDA#:	<b>张子孙明</b> 在15年,2015年1月1日日本中的	7条件3的00年中央	ACTOR PHINESPERSON	79232425753853	And the second second	<b>《新文学》的</b>
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			<u> </u>	ļ	<u> </u>	ļ	ļ
		·	<u> </u>	<del> </del>	ļ	ļ	<u> </u>
TOTAL OTHER DPH-COMMUNITY PROGRAMS I			-	-	-		
	FUNDING SOURCES				903	167,292	212,447
NON-DPH FUNDING SOURCES	THE PROPERTY OF THE PARTY OF TH	(C)(11)(12)(15)(15)(15)(15)(15)(15)(15)(15)(15)(15	MAN SALES	<b>第一次,他们的</b>	1027540245666	<b>计程序中共享的影响</b>	7517F2183055
			ļ	<del>,  </del>	<del>, </del>		ļ
TOTAL NON-DPH FUNDING SOURCES	<del></del>	-	ļ		)		1
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1	5,870	36,124	2,258	903	167,292	212,447
CBHS UNITS OF SERVICE AND UNIT COST							A COUNTY OF THE PARTY OF
	rchased (if applicable	<u> </u>		1			河南北部城市 新华山
. Substance Abuse Only - Non-Res 33 - ODF # of Gro							<b>《新聞》的</b>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with					<u> </u>		<b>国的人民</b> 国和国际
Cost Reimbursement (CR) or F			FFS	· FFS	FFS	CR	<b>家的产品性企业</b>
	DPH Units of Service						
	Unit Type						And the property of the second
Cost Per Unit - DPH Rate (DPH FUND							
Cost Per Unit - Contract Rate (DPH & Non-DPH F							
	di-Cal Providers Only)						Total UDC:
Undup	licated Clients (UDC)	1.	5 . 1	5 15	. 1		1:

DPH 3: Salaries & Benefits Detail

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

. Appendix/Page #: B-9 Page 2

Term:   Term			TOTAL	General Fund H	IMHMCP751594		t Reimbursement HMCP751594	Funding Index	iource 2 (Include Source Name and x Code/Project etall/CFDA#)	Funding Index	ource 3 (Include Source Name and c Code/Project etail/CFDA#)	Funding Index De	ource 4 (include Source Name and x Code/Project stall/CFDA#)
YTS Supervisor         0.50         \$ 30,000         0.10         \$ 6,000         0.40         \$ 24,000.         9 <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th>Salaries</th>													Salaries
YTS Clinician  1.80 \$ 89,902 0.35 \$ 19,902 1.25 \$ 70,000								·FIE	Salaries	FIE	Salaries	PIE	Salaries
Direct Clerical   0.30   \$ 10.200   0.05   \$ 1,750   0.25   \$ 8,450								<del></del>	· · · · · · · · · · · · · · · · · · ·			<del>  </del>	
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			1		<del> </del>	<del>                                     </del>		<del> </del>		-		<del> </del>	
Totals: 2.40 \$ 130,102 0.50 \$ 27,652 1.90 \$102,450 0.00 \$0 0.00 \$0 0.00		T .	<u> </u>	250	8 27.000	4.55	8400 450	. 000		0.00	**	0.00	. \$0

| Employee Fringe Benefits: 25% \$32,522.50 | 25% \$6,913 | 25% \$25,609.50 #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DIV/0! | #DI

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#### DPH 4: Operating Expenses Detail

Program Code.	38CQM1S
Program Name:	Youth Transitional Services (YTS)
Document Date:	6/30/14

Appendix/Page #: B-9

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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 Gode/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		\$ 5,751.00	\$ 17,624.00		<u> </u>	
Utilities(telephone, electricity, water, gas)			\$ 450,00			
Building Repair/Maintenance						•
Materials & Supplies:	·		<u> </u>			
Office Supplies			\$ 650,00			<u> </u>
Photocopying		ļ	<u> </u>		<u> </u>	
Printing	\$ ·	<u> </u>				
Program Supplies		<u> </u>	<u> </u>			
Computer hardware/software	\$		1			
General Operating:						
. Training/Staff Development	\$ -					
. Insurance	\$					
Professional License	\$					
Permits			<u> </u>	, ,		
Equipment Lease & Maintenance		<del> </del>	<u> </u>			
Staff Travel:			1	:		
Local Travel	\$ 2,184,00	<del> </del>	\$ 2,184.00			
Out-of-Town Travel		<del> </del>	2,164.00	<u> </u>	<del> </del>	
Field Expenses		<del> </del>	<u> </u>	<del>                                     </del>	<del> </del>	<del> </del>
Consultant/Subcontractor:	\$	-			<u> </u>	
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)	\$	+				
		ļ				<u> </u>
Other: Staff Recruitment	\$ 400,00		400	<u> </u>		
	\$ -	<u> </u>		<u> </u>		
	\$ -			• • •		
	\$ -					
	\$ -					
	\$ -					
	\$ ·-					

TOTAL OPERATING EXPENSE \$ 27,059.00 \$5,751 \$21,308 \$0 \$0 \$0

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

	rtment of Public		orting/Data Co	llection (CRDC	;)	<u> </u>	
DHCS Legal Entity Name (MH)/C	Appendix/Page #:	B-10, Page 1					
	Provider Name: Provider Number:	Seneca Center/San Fran			Document Date:	6/30/201	
	38CQ AIIM Higher	38CQ	38CQ		Fiscal Year:	13/14	
	Program Name:			AliM Higher			
Program Code (for	38CQAH 、	38CQAH	38CQAH				
Mode/SFC	(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		<b>时期中心心情</b>	<b>建筑水风</b> 风水。	A STEP A SECURITY			EL TOMBS
Salaries	& Employee Benefits:						
	Operating Expenses:						
	(greater than \$5,000):	0					
Subto	tal Direct Expenses:	8,879	35,514	285,633	0	0	330,02
·	Indirect Expenses:	1,065	4,262	34,276			39,60
TOT	AL FUNDING USES:	9,944	39,776	319,908	0	0	369,62
	Index					A CONTRACTOR	
	Code/Project						
CBHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:			A STATE OF THE STA			<b>建长的基础性数</b>
MH FED - SDMC Regular FFP (50%)	HMHMCP751594	4,972	19,888	. 0			24,86
	HMHMCP751594	4,475		1			22,37
MH STATE - MHSA	PMHS63-1410	0		319,908			319,90
MH COUNTY - General Fund	HMHMCP751594	497	1,989	0			2,48
TOTAL CBHS MENTAL HEALTH		9,944	39,777	319,908	-		369,629
	Index ·	SPECIAL ASSESSE	THE PLANT OF THE PARTY OF				NAME OF THE PERSON OF THE PERS
	Code/Project		A CONTRACTOR				
CBHS SUBSTANCE ABUSE FUNDING SOURCES	Detail/CFDA#:	THE RESERVE OF	<b>学课经验证证</b>	September 100 to	量例如为数等		Section Section 1989
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TOTAL CBHS SUBSTANCE ABUSE	FUNDING COURGE		·		<u> </u>		-
TOTAL CDRS SUBSTANCE ABUSE		Newson-Persentation and part	ment as não discretivamento, mos to ESA in	Mark City on works (18 to tuber At Ci	· 60 Novelin and remarkable of the same	artic lines contain tails to make a record over	, the distance of the world in the property of the late.
	Index .	A consultation of	ALCOHOL:				
OTHER DPH-COMMUNITY PROGRAMS FUNDING SOURCES	Code/Project		12.00 April 10.00 E	NO AND SE			
OTTEN DE IT-COMMINITATION OF THE PROPERTY OF T	Detail/CFDA#:		2 4 4 4 4 4 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	12.54	APPROXIMATELY		5-22-7 TOTA 10-10-10-10-10-10-10-10-10-10-10-10-10-1
					·		
		<u> </u>		ļ		<u> </u>	
TOTAL OTHER DPH-COMMUNITY PROGRAMS	FUNDING COURSE			<del>                                     </del>		ļ	<u> </u>
	FUNDING SOURCES		20.777		-		260.620
			39,777	319,908	· ·		369,62
NON-DPH FUNDING SOURCES	######################################	TOTAL SECTION OF THE		CHECK THE STATE OF	metale de la la la la	5500	
TOTAL NON-DPH FUNDING SOURCES	<del> </del>	-	1	<del>                                     </del>		0	ļ
		<del>                                     </del>				ļ	
TOTAL FUNDING SOURCES (DPH AND NON-DPH	)	9,944	39,777	319,908	-	-	369,62
CBHS UNITS OF SERVICE AND UNIT COST			<del> </del>	<u> </u>			是的語言語學
Number of Beds Pu					ļ	FERREAL PROPERTY.	
Substance Abuse Only - Non-Res 33 - ODF # of Gro	<u> </u>	<u> </u>		<b></b>	<u> </u>	TARREST STATE	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider wit			<u> </u>			·	TANKE THE PARTY.
Cost Reimbursement (CR) or F			FFS	CR	<b> </b>	ļ	15年4時代25年15日
	DPH Units of Service:		15,240	7,277	<u> </u>	<u> </u>	
C-IP-III PPUD I (PPUDI)	. Unit Type:		1	Annual Control of the	C		SHIP TO SEE
Cost Per Unit - DPH Rate (DPH FUND				43.96	0.00	0.00	
Cost Per Unit - Contract Rate (DPH & Non-DPH F			2.61 2.61	43.96	0.00	0.00	Total UDC:
	di-Cal Providers Only): plicated Clients (UDC):						Iotal UDC:

