

File No. 190488

Committee Item No. 6

Board Item No. 12

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Sub-Committee Date June 5, 2019

Board of Supervisors Meeting

Date June 11, 2019

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Resolution |
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| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
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| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
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| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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Completed by: Victor Young Date May 31, 2019

Completed by: *[Signature]* Date 6/5/19

1 [Contract Amendment - Instituto Familiar de la Raza - Behavioral Health Services - Not to
2 Exceed \$28,795,895]

3 **Resolution approving Amendment No. 1 to the agreement between Instituto**
4 **Familiar de la Raza and the Department of Public Health for behavioral health**
5 **services, to increase the agreement amount by \$18,912,545 for an amount not to**
6 **exceed \$28,795,895; and to extend the term by five years, from June 30, 2020, for**
7 **a total agreement term of July 1, 2018, through June 30, 2025.**

8
9 WHEREAS, The Department of Public Health selected Instituto Familiar de la
10 Raza to provide behavioral health services as a result of eight competitive solicitations
11 conducted in 2017 and 2018, and under its authority under Chapter 21.42 of the San
12 Francisco Administrative Code; and

13 WHEREAS, Under this contract, Instituto Familiar de la Raza provides behavioral
14 health outpatient and prevention services for families, adults, transitional age youth,
15 youth, and children; now, therefore, be it

16 RESOLVED, That the Board of Supervisors hereby authorizes the Director of
17 Public Health and the Director of the Office of Contract Administration/Purchaser, on
18 behalf of the City and County of San Francisco, to execute an agreement with Instituto
19 Familiar de la Raza to increase the agreement amount by \$18,912,545 for a total
20 amount not to exceed \$28,795,895 and to extend the term by five years, from June 30,
21 2020, for a total agreement term of July 1, 2018, through June 30, 2025; and, be it

22 FURTHER RESOLVED, That the Board of Supervisors authorizes the
23 Department of Public Health to enter into any amendments or modifications to the
24 contract, prior to its final execution by all parties, that the Department determines, in
25 consultation with the City Attorney, are in the best interest of the City, do not otherwise

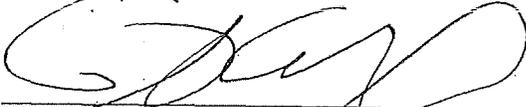
1 materially increase the obligations or liabilities of the City, are necessary or advisable to
2 effectuate the purposes of the contract, and are in compliance with all applicable laws;
3 and, be it

4 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed
5 by all parties, the Director of Health and/or the Director of the Office of Contract
6 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for
7 inclusion into the official File No. 190488.

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9 RECOMMENDED:

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Dr. Grant Colfax
Director of Health

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<p>Item 6 File 19-0488</p>	<p>Department: Department of Public Health (DPH)</p>
<p>EXECUTIVE SUMMARY</p>	
<p>Legislative Objectives</p>	
<ul style="list-style-type: none"> • The proposed resolution would approve the first amendment to the contract between the Department of Public Health (DPH) and Instituto Familiar de la Raza for behavioral health services to (1) increase the contract amount by \$18,912,545 from \$9,883,350 for a total not to exceed amount of \$28,795,895; and (2) extend the term by five years, for a total contract term of seven years from July 1, 2018, through June 30, 2025. 	
<p>Key Points</p>	
<ul style="list-style-type: none"> • The contract is for 16 behavioral health programs serving adults, children, and families. These programs include adult outpatient, integration of primary care and behavioral health, children’s outpatient services, Medi-Cal Early and Periodic Screening, Diagnostic, and Treatment program, State Mental Health Services Act prevention and early intervention programs with children and youth, and programs targeted to transitional age youth. • DPH entered into a one-year contract with Instituto Familiar de la Raza from July 18, 2018 through June 30, 2019. Instituto Familiar de la Raza was selected through competitive Request for Proposals (RFP) or Request for Qualifications (RFQ) for 15 of the programs, and selected as a sole source provider for one program. The respective RFPs/RFQs advertised different end dates between 2020 and 2027. The contract, which extends to 2025, provides for end dates of the various programs that are consistent with the respective RFPs/RFQs. 	
<p>Fiscal Impact</p>	
<ul style="list-style-type: none"> • The proposed resolution would increase the not-to-exceed amount of the contract by \$18,912,545, for a total not to exceed amount of \$28,795,895. The sources and uses of funds are shown in Table 2 below. Total base contract funding (not including potential contingencies) is approximately 51 percent federal and State funds, and 49 percent City General Fund. 	
<p>Recommendation</p>	
<ul style="list-style-type: none"> • Approve the proposed resolution. 	

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

The proposed resolution would approve the first amendment to the contract between the Department of Public Health (DPH) and Instituto Familiar de la Raza for behavioral health services to (1) increase the contract amount by \$18,912,545 from \$9,883,350 for a total not to exceed amount of \$28,795,895; and (2) extend the term by five years, for a total contract term of seven years from July 1, 2018, through June 30, 2025.

The programs covered by the contract, and the respective solicitations, are shown in Table 1 below.

Table 1: Requests for Proposals/Qualifications for Instituto Familiar de la Raza Contract

Program	RFP/RFQ	Potential Contract Term Under RFP/RFQ
Adult Outpatient-Behavioral Health Clinic	RFP 8-2017	1/1/2018 – 12/31/2027
Behavioral Health Primary Care Integration	RFP 8-2017	1/1/2018 – 12/31/2027
Indigena Health & Wellness Collaborative	RFP 18-2016	1/1/2017 – 12/31/2022
Child Outpatient Behavioral Health Services	RFP 1-2017	1/1/2018 – 12/31/2027
Child Outpatient Behavioral Health Clinic-EPSDT ^a	RFP 1-2017	1/1/2018 – 12/31/2027
Early Intervention - Childcare Mental Health Consultation Initiative	RFQ 16-2018	1/1/2019 – 6/30/2024
Intensive Supervision and Clinical Services (ISCS)/EPSDT Services	DCYF 2018-2023	7/1/2018 – 6/30/2023
ISCS/Families First	DCYF 2018-2023	7/1/2018 – 6/30/2023
MHSA Prevention & Early Intervention-School-Based Youth-Centered Wellness ^b	RFQ 17-2016	7/1/2017 – 6/30/2023
MHSA Early Childhood Mental Health Consultation (ECMHC)	RFQ 16-2018	1/1/2019 – 6/30/2024
Transitional Age Youth (TAY) Engagement & Treatment - Latino	RFQ 15-2017	1/1/2018 – 12/31/2024
TAY Engagement & Treatment - Latino	RFQ 15-2017	1/1/2018 – 12/31/2023
MHSA PEI ECMHC Training	RFQ 16-2018	1/1/2019 – 6/30/2024
Semillas de Paz	Sole source approved by Health Commission June 6, 2018	
Full Service Partnership - Strong Parents And Resilient Kids (SPARK)	RFQ 14-2015	7/1/2015 – 6/30/2020
Day Laborer	RFP 8-2017	1/1/2018 – 12/31/2027

^a EPSDT is the Early and Periodic Screening, Diagnostic, and Treatment, funded by federal Medicaid

^b MHSA is the State Mental Health Services Act

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would approve the first amendment to the contract between the Department of Public Health (DPH) and Instituto Familiar de la Raza for behavioral health services to (1) increase the contract amount by \$18,912,545 from \$9,883,350 for a total not to exceed amount of \$28,795,895; and (2) extend the term by five years, for a total contract term of seven years from July 1, 2018, through June 30, 2025. The scope of work will not change, as services will be consistent with the scope of work outlined in the original competitive solicitations.

As shown in Table 1 above, contracting authority under six of the eight competitive solicitations¹ will expire before the proposed end of the contract term on June 30, 2025, so funding for the programs covered by these solicitations would expire prior to the end of the contract term. DPH anticipates that RFPs will be issued before the current RFP expiration date per contract to ensure continuity of services, contingent on funding availability.

FISCAL IMPACT

According to Mr. Mario Moreno, Director of Contract Management & Compliance at DPH, actual contract expenditures as of May 29, 2019 total \$4,455,631, and DPH projects total expenditures for FY 2018-19 of \$4,797,725.

The proposed resolution would increase the not-to-exceed amount of the contract by \$18,912,545, for a total not to exceed amount of \$28,795,895. The sources and uses of funds are shown in Table 2 below. Total base contract funding (not including potential contingencies) is approximately 51 percent federal and State funds, and 49 percent City General Fund.

As shown in Table 2 below, the annual contract amounts decrease as RFP/RFQs expire. According to Mr. Moreno, it has not yet been determined whether a new solicitation will be issued to extend the programs and services for the RFPs that have end dates as early as 2020.

RECOMMENDATION

Approve the proposed resolution.

¹ RFP 18-2016, RFQ 16-2018, DCYF 2018-2023, RFQ 17-2016, RFQ 15-2017, and RFQ 14-2015.

Table 2: Sources and Uses of Funds for Proposed Contract Amendment

Sources	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Total
Federal and State Funds								
Federal Financial Participation Medi-Cal	\$805,258	\$825,390	\$571,540	\$585,827	\$600,472	\$467,680	\$442,053	\$4,298,220
1991 Mental Health Realignment	104,442	107,053	109,729	112,472	115,284	118,166	121,120	788,266
State MH Child Wellness Center	50,000	51,250	52,531	53,844	55,190	56,570	57,984	377,369
State Mental Health Services Act - Prevention and Early Intervention Match	12,500	12,812	13,132	13,460	13,797	7,071	--	72,772
State Mental Health Services Act	1,209,888	1,240,135	850,889	872,163	742,036	250,576	--	5,165,687
Early & Periodic Screening, Diagnosis, Treatment/Public Safety Realignment	562,210	576,265	316,187	324,091	332,195	214,592	197,133	2,522,673
Federal and State Funds Subtotal	\$2,744,298	\$2,812,905	\$1,914,008	\$1,961,857	\$1,858,974	\$1,114,655	\$818,290	\$13,224,987
City General Fund								
General Fund	\$807,412	\$827,597	\$783,278	\$802,861	\$822,931	\$656,416	\$659,260	\$5,359,755
General Fund - Cost of Doing Business	5,246	5,377	5,510	5,648	5,789	2,101	--	29,671
HSA Work Order - Childcare Mental Health Consultation	380,366	389,875	399,622	409,613	419,853	430,349	--	2,429,678
HSA Work Order - 0-5	155,000	158,875	--	--	--	--	--	313,875
HSA Work Order - Pre-School for All	440,432	451,443	462,729	474,297	486,154	498,308	--	2,813,363
DCYF Work Order - Child Care	77,181	79,111	81,089	83,116	85,194	87,324	--	493,015
DCYF Work Order - Violence Prevention	135,477	138,864	142,336	145,894	149,541	--	--	712,112
CFC Work Order - School Readiness	52,313	53,621	54,962	56,336	57,744	59,188	--	334,164
General Fund Subtotal	\$2,053,427	\$2,104,763	\$1,929,526	\$1,977,765	\$2,027,206	\$1,733,686	\$659,260	\$12,485,633
Total Sources of Funds	\$4,797,725	\$4,917,668	\$3,843,534	\$3,939,622	\$3,886,180	\$2,848,341	\$1,477,550	\$25,710,620
Contingency (12%)	575,727	590,120	461,224	472,755	466,342	341,801	177,306	3,085,275
Total Not-to-Exceed Amount	\$5,373,452	\$5,507,788	\$4,304,758	\$4,412,377	\$4,352,522	\$3,190,142	\$1,654,856	\$28,795,895