# 7533

#### DPH 3: Salaries & Benefits Detail

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

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		TOTAL	НМНМ	ral Fund CP751594	MHSA .	HMHMPROP63	Funding Index De	ource 2 (Include Source Name and c Code/Project tail/CFDA#)	Funding Index De	ource 3 (Include Source Name and c Code/Project dail/CFDA#)	Funding Index De	ource 4 (Include Source Name and Code/Project tall/CFDA#)
Position Title	· Term:	· Salaries	Term: FTE	Salaries	Term:	Salaries	Term:	Salaries	Term:	Salaries	Term:	Salaries
Program Director		\$ 16,500		\$ -	0.20		7 11-	·	- 11-	Odiaties		Salaries
Team Supervisor	0.93		0.09	\$ 5,400		\$ .50,400						· · · · · · · · · · · · · · · · · · ·
Clinician	3,00	\$ 168,000	0.50	\$ 28,000	2.50	\$ 140,000						
Direct Clerical	0.30	\$ 10,500	0.05	\$ 1,750	0.25	. 8,750						
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	0.00		:					·				
Totals		1	0.64	\$ 35,150	3.79	\$215,650	0.00	. \$0	0.00	\$0	0.00	\$0

	- 1				l			l I		1	1
Employee Fringe Benefits:	25%	\$62,700.00	25%	\$8,788	25%	\$53,912,50	#DIV/0	#Di\	70! I .	#DIV/0!	
			<del></del>		*				· · · · · · · · · · · · · · · · · · ·		

TOTAL SALARIES & BENEFITS \$313,500 \$43,938 \$269,563 \$0 \$0 \$0

#### DPH 4: Operating Expenses Detail

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

Appendix/Page #: B-10 Page 3

Expenditure Category	· TOTAL	General Fund HMHMCP751594	MHSA HMHMPROP63		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)	\$ 1,500.00		\$ 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		\$ 156.00	\$ 150,00			
Computer hardware/software				<u> </u>		
General Operating:						
Training/Staff Development	\$ 400,00	\$ 150.00	\$ 250,00			
Insurance		,00.00			<u> </u>	
Professional License		<del> </del>				,
Permits						
Equipment Lease & Maintenance						
Staff Travel:			<del> </del>			
Local Travel	\$ 3,490,00	<del></del>	\$ 3,490.00		<del> </del>	
Out-of-Town Travel			3,450.00		<del> </del>	
Field Expenses			<del> </del>		<del> </del>	
Consultant/Subcontractor:		<del></del>	<del>                                     </del>		<del></del>	
Nancy Fey (L.C.S. W), Various Dates, \$70/hr, 89 hours	\$ 6,230,00	<del> </del>	6,230	<del> </del>	<del> </del>	<u> </u>
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	\$		<u> </u>			<u> </u>
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\s · -			Į.		
(add more Consultant lines as necessary)						
Other:					· .	
. Staff Recruitmen	\$ 1,500.00		1,500	L		
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	s -					<u> </u>

TOTAL OPERATING EXPENSE

\$16,526

\$456

16,070

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

Contractor Name Seneca Family of Agencies

Document Date: 06/30/14

Fiscal Year: 13/14

#### 1. SALARIES & BENEFITS

Position Title	FTE _	Salaries
CEO	0.12	\$ 30,448
COO .	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
		•
		,
	· ·	•
	: •	
EMPLOYEE FRINGE BENEFITS		\$ 150,625
TOTAL SALARIES & BENEFITS	•	\$ 753,125

### 2. OPERATING COSTS

Expenditure Category	Amount				
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)