Uses	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	Total
Adult Outpatient-Behavioral Health Clinic	\$618,571	\$634,035	\$649,886	\$666,133	\$682,786	\$699,856	\$717,352	\$4,668,619
Behavioral Health Primary Care Integration	98,468	100,930	103,453	106,039	108,690	111,407	114,192	743,179
Indigena Health & Wellness Collaborative	275,287	282,169	289,223	296,454	151,933			1,295,066
Child Outpatient Behavioral Health Services	119,250	122,231	125,287	128,419	131,629	134,920	138,293	900,029
Child Outpatient Behavioral Health Clinic-EPSTD	386,601	396,266	406,173	416,327	426,735	437,403	448,338	2,917,843
Early Intervention - Childcare Mental Health Consultation Initiative	1,003,210	1,028,290	1,053,997	1,080,347	1,107,356	1,135,040	--	6,408,240
Intensive Supervision and Clinical Services (ISCS)/EPSTD Services	386,898	396,570	406,484	416,646	427,062	--	--	2,033,660
ISCS/Families First	146,747	150,416	154,176	158,030	161,981	--	--	771,350
MHSA Prevention & Early Intervention-School-Based Youth-Centered Wellness	194,380	199,240	204,221	209,327	214,560	--	--	1,021,728
MHSA Early Childhood Mental Health Consultation (ECMHC)	81,410	83,445	85,531	87,669	89,861	92,108	--	520,024
Transitional Age Youth (TAY) Engagement & Treatment - Latino	250,000	256,250	262,656	269,222	275,953	141,426	--	1,455,507
TAY Engagement & Treatment - Latino	25,000	25,625	26,266	26,923	27,596	14,143	--	145,553
MHSA PEI ECMHC Training	21,311	21,844	22,390	22,950	23,524	24,112	--	136,131
Semillas de Paz	479,000	490,975	--	--	--	--	--	969,975
Full Service Partnership - Strong Parents And Resilient Kids (SPARK) Day Laborer	660,393	676,903	--	--	--	--	--	1,337,296
	51,199	52,479	53,791	55,136	56,514	57,927	59,375	386,421
<i>Subtotal</i>	<i>\$4,797,725</i>	<i>\$4,917,668</i>	<i>\$3,843,534</i>	<i>\$3,939,622</i>	<i>\$3,886,180</i>	<i>\$2,848,342</i>	<i>\$1,477,550</i>	<i>\$25,710,620</i>
Contingency (12%)	575,727	590,120	461,224	472,755	466,342	341,801	177,306	3,085,275
Total Not-to-Exceed Amount	\$5,373,452	\$5,507,788	\$4,304,758	\$4,412,377	\$4,352,521	\$3,190,143	\$1,654,856	\$28,795,895

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of April 23, 2019, in San Francisco, California, by and between **Instituto Familiar de la Raza, Inc., a non-profit entity**, ("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 extend the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, services in this Agreement were procured as required by San Francisco Administrative Code Chapter 21.1 competitively through multiple Request for Proposals ("RFP") and Request for Qualifications ("RFQ"), RFP 1-2017, RFP 8-2017, RFQ 14-2015, RFQ 17-2016, RFQ 18-2016, RFQ 15-2017, RFQ 16-2018 and DCYF 2018-2023, issued on March 7, 2017, August 23, 2017, April 7, 2015, July 20, 2016, September 30, 2016, July 31, 2017, May 4, 2018 and August 18, 2017 respectively, in which City selected Contractor as the highest qualified scorer pursuant to the RFP and RFQ, and as per Administrative Code Section 21.42 through Sole Source granted on June 5, 2018, and this modification is consistent therewith; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 47911-13/14, 43897-14/15, 44670-16/17, 46987-16/17, 40587-17/18 and 48427-17/18 on October 26, 2018, December 21, 2015, June 19, 2017 and November 20, 2017 respectively; and

WHEREAS, approval for this Agreement under S.F. Charter Section 9.118 was obtained when the Board of Supervisors approved Resolution No. _____ on _____.

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2018 between Contractor and City, as amended by this First Amendment.

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 Section 2.1 of the Agreement currently reads as follows:

2.1 The term of this Agreement shall commence on the latter of: (i) **July 1, 2018**; or (ii) the Effective Date and expire on **June 30, 2020**, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on the latter of: (i) **July 1, 2018**; or (ii) the Effective Date and expire on **June 30, 2025**, unless earlier terminated as otherwise provided herein.

2.2 Section 3.3 Compensation of the Agreement currently reads as follows:

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Eighty Three Thousand Three Hundred Fifty Dollars (\$9,883,350)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. 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:

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Twenty Eight Million Seven Hundred Ninety Five**

Thousand Eight Hundred Ninety Five Dollars (\$28,795,895). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

The Appendices listed below are amended as follows:

2.3 Appendices A and A-1 to A-13 dated 07/01/2018, are hereby replaced in their entirety with Appendices A and A-1 to A-13 dated 04/23/2019.

2.4 Appendices B and B-1 to B-13 dated 11/21/2018, are hereby replaced in their entirety with Appendices B and B-1 to B-13 dated 04/23/2019 and 03/07/2019 respectively.

2.5 Appendix F dated 07/01/2018, is hereby replaced with Appendix F dated 04/23/2019.

Article 3 Effective Date

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

Article 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.

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

- | | |
|---|---|
| A. Contract Administrator | N. Patients' Rights |
| B. Reports | O. Under-Utilization Reports |
| C. Evaluation | P. Quality Improvement |
| D. Possession of Licenses/Permits | Q. Working Trial Balance with Year-End Cost Report |
| E. Adequate Resources | R. Harm Reduction |
| F. Admission Policy | S. Compliance with Behavioral Health Services Policies and Procedures |
| G. San Francisco Residents Only | T. Fire Clearance |
| H. Grievance Procedure | U. Clinics to Remain Open |
| I. Infection Control, Health and Safety | V. Compliance with Grant Award Notices |
| J. Aerosol Transmissible Disease Program, Health and Safety | |
| K. Acknowledgement of Funding | 2. Description of Services |
| L. Client Fees and Third Party Revenue | 3. Services Provided by Attorneys |
| M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System | |

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to April Crawford, Program Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

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

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Adult Outpatient Behavioral Health Clinic
- Appendix A-2 Behavioral Health Primary Care Integration
- Appendix A-3 Indigena Health and Wellness Collaborative
- Appendix A-4a Child Outpatient Behavioral Health Services
- Appendix A-4b Child Outpatient Behavioral Health Clinic – EPSDT

- Appendix A-5 Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative Program
- Appendix A-6a ISCS/EPSDT Services La Cultura Cura
- Appendix A-6b ISCS/EPSDT Services Family F.I.R.S.T.
- Appendix A-7 Early Intervention Program (EIP) Consultation, Affirmation, Resources, Education and Empowerment Program (CARE) / MHSA PEI-School-Based Youth-Centered Wellness
- Appendix A-8 MHSA Early Childhood Mental Health Consultation (ECMHC)
- Appendix A-9a Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
- Appendix A-9b Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
- Appendix A-10 MHSA PEI Early Childhood Mental Health Consultation (ECMHC) Training
- Appendix A-11 Semillas de Paz
- Appendix A-12 Early Intervention Program (EIP) Full Service Partnership (FSP) 0-5
- Appendix A-13 San Francisco Day Labor Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-1
April 23, 2019

1. Identifiers:

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

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Juanita Mena
Telephone: 415-229-0500
Email Address: Juanita.mena@ifrsf.org
Program Code(s): 3818-3

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Target Population:

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

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

Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

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

Please refer to exhibit B for Units of Service.

6. Methodology:

Direct client services

a. Outreach, Recruitment, Promotion, and Advertisement

IFR has a strong reputation in the community and receives a great number of referrals by clients who have received our service and refer friends and family and other community members. IFR also has long standing relationships with agencies and institutions in San Francisco (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D. and the Human Services Agency) that refer clients to our services. Whenever applicable, clients who are referred from inpatient services receive a face-to-face contact from our staff while still in the hospital in order to provide successful linkage to outpatient level of care.

For clients with chronic and serious mental illness who have multiple and severe functional impairment such as residents in CBHS-funded board-and-care, IFR will work with the CBHS Placement Team to

facilitate and provide coordinate care; case management, medication services, and counseling, both at the outpatient clinic and at the clients home placement. The BHS will develop strategies for meaningful activities whenever possible; if the client has family in the area, family therapy may be with the goal of strengthening relationships may be part of the services.

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

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

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

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

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

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

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

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

c. Service Delivery Model

IFR is located at 2919 Mission Street, in the heart of the Mission District, and is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays from 9.00am to 2.00pm. Client emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

Coordinated Behavioral Health service delivery is based on a recovery model, varied psychosocial and alcohol abuse theories (such as CBT, Harm Reduction), psychodynamic and developmental

theory) bicultural personality development and current best practices. This include utilization of family centered interventions, a coordinated, multidisciplinary team approach to provision of services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

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

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

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

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

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

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

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

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

d. Program's Exit Criteria and Process

IFR's PURQC Committee provides oversight of client utilization to determine appropriate discharge/exit plans for clients no longer meeting medical necessity criteria. PURQC committee will consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives, and the client's overall environment, to determine which clients can be stepped-down in service modality

and frequency or discharged from services. Clients are often referred to other IFR or other community services to ensure their well-being. Part of the step down process includes linking clients with community organizations and services that can provide continued support and information of recourses available to promote clients well-being.

e. Program Staffing

Please see Exhibit B.