\$ 924,040

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

Appendix F PAGE A

				Contro	l Number	l					, MOL A		•		
			-	1		J	INVOICE NU	MBER:	M01	JL	14				
Contract: Seneca Center							Ct.Blanket No	.: BPHM	TBD						
Address: 2275 Arington Drive, San Leandro, CA 94578							Ct. PO No.: P	онм	DPHM1500016	3	User C	id	·		
Tel No.: (510) 481-1222				C	3HS		Fund Source:		GE SDMC Red	FEP EPS	DT,Realignment				
					•	•			0.100.00	.,,,,,,,,,	o i i teangilinein				
					•		Invoice Period	:	July 2014						
Contract Term; 07/01/2014 - 06/30/2015							Final Invoice:				(Check if Yes)				
PHP Division: Community Behavioral Health Services							ACE Control N	lumber:	學的學科技		and Charles	्र्ं = भी हर			
			Total Contra	etnel	Defere	ed THIS PERIOD	Delivered to	a Data	% of TOT	TA1	Remaini Deliverab				
Unduplicated Cilents for Exhibit:			Exhibit UI	oc	E	xhibit UDC	Exhibit L	JDC	Exhibit U	DC _	Exhibit UI	DC			
Underplicated Chents for Exhibit					P+ 154 - 50-45	accor was, the serve	Marie Constitution	att as sent	- Care Mignet - Care	The size and \$4.25	Edight Age to a fu				
DELIVERABLES Program Name/Reptg. Unit	Total Con	tracted	Delivered 1 PERIOI		Unit		Deliver to Dat		% of TOT	AL .	Remaini Deliverab				
Modality/Mode # - Svc Func (мн ону)	UOS	CLIENTS		CLIENTS	Rate	AMOUNT DUE		CLIENT	s uos	CLIENTS	UOS	CLIENTS	•		
B-1 TBS PC# - 38CQ5 15/ 5B-TBS	303,311	64 July 2			\$ 2.61	\$ .	0.000	"五大大			303,311.000	2000年 新教研究	\$ 791,641.71		, 791,641.71
B-3 ST Connections-intensive Support Services PC#-38CQ3	550,517	2.75S		<b>建造</b> 类	¥		1	24 M		400	505,511.005	ACCO.	4 (51,041.7)	•	781,041./1
15/ 01-09 Case Management Brokerage	26,264				\$ 2.02	s <u>.</u>	0,000			7.00	26,264.000	200	53,053.28		
15/ 10-55 MH Svcs 15/ 70-79 Crisis Intervention-OP	137,547 5,355		<del>  :</del>	が発			0,000	Werenday Ta	0,00%	10.20 A	137,547.000 5,355.000	77 10 Feb. 18 20	358,997.67		
15/ 60-69 Medication Support	1,926			\$4.5X		s -	0.000	Address to the state of		200 PM	1,926.000	27.7	20,777.40 9,283.32	2	442,111.67
B-4 LT Connections WRAP PC# - 38CQ4		id SIN		<b>新数率</b>				440	ā	19. A.		ないという		,	
15/ D1-09 Case Management Brokerage	351,807	P. C.	<u> </u>	発達	\$ 2,02	<u> </u>	D.000	1000000		English of	351,807.000	はなる	710,650.14		
15/ 10-58 MH Sycs 15/ 70-79 Crisis Intervention-OP	1,300,525 65,413				\$ 2.61 \$, 3.88	š .	0,000	COLUMN	0,00%	egg Sec	1,300,525.000 65,413.000	18 A 18	3,394,370.25 253,802 44		
15/-60-69 Medication Support	94,739	CUSE		经制制		\$ -	0.000			19.F-2.	84,739.000			\$	4,815,464.81
B-6 San Leandro Day-Treatment PC# - 89802		HERM		E PER DE				(i. 75 X)	a .	347.3		<b>2</b>			
10/ 65-89 Day Tx intensive - Full Day	205	X		遊遊	\$ 202.43	<u> </u>	, 0.000	100	0.00%	は発生さ	205,000	数数の	41,498.15		
15/01 - 09 Case Mgt Brokerage 1F '4H Svos	1,526 6,299	12.25		25	\$ 2.02 \$ 2.61	<u> </u>	0,000		0.00%	THE STATE OF	1,526,000 6,299,000	25-GO	3,082,52 16,440,39		
1. edication Support	213	李盛公		<b>化型架</b>	\$ 4.82	5 -	0.000	是接触		- 注源等	213.000	<b>新兴</b>	1,026.66	\$	62,047.72
8-2 /e Therapeutic Foster Care PC# - 38CQ6		322.2						100	6	<b>在图外</b>		とはます。			
15/ 01-09 Case Management Brokerage 15/ 10-56 MH Svcs	25,740 130,246				\$ 2.02 \$ 2.51	\$ \$	0.000	7 13 1 7 2	E 0.00%	在2000年 第153章	25,740.000 130,246.000		. 51,994.80 339,942.06		
15/70-79 Crisis Intervention-OP	1,031				\$ 3,88	5 -	0.000	100.00		100 S	1,031,000		4,000.28		
15/ 60-69 Medication Support	830				\$ 4.82	s -	0.000	E LOCAL	0.00%		830,000	<b>美国教</b>		\$	399,937.74
B-9 Youth Transitional Services PC# - 38CQMST		2000年		<b>***</b>						42.5		<b>第二章</b>			
15/ 01 - 09 Case Management 15/ 10-56 MH Svcs	2,906 13,841		<b>.</b>	が発	\$ 2,02 \$ 2,61	\$ \$	0.000			N.S.	2,906.000 13,841.000	<b>新</b> 拉拉	5,870.12 36,125.01		
15/60 - 69 Med ication Support	187	10 M		7	\$ 4.82	\$ -		20134	0,00%	生物 化四	187.000	200	901,34		
15/70 - 79 Crisis Intervention-OP	582	1200		が存金さ	\$ 3,88	\$ <u>.</u>	0,000	學品類	0.00%	Charles t	582,000	光海州	2,258.16	\$	45,154.63
B-5 RBS PC# - 38CQ7		1							· n nnez	化三百百万 化三百百万		是 <b>发</b> 类			
15/ 01 - 09 Case Management Brokerage 15/ 10-56 MH Sycs	37,409 178,171		<del>]</del>		\$ 2.02 \$ 2.61	<u> </u>	0,000 0,000	2	2,007	75	37,409,000 178,171,000		75,566,18 465,026,31		
15/60 - 79 Crisis Intervention-OP	7,491	<b>*****</b>		<b>建</b>	\$ 3,88	\$	0.000	10	0.00%	<b>安全省</b> 第	7,491,000	200	29,065.08		
15/60 - 69 Medication Support	2,412	See 25			\$ 4.82	<u> </u>	0,000	并为土地	0.00%	PIT TO	2,412.000		11,625,84	\$	581,283.41
B-10 AllM Higher PC # - 3BCQAH	4 000	地區				<u> </u>	0.000			的 (A)	4 000 000	<b>基本</b>			
15/ 01 - 09 Case Management 15/ 10 - 56 Mental Health Services	4,923 15,240	17.00		<b>大学</b>	\$ 2,02 \$ 2.61	\$ - \$ -	0.000	241	0,00%		4,923,000 15,240,000		9,944.46 39,776.40	s	49,720.86
		SAM as		CHAIN.			0.000	No.		亞洲統			,,,,,,,,,	•	44(120.00
TOTAL	2,716,139	A. A. CARLON	0.00	*EARNEST H			0,00	Water Com.	0.00%	31 16 12 2 2 14 1 2 1	2,716,139.00	50000000000	7,187,362.55		
							Expenses To	o Date	% of Bud	yet	Remaining B	udget			
	Budget A	mount		\$ 7.	167,439.00		\$	-	0.00%		\$ 7,187	7,439.00			
			BUB.	TOTAL AN	OUNT DUE	<b>\$</b> -	NOTES:					1			
					t Recovery	\$13500 Period						1			
•					URSEMENT							-			
certify that the information provided above is, to the bes	t of my know	ledge, co the provi	mplete and accu	urate; the	amount re	quested for reimbu	rsement is						•		
laims are maintained in our office at the address indicat					,										
Signature:						Date:									
Title:															
				DBU 4: #	Jan 1900 100 -			<u> </u>							
Send to:				DPH Autho	rization for Pa	yment						- 1			
Community Programs Budget/ Invoice Analyst												[			
380 Howard St., 4th Floor Jan Francisco, CA 94103					Auth	orized Signatory				Date					