For Indirect Services

N/A

7. Objectives and Measurements:

a. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Adult & Older Adult Performance Objectives FY 17-18.

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a part-time Quality Assurance Lean and Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as continuous training. All staff are given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. In addition to clinic-based training on documentation standards, clinical staff also have access to trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Medical Necessity as documented in Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization and Re-Authorization. The CSA authorizes the number of hours that are authorized for each client (determined by the Service Intensity Guidelines), and the dates of authorized services. To provide oversight to the Continuous Quality Improvement system and ensure compliance with all documentation requirements, the Quality Assurance Specialist

position was established in FY 14-15, and continues to be a part-time position

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

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

1. Identifiers:

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

Executive Director/Program Director: Juanita Mena, Program Director
 Telephone: 415-229-0500
 Email Address: Juanita.mena@ifrsf.org

Program Code(s): 3818-X

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Target Population:

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

5. Modality(s)/Intervention(s)

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Behavioral Health Intervention and consultation to Primary Care clinic patients and staff at MNHC. Unit of Service = 30 minutes of direct services Services will be billed as Mode 45 and will be documented on paper rather than AVATAR. 35hrs x 65% x 1FTE x 44 wks= 1001	1001	70
Total UOS Delivered	1001	
Total UDC Served		70

Services will be tracked manually reflecting the following:

- Number of patient contacts
- Units of Service (1 Unit of Service = 30 minutes)
- Number of referrals to specialty mental health (after 6 sessions)

6. Methodology:

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

Outreach/Recruitment:

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

Referral process:

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

Intake Criteria:

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

Service Delivery Model:

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

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

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

Assessment only as it pertains to Mental Health and behavioral treatment.

Discharge Planning and Exit Criteria and Process:

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

Program Staffing:

Please refer to Appendix B.

For Indirect Services:

N/A

7. Objectives and Measurements:

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

Refer to BHS-Adult & Older Adult Performance Objectives FY 18-19.

8. Continuous Quality Improvement:

Achievement of Contract Performance Objectives:

- Monthly reports of UOS will be submitted to Program Manager for monitoring performance objectives.
- An annual report will be submitted to DPH Assistant Director, Adult System of Care by September 30, 2019.

Quality of Documentation & Services:

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

Cultural Competency:

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

Satisfaction with Services:

- Client satisfaction is assessed by IFR by the end of June 2019.

Completion and use of data:

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

9. Required Language:

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

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

1. Identifiers:

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

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110

Executive Director/Program Director: Estela Garcia/ Julia Orellana, Program Manager
Telephone: 415-872-7464
Email Address: estela.garcia@ifrsf.org/ julia.orellana@ifrsf.org

Program Code(s): None

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Target Population:

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

Many of these individuals have relocated to the Mission (94110/94103), Bayview (94124), Visitation Valley (94112/94134), Tenderloin Districts (94102) and the Geary Boulevard and Clement Street (94115) corridors in recent years. For the vast majority of these immigrants, their native languages are their primary and preferred means of communication at work, home, and in many other community settings.

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

5. Modality(s)/Intervention(s)

Outreach & Engagement

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

IFR (Indigenous Traditional Ceremonies) and Asociacion Mayab (Vaquerías and annual Carnaval) have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

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

Screening and Assessment

These activities will be carried primarily by Health Promoters with the support of the Case Manager. Health Promoters will conduct brief intake interviews and individual needs screening and assessments on drop-in clients. Case Manager will follow-up on screening and assessments and will assist clients with navigation and referrals to appropriate services according to the client's needs. These activities will engage individuals and families in determining their risks and needs (self-risk and needs assessments).

By the end of June 2019, 100 individual participants will be screened and/or assessed for practical, emotional and mental health concerns using the "Information & Referral Form" administered by staff, and as evidenced by the "Summary of I&R" document located in "Units of Services" binder in the Program Manager's office.

Wellness Promotion Activities (WPA)

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

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

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

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

Wellness Promotion activities include a component on Training and Coaching to 3 Mayan/Indigenous peer Consumers/Health Promotoras on providing emotional/practical support, listening skills, group-co-facilitation, cultural competence, best practices, systems navigation, documentation, interpretation, and health education presentations. Training, coaching, and supervision will be provided by the Mental Health Specialist as well as other clinical IFR staff. As part of this intervention, mental health promoters will participate in local and state workshops.

Individual and Group Therapeutic Services

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

Service Linkage

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<p>Outreach and Engagement HPs will devote approximately 1hr a week each to Outreach and Engagement activities</p> <p>0.03FTE x 35hrs x 46 weeks x 65%LOE x 3HPs</p> <p>65 O&E contacts/month x 12 months = 780</p> <p>UOS =# of contacts</p>	400	n/a
<p>Screening and Assessment Staff will conduct brief intake interviews and individual needs screenings, and provide referrals as needed.</p> <p>UOS = # of referrals</p>	100	70
<p>Wellness Promotion Activities</p> <p>Talleres Health Promoters provide Psychosocial Peer Support/Talleres twice a week for 2 hours each.</p>	550	100

<p>2hrs group session x 2 times/week x 46 weeks x 3 staff = 550 UOS = # hrs</p> <p>Cultural/Ceremonial/Social Events 400 community members will participate in 6 ceremonial/cultural/social events, including Dia de los Muertos and Posadas. UOS = # clients</p> <p>Capacity Building 160 hrs of training will be provided to three (3) Health Promoters. UOS = # training hours</p>	400	n/a
<p>Individual Therapeutic Services MH Specialist will provide direct individual/family therapeutic services.</p> <p>0.71FTE x 35 hrs/week x 4 weeks x 65% = 64 approx.</p> <p>MH Specialist contracted at 10 hrs per week x 19 weeks = 190 approx.</p> <p>UOS = hrs of intervention</p>	254	35
<p>Service Linkage Case manager will provide non-clinical case management services:</p> <p>0.25 FTE x 35hrs/weeks x 46 weeks x 65% LOE = 260 approx.</p> <p>UOS = # of hrs service</p>	260	20
GRAND TOTAL	2,124	228

6. Methodology:

a. Outreach and Engagement:

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

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

IFR and Asociacion Mayab have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

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

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

b. Admission, Enrollment, and Intake

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

c. Program Service delivery model

Small and large group activities:

Small psychosocial support groups/Education Activities are held twice a week. These are stand-alone sessions on health topics for small groups of 5-10 participants and may include art workshops such as embroidery and hammock making. These psychosocial peer support groups/Talleres will be co-facilitated by the Health Promotoras and are ongoing throughout the period of July through June 2019. In addition to providing health education and information to participants, the groups serve as venues for early identification of mental health services' needs. Promoters engage in brief encounters with clients to conduct a quick needs assessment and provide referrals to services as needed. Promoters are also responsible for assisting those clients who need support accessing services (system navigation, interpretation, and translation). Promoters have the support of the Mental Health Specialist who is available as a resource and for consultation.

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

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

Individual/Family Therapeutic Services:

Individual/family interventions include Screening and Assessment, activities that will engage individuals and families in determining their risks and needs (self-risk and needs assessments) and help them in designing a care plan, identifying individual and family strengths and tools within a cultural and spiritual framework to achieve their goals. It will also include Health Education and Risk Reduction counseling, short-term crisis intervention, clinical case management, and barriers to wellness (trauma, substance abuse, domestic violence). If as a result of the services provided, clients/families are in need of long-term mental health services, they will be linked to IFR's outpatient services or other appropriate settings for treatment, including mental health services and psychiatric monitoring. The Mental Health Specialist will provide Individual/Family Therapeutic services.

Training and Coaching:

Promotoras are peer employees/consumers who represent the target population and are involved in developing outreach strategies, materials, and interventions. They are also fully integrated into agency-wide cultural and spiritual events at IFR to build upon our understanding of the rich and diverse traditions of indigenous people of the North and South. The Promoters will continue to receive training on specific areas of health promotion and health topics affecting the Mayan/Indigena community, such as substance abuse, mental health, diabetes, chronic diseases and other emerging health needs and Social issues like domestic/family/community violence as well as health and healing through cultural activities and ceremonies. During the period of July through June 2019, training and coaching for the promoters will focus on acquiring knowledge, skill, and practice to provide emotional/practical support to individuals and families (listening skills, cultural competence, best practices, systems navigation).

Collaboration:

Written Memorandum of Understanding (MOU's) exists between IFR and Asociacion Mayab. The MOU's detail administrative roles and responsibilities, collaborative schedule of activities and meetings, co-location of activities, financial agreements, reporting and documentation requirements, conflict resolution protocols and quality assurance guidelines based on the scope of work across the collaborative.

Location of services:

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

Small groups/Talleres receive services at 2919 Mission Street, San Francisco, CA 94110. Individual/family therapeutic services, drop-in clients in crisis and/or in need of navigation receive services at 3143 Mission Street, San Francisco, CA 94110. The office phone number is (415) 872-7464 extension 1001. The hours of operation are from 9am-5pm, Monday to Friday. Arrangements can be made for Evening hours and/or services at IFR's main office at 2919 Mission St, San Francisco, CA 94110 if needed.

d. Exit Criteria:

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

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

e. Staffing

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

The Mental Health Specialist provides Individual/Family Therapeutic services to the Mayan/Indigenous community and Case consultation to Case Manager as well as to the Promotoras. In addition, the Mental Health Specialist provides support with cultural events and presentations to the community throughout the period of July-June 2019. The Mental Health Specialist receives administrative supervision from the Program Manager and clinical supervision from an IFR licensed psychologist.

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

The Health Promotoras co-facilitate the twice a week small peer support groups/Talleres and are responsible for the outreach and engagement activities with the support of the staff. The Promotoras receive clinical consultation and mentoring from the Early Intervention/Mental Health Specialist, administrative support from the Senior Health Promotora, individual and administrative supervision from the Program Manager.

7. Objectives and Measurements:

Refer to the MHSA Program Performance Objectives for FY 18-19.

8. Continuous Quality Improvement:

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

A Licensed Mental Health Specialist will provide support and supervision to the Mental Health Specialist (MHS). The MHS will provide support and consultation to the Promotoras and the Senior Promotora and the Case Manager about the emotional and practical support aspects of his work and serve as a resource for crisis interventions. The MHS will serve as a resource during weekly group consultation meetings. The Senior Promotora will provide administrative and logistic support to

program staff. The Program Manager will provide direct supervision to the Promotoras, UT Case Manager and administrative supervision to the MHS and will coordinate training and curriculum development activities.