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

•										PAGE A			
				Contro	Number_				•				
			[	-									-
			•				INVOICE NUMBE	R:	M02 JL	14	]		
						•				<del> </del>	-		
ntractor: Seneca Center							Ct.Blanket No.: BF	HM	TBD	User Cd			
dress: 2275 Arlington Drive, San Leandro	~ CA 0/578		1			l	Ct. PO No.: POH	\# ·	TBD	Oser Cu	٦		
diess. 2210 Allington Drive, San Leandin	J, GA 84070			CF	BHS		OCTONU FOR	VI.	HBB				
No.: (510) 481-1222				-			Fund Source:		HSA Work Orde	r-HMHMCHMTCHWC	7		
x No.: (510) 481-1222			•								_		
							Invoice Period :		July 2014				
nding Term: 07/01/2014 - 06/30/2015							Final Invoice:			(Check if Yes)	٦		
		•					THE HIVOIDS.			(Oneokii Tee)			
IP Division: Community Behavioral Health	n Services						ACE Control Num	ber:			1		
							T			Remaining	٦	•	
			Total Cont		Delivere	d THIS PERIOD	Delivered to D	ate ·	% of TOTAL:	Deliverables	1		
		•	Exhibit L			chibit UDC	Exhibit UDC		Exhibit UDC	Exhibit UDC			
Unduplicated Clients for Ext	hibit:		CHARLES HER CONTRACTOR		<b>MATERIAL PROPERTY</b>			<b>供料</b>	NAME OF TAXABLE PARTY.	10000000000000000000000000000000000000	*		
duplicated Counts for AIDS Use Only.											_		
DELIVERABLES Program Name/Reptg. Unit	Total Con	tracted	Delivered PERIC		Unit		Delivered to Date		% of TOTAL	Remaining Deliverables	1		
Modality/Mode # - Svc Func (MH only)		CLIENTS		CLIENTS		AMOUNT DUE		JENTS		UOS CLIENT	s		
ST Connections-Intensive Support Service								巡邏			<b>M</b>		
01-09 Case Mgt Brokerage	527				\$ 2.02	s -	0.000		0.00%	527.00D	\$	1,064.54	
10-56 MH Svcs	2,763			L. P. W	\$ 2.61	\$ -	0.000	narija j	0.00%	2,763.000		7,211.43	•
70-79 Crisis Intervention-OP	108				\$ 3.88	\$	0.000	ا- دو. کفستروند و	0.00%	108.000		419.04	
60-69 Medication Support	38				\$ 4.82	\$	0.000		0.00%	38,000		183.16 \$	8,878.17
LT Connections-WRAP PC# - 38CQ4								700			M		•
01-09 Case Mgt Brokerage	17,347	,			\$ 2.02	\$	0,000	1 25 m 12 4	0.00%	17,347.000		35,040.94	
10-56 MH Svcs ·	64,128	iller is f		S. S. S.	\$ 2.61	<u> </u>	0.000	ورا «رحت ا	0.0070	64,128.000		167,374.08	
70-79 Crisis Intervention-OP	3,225			1279	\$ 3.88	\$	0.000	- 1	0,00%	3,225.000		12,513.00	
60-69 Medication Support	4,671				\$ 4.82	5	0.000		0.00%	4,671.000		22,514.22 \$	237,442.24
Intensive Therapeutic Foster Care (MTFC		মা চনাৰু	26	li lice a			0.000		17.0				/
10-56 MH Svcs	6,753				\$ 2.61	<u> </u>	0.000 0.000 0.000 0.000	1-01-44	0.00%	6,753.000 1,334.000		17,625.33	1
01-09 Case Mgt Brokerage .	1,334 53	**			\$ 2.02 \$ 3.88	\$ -	0.000		0.00%	53.000		2,694.68	
70-79 Crisis Intervention-OP 60-69 Medication Support	43				\$ 4.82	s -	0.000	174	0.00%	43.000		205.64	20 722 04
TBS SF PC# - 38CQ5				it.	7.02	·	. '7 '0	1. 1	V.0078	45.000	7	207,26 \$	20,732.91
58 TBS	15,596			73.7	\$ 2.61	\$ -	0.000		0.00%	15,596.000	ă	40,705.56 \$	40,705.56
San Leandro Day Treatment PC# - 89802								1					4-1,
85 - 89 Day Tx Intensive Full Day	16				\$ 202.43	\$ -	0.000		0.00%	16.000	4	3,238.88 \$	3,238.88
RBS PC# - 38CQ7				1				1323		120			•
.01-09 Case Mgt Brokerage	1,491	3.7			\$ 2.02	s <u>-</u>	0,000	الا ئۇنىڭ يەرسىد	0.00%	1,491.000	1	3,011.82	
10-56 MH Svcs	7,101				\$ 2,61	<u>s - · · · · · · · · · · · · · · · · · · </u>	0.000	وأبيراسه	0.00%	7,101,000		18,533.61	
70-79 Crisis Intervention-OP	298				\$ 3.88	\$ -	0.000	1	0.00%	298,000		1,156,24	
60-69 Medication Support	96	200		ya ya sang	\$ 4.82	<u> </u>	0,000	$\eta_j 1_{\mathbb{R}^2}$	0,00%	96,000		462.72 \$	23,164.39
		12.12.2 List		والموسوقية أكتون	<b> </b>				Take 1		벡		•
TOTAL	125,5BB		0.000		1		0.000		0.00%	125,061.000	<b>-∤</b> \$	334,162.15	
	Budget A	mount		5	334,161.00	ľ	Expenses To D	ate	% of Budget   0.00%	Remaining Budget  \$ 334.161.00	-1		
	Dudyer	mount			334,101.00		NOTES:	<u> </u>	0.00%	\$ 334,161.00	4		
					MOUNT DUE		]				1		
			Less: Ini	itiai Payme	ent Recovery	STATE OF THE PARTY OF THE PARTY.			•		1		
<b>\</b>			(For DPH D	LET REIME	BURSEMENT	\$	1				1		
•							<del></del>				_		
rtify that the information provided above										•			
ccordance with the contract approved			d under the p	rovision (	of that conti	act. Full justificat	ion and backup re	cords f	or those				
ms are maintained in our office at the	address ind	icated.											
Signature:			•			Date:							
og. allio													•
Title:							•						
d to:		1		DPH Auth	orization for l	Pavment				·	7	•	
- The state of the		ļ				-4				•	1		
nmunity Programs Budget/ Invoice An	alyst	l									1.		
D Howard St., 4th Floor										·	1		
Francisco, CA 94103					Auth	orized Signatory			Dat	•	1		
											1		

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

			Contro	ol Number		_	•				PP	IGE A	
						]	INVOICE N	JMBER:	M06	JL	14	-	
Contract: Seneca Center			•				Ct.Blanket N	lo.: BPHM	TBD				
Address: 2275 Arlington Drive, San Lean	dro. CA s	94578					Ct, PO No.:	POHM	TBD	····	Us	er Cd	
•	,					7		•		15			
Tel No.: (510) 481-1222 Fax No.: (510)481-1222				CB	HS		Fund Source	3:	General Fund				
	•					]	Invoice Period: July 2014						
Funding Term: 07/01/2014 - 06/30/2015	;				·		Final Invoice	<b>)</b> :		(Check if Yes)			
PHP Division: Community Behavioral He	alth Serv	rices		•			ACE Contro	Number:					
		TAL		VERED	ł	/ERED		OF	REMAI			6 OF	
Day 2002 10 15 15 15 15		RACTED		PERIOD		DATE		UDC UDC	DELIVER			DTAL	
Program/Exhibit  B-9 Youth Transitional Services (YTS) PC	UOS # - 38CON	UDC	UOS	UDC	uos	UDC	UOS	<u> </u>	UOS	UDC	UOS	UDC	
60/ 72 Flexible Support Expenditure	3,648	Ĭ			· -	-	0%	#DIV/0!	3,648		100%	#D!V/0!	
Unduplicated Counts for AIDS Use Only.			<b>1</b>				J		<u> </u>	•		L	
<u> </u>			<del></del>			NSES	1	ENSES	% 0			AINING	
Description		<u> </u>	<del> </del>	DGET		PERIOD	<del> </del>	DATE	BUDO			ANCE	
Total Salaries		·	<del></del>	02,450.00	\$	-	\$		<u> </u>	0.00%		02,450.00	
Fringe Benefits				25,610.00		<del></del>	\$		<del>                                     </del>	0.00%		25,610.00	
Total Personnel Expenses			\$ 1	28,060.00	\$		\$			0.00%	\$ 12	28,060.00	
ing Expenses			6	19.074.00	\$		<u> </u>	· -	<u> </u>	0.009/	<u> </u>	10 074 00	
Jecupancy  Materials and Supplies			\$	18,074.00 650.00	\$		\$	-	<del> </del>	0.00%		18,074.00 650.00	
General Operating		•	\$ .	000.00	\$		\$ .		<del>  .                                     </del>	0.00%		- 050.00	
Staff Travel			\$	2,184.00	\$		\$			0.00%		2,184.00	
Consultant/Subcontractor			\$		\$	-	\$		1	0.00%	\$ .	-	
Other: Staff Recruitment		• •	\$	400.00	\$	-	\$	-		0.00%		400.00	
			\$	-	\$	-	\$	-	ļ	0.00%	\$	-	
Total Operating Expenses			\$	21,308.00	\$	·	\$	-	-	0.00%	\$ 2	21,308.00	
Capital Expenditures			\$	-	\$	-	\$	•		0.00%			
TOTAL DIRECT EXPENSES			\$ 1	49,368.00	\$	· - ·	\$	-		0.00%	<del></del>	19,368.00	
Indirect Expenses			\$	17,924.00	\$	-	\$	-		0.00%		7,924.00	
TOTAL EXPENSES			\$ 1	67,292.00	\$	,-	\$	_		0.00%	\$ 16	7,292.00	
Less: Initial Payment Recovery							NOTES:	•					
Other Adjustments (DPH use only)							]						
REIMBURSEMENT					\$	-	,						
	(- 4-4)				]				t	-4!- !-			
I certify that the information provided above accordance with the contract approved for													
claims are maintained in our office at the				•			•		-				
Signature:							Date:						
Printed Name:						:							
Title:		•				•	Phone:						
Send to:			1				DPH Auth	orization for P	avment				
				[					,				
nity Programs Budget/ Invoice Ana	alyst		1									I	
138u Howard St., 4th Floor San Francisco CA 94103				·			•		•			İ	
Jan Hallosoo OA 37100			1		At	thorized	Signatory				Date		

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F PAGE A

•			Control	Number		_				•			
							INVC	DICE NUM	BER:	M09	JL	14	
Contract: Seneca Center							Ct.BI	lanket No.:	врнм	TBD			
Address: 2275 Arlington Drive, San Le	andro CA	04578						O No.: PO		TBD .		l	Jser Cd
Address. 2213 Allington Drive, San Le	anuro, CA	54310.	1				OL. I	O 140 1 C	21 11 <b>V</b> 1	1100		<del></del>	
Tel No.: (510) 481-1222 Fax No.: (510)481-1222				CBI	HS		Fund	Source:		MHSA - Pro	op63 - PM	HS63 -	1504
			,			<del></del>	Invoi	ice Period:		July 20	14		
Funding Term: 07/01/2014 - 06/30/20	15						Final	I Invoice:				Check i	if Yes)
PHP Division: Community Behavioral	Health Se	vices				•	ACE	Control N	umber:				<b>建筑</b>
		TAL		VERED	DE	LIVERED	T	% O		REMAI			% OF
		RACTED	<del></del>	PERIOD		O DATE	<del> </del> _	TOTA		DELIVER			TOTAL
Program/Exhibit	UOS	UDC	uos	UDC	UOS	S UDC	<del> </del>	uos	UDC	uos	UDC	UOS	UDC
B-10 MHSA Pace PC# - 38CQAH 60/ 72 Flexible Support Expenditure	7 277		<del> </del>			<del></del>	┼─-	0%	#DIV/0!	7,277	<del>                                     </del>	100	% #DIV/0!
60/ 72 Flexible Support Experiditure	7,277		<del> </del>				+	076	#DIV/0!	1,211	<del></del>	.100	76 #DIV/U!
Unduplicated Counts for AIDS Use Onl	у.	<u></u>								<del></del>	J		<del> </del>
Description			RU	DGET		PENSES S PERIOD		EXPEN: TO DA		% C BUD			MAINING · ALANCE
Total Salaries		<del></del>		15.650.00	\$		\$	10 07	-	1 000	0.00%		215,650.00
Fringe Benefits			<del>                                      </del>	53,913.00	\$		\$			<del>                                     </del>	0.00%		53,913.00
Total Personnel Expenses				69,563.00	\$		\$		· -	<del> </del>	0.00%		269,563.00
Operating Expenses			+	30,000.00	<u> </u>	<del></del>	+-	<del></del>	·····	<del> </del>	0.00701	<u>Ψ</u>	200,000.00
Occupancy			\$	4,000.00	\$	. <del>.</del>	\$			<del>                                     </del>	0.00%	\$	4,000.0
Materials and Supplies			\$		\$	<u> </u>	\$			<del>                                     </del>	0.00%		600.00
General Operating			\$		\$		\$			<del> </del>	0.00%		250.00
Staff Travel			\$	3,490.00	\$		\$			<del> </del>	0.00%		_3,490.00
Consultant/Subcontractor			\$	6,230.00	\$		\$			<del>                                     </del>	0.00%		6,230.00
Other: Staff Recruitment			\$	1,500.00	\$		\$			<del> </del>	0.00%		1,500.00
Other. Gtan recognition			\$	1,000.00	\$		\$		<u>-</u>	<del>                                     </del>	0.00%		1,000.00
	****		· ·		<del>-</del>		1				3.0070	Ψ	
Total Operating Expenses			\$	16,070.00	\$		\$		<del></del>		0.00%	\$	16,070.00
Capital Expenditures			\$		\$	-	\$			<del>                                     </del>	0.00%		
TOTAL DIRECT EXPENSES				85,633.00		_	\$		-		0.00%		285,633.00
Indirect Expenses			\$	34,276.00			\$		<u>-</u>	<del> </del>	0.00%		34,276.00
TOTAL EXPENSES		· -:		19,909.00			\$.			<del> </del>	0.00%		319,909.00
Less: Initial Payment Recovery			1Ψ	10,000.00	-		NOT	E 6.			0.0070	<del>*</del>	019,000.00
Other Adjustments (DPH use only)					<del>                                     </del>	<del></del>	11101	LO.					
Other Adjustments (DFH use Only)					<del></del>		┨						•
REIMBURSEMENT	· · · · ·				\$	-	1						
I certify that the information provided a accordance with the contract approved claims are maintained in our office at the	for service	es provide:	d under th					ification an				1	
Signature:		•			•			Date:	<del>.</del>				
Printed Name:					•						٠		
Title:	·			· 				Phone:					<u> </u>
Send to:			1				DP	H Authoriz	ation for P	ayment	· <del> · .</del>		
One work by December 1997 and	A		l	l									
Community Programs Budget/ Invoice	Analyst		l	1								•	
1380 Howard St., 4th Floor- San Francisco, CA 94103			1	l <sup>.</sup>						•			
			l	<b> </b> -		Authorized	Signat	orv		-		Dat	
			.i.				J.J. 141	,			<del></del>	Jal	