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

A client satisfaction survey will be developed and administered to a minimum of 35% of the Mayan/indigenous community members participating in the IHWC Wellness Promotion activities - Talleres by June 2019.

HIPAA Compliance Procedures:

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

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

9. Required Language:

N/A

1. Identifiers:

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

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Juanita Mena
Telephone: 415-229-0500
Email Address: juantia.mena@ifrsf.org

Program Code(s): 3818-6

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Target Population:

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

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

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

Through the Excelsior Parent Engagement and Education Program, IFR will serve children at risk of abuse and neglect, and their families, residing in the Excelsior District and Citywide.

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

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

Through the Excelsior Parent Engagement & Education Program, the following interventions will be implemented and billed under Mode 45 (low-threshold services):

Parent Outreach & Engagement - The IFR Family Support Specialist will outreach to Chicano and Latino English Learner families in the Excelsior area to inform them of available resources. Activities include, but are not limited to distribution of flyers, family activities calendars, brochures at resources and health fairs, as well as conduction of outreach at SFUSD schools, clinics, community centers and public housing complexes.

Information & Referrals / Enhanced Information & Referrals – Basic information and referrals are provided to families during regular operating hours. Families can access resources via drop-in, appointment, phone or participation in agency activities or in partner agencies. Enhanced information & referral refers to clients who receive follow up for ensuring referral success.

Parent Workshops - : The parent workshops will provide vital information for parents in a variety of topics such as Child & Adolescent Development, Oral Health, Positive Discipline, Economic Success Strategies, Navigating the School District, Anger Management, etc.

Parent and Child Groups: Families with infants (0-18 months) and toddlers (18 months - 5 years) participate in sessions based on Parent-Child Interaction curriculum, which fosters healthy attachment and community building and incorporates free play, dance, music and other early literacy activities.

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts	Unduplicated Clients (UDC)
<u>Outreach & Engagement</u> 0.09 FTE x 35 hrs/wk x 65% LOE x 46wks 1 UOS = 1 hour	94	200	n/a
<u>Basic Information & Referrals</u> 0.086 FTE x 35 hrs/wk x 65% LOE x 46 wks 1 UOS = 1 hour	90	100	n/a
<u>Enhanced Information & Referrals</u> 0.029 FTE x 35 hrs/wk x 65% LOE x 46 wks 1 UOS = 1 hour	30	20	10 (included)
<u>Parent Workshops</u> 6 sessions of 2 hours each Total time allocated 60 hrs (Includes prep time, workshop implementation, curriculum review & adaptation, transportation time to sites for workshops, training). 1 UOS = 1 hour	60	40	40 parents
<u>Parent Child Interactive Group – 8 sessions</u> 8 sessions of 2 hours each Total time allocated = 80 hrs (Includes prep time, workshop implementation, curriculum review & adaptation, transportation time to sites for workshops, training). 1 UOS = 1 hour	.80	40	8 parents (included)
<u>Total</u>	354	400	Up to 40

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 36 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

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

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

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

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

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

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

C. Service Delivery Model

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

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

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

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

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

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

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

Adjunct Services:

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

D. Exit Criteria and Process

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

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

E. Program Staffing

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled BHS Child Youth and Families Performance Objectives FY 18-19.

B. Individualized Program Objectives

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

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

will be informed of status for follow-up and clinic manager will work with support staff to determine compliance.

Evaluation of Individualized Objectives:

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a part-time Quality Assurance Lean and Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as continuous training. All staff are given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. In addition to clinic-based training on documentation standards, clinical staff also have access to trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Medical Necessity as documented in Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization and Re-Authorization. The CSA authorizes the number of hours that are authorized for each client (determined by the Service Intensity Guidelines), and the dates of authorized services. To provide oversight to the Continuous Quality Improvement system and ensure compliance with all documentation requirements, the Quality Assurance Specialist

position was established in FY 14-15, and continues to be a part-time position

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-4b
April 23, 2019

1. Identifiers:

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

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

Program Code(s): 3818-5

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Target Population:

Services will be provided for Chicano/Latino children/youth under the age of 21 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and have full scope medical.

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

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

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

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

Mental Health Services - means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not

provided as a component of children residential services, crisis services, residential treatment services, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

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

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

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

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

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

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

See exhibit B for Units of Service.

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 37 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

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

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

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

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

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

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

C. Service Delivery Model

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

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

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

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

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

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

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

Adjunct Services:

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

D. Exit Criteria and Process

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

measure clients' progress and consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

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

E. Program Staffing

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled BHS Child Youth and Families Performance Objectives FY 18-19.

B. Individualized Program Objectives

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

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

Evaluation of Individualized Objectives:

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a part-time Quality Assurance Lean and Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as continuous training. All staff are given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. In addition to clinic-based training on documentation standards, clinical staff also have access to trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Medical Necessity as documented in Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization and Re-Authorization. The CSA authorizes the number of hours that are authorized for each client (determined by the Service Intensity Guidelines), and the dates of authorized services. To provide oversight to the Continuous Quality Improvement system and ensure compliance with all documentation requirements, the Quality Assurance Specialist position was established in FY 14-15, and continues to be a part-time position.