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

Appendix F PAGE A

		Contro	Number					·		
					INVOICE NUM	BER:	M10 JL	14	]	
Contractor: Seneca Center		•			Ct.Blanket No.:	врнм	TBD		J	
Address: 2275 Arlington Drive, San Leandro	, CA 94578	CE	nue		Ct.PO No.: PO	НМ	TBD	User Cd	]	
Tel No.: (510) 481-1222 Fax No.: (510)481-1222			BHS		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 Health	Services	•		•	ACE Control Nu	ımber:			<b>3</b>	
Unduplicated Clients for Ext	sibit.	Total Contracted Exhibit UDC	Ext	THIS PERIOD	Delivered to Exhibit U	DC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC		
		delignada (Majarah manga) di diang menggan bangan	10,000,000,000		Washington of the Colonial Col	· ·	I STATE OF THE PARTY OF THE PAR	The state of the s	2	
Unduplicated Counts for AIDS Use Only.  DELIVERABLES  Program Name/Reptg. Unit	Total Contracted	Delivered THIS PERIOD	Unit		Delivere to Date		% of TOTAL	Remaining Deliverables	7	
Modality/Mode # - Svc Func (мн олу)	UOS CLIENTS	UOS CLIENTS	Rate	AMOUNT DUE	UOS	CLIENTS	UOS LIENT		3	
B- Wrap PC# - 38CQWF - HMHMCP882 Ci ervision - Family Respite	1,667		\$ 30,00	\$ -	0.000		0.00%	1,667.000	S	50,010,00
48/ 20 - 29 Wrap Consultation			\$ 150.00	\$ -	0.000		#DIV/0!	0.000		-
					1 14			1000	THE STREET	
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TOTAL	1,667	0.000			0.000		0.000	1,667,000	\$	50,010.00
					Expenses T	o Date	% of Budget	Remaining Budget	4	
	Budget Amount		50,000.00		\$ NOTES:		0,00%	\$ 50,000.00	4	
•		SUBTOTAL AN	OUNT DUE	\$ -	NOTES:			•		
	. •	Less: Initial Payme			]			•	1.	
	,	(For DPH Use) Other A NET REIMB	Adjustments URSEMENT	<u>.</u>						
certify that the information provided about	ve is, to the best of n	ny knowledge, comp	lete and ac	curate; the amo	unt requested fo	or reimbui	rsement is			
n accordance with the contract approved laims are maintained in our office at the		a under the provision	n of that co	ntract. · Full Justii	ication and bac	кир гесог	as for those			
Signature:				Date:				<del></del>		
Title:	<u></u>									
									_	
Send to:		DPH Autho	orization for P	ayment						
Community Programs Budget/ Invoice Analys	st				•			•		
380 Howard St., 4th Floor										
San Francisco, CA 94103			Autho	rized Signatory	•		Dat	te	1	
									1	

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix )

•			Contr	ol Number		1					P/	AGE A
						]	INVOICE NUM	BER:	M14	JL	14	
Contract: Seneca Center							Ct.Blanket No.:	: ВРНМ	TBD			
Address, 2075 Adinates Drive Con Lean	dra CAD	1 <i>5</i> 70					Ct. PO No.: PO		TBD		Ú:	ser Cd .
Address: 2275 Arlington Drive, San Lean	310, CA 9	<del>!</del> 3/0		[ <del></del>		1	CL PO NO P		TIBD			
Tel No.: (510) 481-1222 Fax No.: (510)481-1222				CBI	HS		Fund Source:		MHSA - P	гор63 - F	MHS63	- 1503
•	• .						Invoice Period:		July 201	4		
Funding Term: 07/01/2014 - 06/30/2015							Final Invoice:			(	Check if	Yes)
PHP Division: Community Behavioral He	alth Servi	ces					ACE Control N	lumber:				
	ТО	TAL	DEL	IVERED	DELI	/ERED	% Q	F	REMAI	NING		% OF
·		RACTED		PERIOD		DATE	TOTA		DELIVER			OTAL .
Program/Exhibit B-4 LT Connections-WRAP PC# - 38CQ4	UOS	UDC	uos	UDC	UOS	UDC	uos	UDC	uos	UDC	uos	UDC
60/ 72 Flexible Support Expenditure	12	<del> </del>	<del></del>	+	<del> </del>	<del> </del>	<del> </del>	#DIV/0!	#DIV/0!		<u> </u>	#DIV/0!
OU 12 HEAIDIE Support Experiulture	'	<del> </del>		<del> </del>	<del>                                     </del>	-	<del> </del>	#51010:	·			#1010101
Unduplicated Counts for AIDS Use Only.	<u> </u>			<u> </u>	<del></del>	<u> </u>			<del></del>		<u> </u>	
	1					NSES	EXPEN		% 0			MAINING
Description				JDGET		PERIOD	TO DA		BUDO			LANCE
Total Salaries Fringe Benefits		<del></del>	\$ 1	71,060.00 42,765.00	\$		\$		<del> </del>	0.00%		71,060.00 42,765.00
Total Personnel Expenses							\$		<del> </del>	0.00%		13,825.00
Operating Expenses			Ψ 2	. 10,020.00	Ψ		ΙΨ		<del> </del>	0.00 /8	Ψ. Ζ	13,023.00
Occupancy .			\$	10,990.00	\$	<u> </u>	\$		<del> </del>	0.00%	\$	10,990
Materials and Supplies	<del>:</del>		\$	2,823.00	\$		\$	· · ·	<del>                                     </del>	0.00%		2,823.00
General Operating			\$	-	\$		\$		<del>  .                                   </del>	0.00%		2,023.00
Staff Travel			\$	-	\$		\$			0.00% \$		
Consultant/Subcontractor			\$	16,500.00	\$	-	\$	-,	<b>†</b>	0.00%		16,500.00
Other: Child Related			\$	· · ·	\$		\$	_		0.00%		-
			\$	<b>-</b> .	\$.		\$ .			0.00%	\$	-
			<u></u>	20 242 00	-		<del> </del>		<del> </del>	0.000/		00.040.00
Total Operating Expenses			\$	30,313.00	\$		<u> \$</u>		<del> </del>	0.00%		30,313.00
Capital Expenditures		<del></del>	\$		\$		\$		<del> </del>	0.00%		44.400.00
TOTAL DIRECT EXPENSES			\$ 2	244,138.00	\$		\$	<del></del>	<del> </del>	0.00%		44,138.00
Indirect Expenses TOTAL EXPENSES				273,648.00	<u> </u>		\$		}	0.00%		29,510.00 73,648.00
		<del></del>	1 4 4	273,040.00	<del>1 Ψ</del>		NOTES:	<del></del>	<del></del>	0.0076	Ψ 2	73,040.00
Less: Initial Payment Recovery Other Adjustments (DPH use only)	:				<del> </del>		JNOTES.				~	Ì
					\$		] .		•			
REIMBURSEMENT	REIMBURSEMENT						<u> </u>					
I certify that the information provided above accordance with the contract approved for claims are maintained in our office at the	r services	provided	my know under th	ledge, compl e provision o	ete and a f that con	ccurate; t tract. Full	he amount requi	ested for re d backup re	eimburseme cords for th	nt is in ose		
Signature:							Date:		<del></del>			
Printed Name:					•							
Title:	<del></del>				•		Phone:	<del></del>	······································		,	
Send to:							DPH Authoria	zation for P	ayment		<del></del>	
Community Programs Budget/ Invoice An 1380 Howard St., 4th Floor San Francisco, CA 94103	4th Floor								_			
						thorized (	Signatory		-		Date	

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

Appendix F

										PAGE A			
		•		Contro	ol Number	1							
•				L			INVOICE NUI	MBER:	M15 JL	14		7	
contractor: Seneca Center							Ct:Blanket No	· BPHM	TBD			- 7	
Actividately postered collect							Gi.Diamot 110	6. 1111	1100	User C	d	_	
ddress: 2275 Arlington Drive, San Learidro, C.	A 94578			C	3HS	] -	CLPO No.: P	OHM	TBD			]	
el No.: (510) 481-1222				_ Ci	JI 10	]	Fund Source:		GF, SDMC Re	gular FFP, PSR,	EPSDT	7	
ax No.: (510)481-1222						-	laurian Baria		luk and 4			- 1	•
						·	Invoice Period	1.	July 2014			1	
unding Termi: 07/01/2014 - 06/30/2015							Final Invoice:			(Check if '	Yes)	]	
HP Division: Community Behavioral Health Se	rvices <sup>.</sup>						ACE Control 1	lumber:				1	
			Total Cor	atracted	Delivered	THIS PERIOD	Delivered	to Date	% of TOTAL		aining erabies	1	
	•		Exhibit	UDC	Ext	ibit UDC	Exhibit	UDC	Exhibit UDC	Exhib	ILUDC	]	
Unduplicated Cilents for Exh	blt:			No. of the last of		STORY THE					<b>的剧场系统</b>	1 .	
nduplicated Counts for AIDS Use Only.									1			_	
DELIVERABLES	T-1-10		Delivere				Delive		N -STOTAL		aining	1	
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн опу)	Total Cont	CLIENTS	PERI UOS	CLIENTS	Unit Rate	AMOUNT DUE	UOS I	CLIENTS	% of TOTAL		CLIENTS	1	
-7 Crisis Wrap PC# - 38CQWC						7	1 333						
5/ Case Mgt Brokerage	9,772				\$ 2.02	s -	0.000		0.00%	22	OFFICE	s	19,739.44
5/ 10 - 56 MH Svcs	51.052	F E			\$ 2.61	<del></del>			0.00%		0	1	133,245.72
5/ 60 - 79 Crisis Intervention - OP	2.120	門語記			\$ 3.88	<del></del>					0	1	8,225,60
5/ 60 - 69 Medication Support	683	0.25			\$ 4.82	\$ -	0.000		0.00%	683.00	0	1	3,292.06
		S. Harris											,
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		OC 184033 SMS 41/4			<u> </u>		ļ					1	
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TOTAL	63,627		0.000		L		0.000		0.00%	63,627.00		\$	164,502.82
	Budget A	mount.		ę.	164,502.00		Expenses '	To Date	% of Budget 0.00%		g Budget 164,502.00		
	Duayet M	IIIOUIII			104,002.00	<del> </del>	NOTES:		0.00%	1 3	104,502.00	}	
			SUB	TOTAL AN	OUNT DUE	\$ -							
	•		Less: Init	iai Payme	nt Recoyery								
	•				Adjustments								
			N	ET REIMB	URSEMENT	<u> </u>	L						
certify that the information provided above	is to the he	est of my	knowledge	comple	te and acc	trate: the amo	unt requested	for reimh	sursement is				
accordance with the contract approved for										•			
aims are maintained in our office at the ad	dress indica	ated.				-							
Signature:						Date:	` `			· .			
Signature.						, Date.					_		•
Title:						•							
end to:		ı		DPH Auth	orization for I	Payment		·				i	
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ommunity Programs Budget/ Invoice Analyst						•			•		ı	İ	
380 Howard St., 4th Floor										<del> </del>	_	ĺ	
an Francisco, CA 94103		[			Author	ized Signatory				ate	- 1		
		L			<del></del>				<del>·</del>				

# DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Appendix F

•			Control	Number								PAGE A	
	l						INVOICE NUME	RER.	M04	JL	14		
Contract: Seneca Center							Ct.Blanket No.:		TBD		<del></del> _		==
							Ot.Diarret 140	D1 1 1141				User Cd	
Address: 2275 Arlington Drive, San Lea	ndro, CA 9	4578	•				Ct. PO No.: PO	HM .	TBD				
Tel No.: (510) 481-1222 Fax No.: (510)481-1222							Fund Source:		HSA Work	Order-HIV	НМС	HTHFCW	5
							Invoice Period:		July 201	July 2014			
Funding Term: 07/01/2014 - 06/30/201	5						Final Invoice:			(	Chec	k if Yes)	
PHP Division: Community Behavioral H	lealth Serv	rices					ACE Control Nu	mber:				<b>建</b>	郡马相
	· TO	TAL	DELI	VERED	DE	LIVERED	% OF	:	REMAI	NING		% OF	
		RACTED		PERIOD		O DATE	TOTA		DELIVER			TOTAL	
Program/Exhibit	UOS	UDC	UOS.	UDC	UOS	S UDC	UOS	UDC	uos	UDC	UC	s L	JDC_
B-8 Parenting Training Institute PC# - 380	12		├	<del> </del>			0%		12		1/	100/	
60/ 72 Flexible Support Expenditure	12		<del> </del>	<del> </del>			076		12		-"	00%	┈┤
	<del> </del>		1	<del> </del>					<del> </del>			<del>-  </del>	
Unduplicated Counts for AIDS Use Only	• .			<del></del>		<del></del>	<u></u>				<u> </u>	:	
	<del></del>	·	1		EX	PENSES	EXPENS	SES	· % C	)F	F	EMAINI	NG
Description			BU	DGET		S PERIOD	TO DA		BUDO		ι	BALANC	
Total Salaries			\$	80,143.00	\$	_	\$	-		0.00%		80,14	
Fringe Benefits			\$	20,035.00	\$	_	\$			0.00%	\$	20,03	5.00
Total Personnel Expenses			\$ 1	00,178.00	\$	-	\$	-		0.00%	\$	100,17	′8.00
Operating Expenses		`											
Occupancy			\$		\$		\$			0.00%	\$		7
Materials and Supplies			\$		\$.		\$			0.00%			
General Operating	<del></del>		\$		\$		\$	<del></del> -		0.00%			-
Staff Travel			\$		\$	-	\$	-		0.00%	\$		-
Consultant/Subcontractor			\$ -		\$		\$	-		0.00%	\$		_
Other: Staff Recruitment			\$		\$	_	\$			0.00%	\$		-
Client Service Fund			\$		\$	<u> </u>	\$		<b>_</b>	0.00%	\$		
Total Operating Expenses			\$		\$		\$		<del></del>	0.00%	e		
Capital Expenditures			\$ .		\$		\$		<del> </del>	0.00%			<u>-</u>
TOTAL DIRECT EXPENSES				00,178.00	\$		\$	<del></del>	<del> </del>	0.00%		400.47	70 00
Indirect Expenses	<del></del> -		\$	12,022.00	\$		\$	<u>-</u>	<del> </del>	0.00%	_	100,17 12,02	
TOTAL EXPENSES				12,200.00	\$		<u>  Ψ</u>   \$	· -	+	0.00%	_	112,20	
			1Ψ	12,200.00	Ψ		NOTES:	<u>_</u> _		0.0076	Ψ	112,20	10.00
Less: Initial Payment Recovery		<del> </del>					INOTES:						i
Other Adjustments (DPH use only)		<del> </del>			<del></del>		1						1
REIMBURSEMENT	<u>-</u>			<del></del>	\$		1						- 1
I certify that the information provided ab- accordance with the contract approved f claims are maintained in our office at the Signature:	or service:	s provided											,
Printed Name:			······································		ı		Date.	· <del>-</del>				- · · · · · · · · · · · · · · · · · · ·	
Title:					•		Phone:			•			
			1					otion for "	Povmont				
Send to:							DPH Authoriz	au011 101 F	ayınent				
Community Programs Budget/ Invoice A 1380 Howard St., 4th Floor San Francisco, CA 94103	nalyst												•
San Francisco, CA 34 103			ľ	<del></del>		Authorized	Signatory		<del>-</del> .		, ,	ate	

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

Appendix F PAGE A Control Number INVOICE NUMBER: M05 Contractor: Seneca Center Ct.Blanket No.: BPHM TBD User Cd \ddress: 2275 Arlington Drive, San Leandro, CA 94578 Ct.PO No.: POHM TBD **CBHS** "el No.: (510) 481-1222 Fund Source: SB 163-Children'sWrap-Around Foster Care ax No.: (510)481-1222 Invoice Period: July 2014 unding Term: 07/01/2014 - 06/30/2015 (Check if Yes) Final Invoice: 'HP Division: Community Behavioral Health Services ACE Control Number: Remaining **Total Contracted** Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Unduplicated Clients for Exhibit: aled Counts for AIDS Use Only.
DELIVERABLES Delivered Remaining Program Name/Reptg. Unit Total Contracted PERIOD to Date % of TOTAL Deliverables Modality/Mode#-SvcFunc(мнолу) CLIENTS CLIENTS Crisis Wrap PC# - 38CQWC - HMHMCPSB163 ervision-Family Respite 30,00 0.00% 8,490.00 TOTAL 283 0.000 0.000 0.00% 283,000 % of Budget Expenses To Date Remaining Budget **Budget Amount** 8,500.00 0.00% \$ 8,500.00 NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Usa) Other Adjustments NET REIMBURSEMENT \$ certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those aims are maintained in our office at the address indicated. Signature: Date: Title: DPH Authorization for Payment ommunity Programs Budget/ Invoice Analyst 380 Howard St., 4th Floor an Francisco, CA 94103

Jul MYE 07-07

end to:

Date

Authorized Signatory

SENEFAM-01

VRXKUMAR2

DATE (MM/DD/YYYY)

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

### ACORD

### CERTIFICATE OF LIABILITY INSURANCE

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

REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER. IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER License # 0726293 Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc. 505 N Brand Blvd, Suite 600 Glendale, CA 91203 PHONE (A/C, No, Ext): (818) 539-2300 E-MAIL ADDRESS: FAX (A/C, No): (818) 539-2301 INSURER(S) AFFORDING COVERAGE NAIC # INSURER A : Nonprofits' Insurance Alliance of CA INSURED INSURER B: New York Marine And General Insurance Co 16608 INSURER C: Berkley Regional Insurance Company 29580 Seneca Family of Agencies 2275 Arlington Drive INSURER D: San Leandro, CA 94578 **INSURER E:** INSURER F: **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDLISUBR POLICY EFF POLICY EXP
(MM/DD/YYYY)\_ (MM/DD/YYYY TYPE OF INSURANCE **POLICY NUMBER** INSD WVD X COMMERCIAL GENERAL LIABILITY 1,000,000 **EACH OCCURRENCE** DAMAGE TO RENTED PREMISES (Ea occurrence) CLAIMS-MADE X OCCUR 201500557NPO 07/01/2014 07/01/2015 500,000 X X. Professional \$1MM 20,000 MED EXP (Any one person) X Abuse \$1MM 1,000,000 PERSONAL & ADV INJURY 2,000,000 GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE 2,000,000 Χ PRO-JECT POLICY PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Es accident) AUTOMOBILE LIABILITY \$ 1,000,000 X 201500557NPO 07/01/2014 07/01/2015 BODILY INJURY (Per person) \$ ANY AUTO ALL OWNED AUTOS SCHEDULED BODILY INJURY (Per accident) AUTOS NON-OWNED PROPERTY DAMAGE (Per accident) HIRED AUTOS AUTOS \$ X UMBRELLA LIAB 4,000,000 OCCUR EACH OCCURRENCE 07/01/2015 **EXCESS LIAB** 201500557NPOUMB 07/01/2014 4,000,000 AGGREGATE CLAIMS-MADE \$ 10,000 DED X RETENTIONS WORKERS COMPENSATION AND EMPLOYERS' LIABILITY STATUTE X ERH 01/01/2015 11/01/2013 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? WC 015684189 1,000,000 E.L. EACH ACCIDENT N/A OFFICER/MEMBER EXCLUDED?
(Mandatory in NH)
If yes, describe under
DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT 09/17/2013 | 09/17/2014 | Employee Dishonesty Crime BCR7100147313 1,000,000 C DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) Certificate holder is named additional insured with respect to the operations of the named insured per the attached CG 2026 endorsement. Workers Compensation coverage excluded, evidence only. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City & County of San Francisco 1380 Howard Street San Francisco, CA 94103 **AUTHORIZED REPRESENTATIVE** 

#### THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

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

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:

	\$ 8,505,451	C.T.
Fiscal Year Encumbrance:	<del>\$8,617,651</del>	Seneca Center
		CONTRACT AGENCY NAME
Base for Initial Payment:	Lesser of	2275 Arlington Drive
Maximum Fidelity Bond coverage (\$1,000 Annual General Fund and MHSA Budget from the CBHS Budget Schedule.	0,000) or 25% of	STREET, P.O. BOX
		·
INITIAL PAYMENT AMOUNT:	\$1,000,000	San Leandro, CA 94578
		CITY, STATE, ZIP
•		
82 DEPARTMENT OF PUBLIC POPULATION HEALTH AND PR		CONTRACT AGENCY
Whi	8/5/2014	MA
AUTHÓRIZED SIGNATU	JR/E	AUTHORIZED SIGNATURE
MARGARETTE ALVIA	IR	KATHERINE WEST
NAME – PRINT OR TY		NAME - PRINT OR TYPE
Asst Manager A/P - Contracts & Reco	nciliation Unit	Executive Director
TITLE - PRINT OR TY		TITLE – PRINT OR TYPE

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

FILE NO. 100927

RESOLUTION NO. 563-10

24

25

[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;

Hyde Street Community Service, \$17,162,210; 2 Instituto Familiar de la Raza, \$14,219,161; 3 Progress Foundation, \$92,018,333; Richmond Area Multi-Services, \$34,773,853; 5 San Francisco Study Center, \$11,016,593; 6 Seneca Center, \$63,495,327; 7 Walden House, \$54,256,546; 8 Westside Community Mental Health Center, \$43,683,160; 9 Regents of the University of California, \$74,904,591; and 10 WHEREAS, The Department of Public Health estimates that the annual payment of 11 some contracts may be increased over the original contract amount, as additional funds 12 become available between July 2010 and the end of the contract term; now, be it 13 RESOLVED, That the Board of Supervisors hereby retroactively approves these 14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it 15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director 16 of the Department of Public Health and the Purchaser, on behalf of the City and County of 17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it 18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of 19 Public Health to submit a report each June with increases over the original contract amount, 20 as additional funds become available during the term of contracts. 21 22 RECOMMENDED: APPROVED: 23

Mayor Newsom

24

25

Mitchell Katz. M.D.

Director of Health

Page 2 12/01/10

Mark Morewitz, Secretary to the

Health Commission



### 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.

or Gavin Newsom

Date Approved

Angela Calvillo Clerk of the Board

# 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 (Please print clearly.)	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	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 dire financial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political cadditional 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  Date that contract was approved:	n ownership of 20 percent or more in the contractor; (4)
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:	
nis contract was approved by (check applicable):	·
the City elective officer(s) identified on this form	
a board on which the City elective officer(s) serves Sa	1 Francisco Board of Supervisors
	Print Name of Board
the board of a state agency (Health Authority, Housing Author Board, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City elect	, Relocation Appeals Board, Treasure Island
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C.	E-mail: Board.of.Supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective office	Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary	vor Clerk) 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