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre of people who demonstrate high levels of immersion in the cultural values of the community, their life

experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

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

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

All clients will receive an Adult Needs and Strengths Assessment (ANSA) at entry to services, within one year an ANSA Reassessment, and on departure an (ANSA) Closing Summary. IFR will use ANSA data to inform the focus of Treatment Plans of Care and mental health interventions. Avatar reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment. IFR will participate in monthly ANSA SuperUser calls.

9. Required Language:

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

1. Identifiers:

Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative Program
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500
Website Address: www.ifrsf.org

Executive Director/Program Director: Cassandra Coe, Program Director
Telephone: 415-229-0500
Email Address: cassandra.coe@ifrsf.org
Program Code(s): 3818(2)

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 24 center-based childcare sites (including one MHSA funded childcare center), four family resource centers, and approximately 50 Latina family childcare providers for the period July 1st, to December 31st, 2018. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

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

4. Target Population:

Describe the target population to be served by the program. Specify if this contract targets a specific problem, geographic area, group, age, etc.

The target population is at-risk children and families enrolled in 31 center-based preschool childcare site, 50 Latina family child care providers who are part of the FCCQN, and four family resource centers in San Francisco. Centers to be served include all ten Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs. Southeast Families United Center, and Alemany Center and consultation to their Early Head Start Home Visiting Program that serves 20 families; Wu Yee Potrero Hill Head Start; 7 SFUSD child development centers: Theresa Mahler Center, Juniper Sierra EEC,

Contractor: Instituto Familiar de la Raza, Inc.

Appendix A-5, A-8 and A-10

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Brett Harte EEC, Raphael Weils, Las Americas, Mission Education and Bryant EEC; and 4 pre-K SFUSD sites: Cesar Chavez, Sanchez, John Muir, and Paul Revere; and 5 private nonprofit sites: Mission YMCA and all 4 Felton Centers. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 40 Latina family child care providers are part of the Family Child Care Quality Network (FCCQN) and are facing the demands and stressors becoming part of a new Network. They serve some of our most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

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

Contractor: Instituto Familiar de la Raza, Inc.

Appendix A-5, A-8 and A-10

City Fiscal Year: 2018-2019

April 23, 2019

Contract ID #: 1000011456

#	Center	# of Class-rooms	# of Children	# of Teachers	# of hrs per week	Funding	Site Type
1	MNC-Capp	4	64	6	12	HSA	ECE
2	MNC-Jean Jacobs	1	24	4	5.5	HSA	ECE
3	MNC-Stevenson	1	24	3	5.5	HSA	ECE
4	MNC-Valencia Gardens	2	48	7	5.5	HSA	ECE
5	MNC Bernal Dwellings	4	48	12	5.5	HSA	ECE
6	MNC Centro de Alegria (24 th)	5	90	10	12	HSA	ECE
7	MNC-Women's Bldg	1	24	4	5.5	HSA	ECE
8	MNC Mission Bay	2	44	7	5.5	HSA	ECE
9	MNC Alemany	1	24	4	5.5	HSA	ECE
10	MNC Early Head Start Home Visiting	1	32	2	1.5	HSA	EHS
11	SFUSD Paul Revere Pre-K	1	24	3	4	HSA	ECE
12	Family Childcare Providers (FCCQN)	Up to 25	TBD	31	14	HSA	FCC
13	SFUSD - Mission Education	1	20	3	4	First 5 PFA	ECE
14	SFUSD - Cesar Chavez Pre-K	1	24	2	2	First 5 PFA	ECE
15	SFUSD - Sanchez PreK EEC	1	24	3	2	First 5 PFA	ECE
16	Mission YMCA	3	60	6	7	First 5 PFA	ECE
17	SFUSD - Bryant CDC	2	48	6	4	First 5 PFA	ECE
18	SFUSD - Theresa S. Mahler EEC	3	72	9	11	First 5 PFA	ECE
19	Family Child Care Providers FCCQN	Up to 25	TBD	Up to 50	10	DCYF	FCC
20	IFR Family Resource Center	1	20	4	4	First 5 SRI	FRC
21	Chicano-Latino FRC	1	20	4	3.5	First 5 SRI	FRC
22	Southeast Families United (MNC) PreK Classroom	1	24	4	6	MHSA	ECE
23	Southeast Families United (MNC)/Infant/Toddler Classroom	2	16	4	6	MHSA	ECE
24	SFUSD - Brett Harte EEC	4	72	6	4	PFA	ECE
25	SFUSD - Juniper Sierra EEC	5	100	12	4	First 5 PFA	ECE
26	SFUSD - John Muir EEC	1	18	2	4	First 5 PFA	ECE

27	Family Service Agency Developmental Center	8	120	20	12	PFA	ECE
28	SFUSD Raphael Weil	3	36	5	2	First 5 PFA	ECE
29	SFUSD Fairmount	1	24	3	2	First 5 PFA	ECE
30	SFUSD Las Americas	3	36	8	2	HSA	ECE
31	Wu Yee Potrero Hill	2	48	6	5.5	HSA	ECE
32	Mission Consortium	4	80	8	5.5	HSA	ECE
33	SEFAU FRC	1	20	3	4	First Five SRI	ECE
34	Glide FRC	1	20	4	3.5	FF- SRI	ECE
35	Felton- MLK	3	60	12	12	PFA	ECE
36	Felton- Sojourner's	3	30	8	5.5	PFA	ECE
37	Felton- Learning Center	3	32	8	5.5	PFA	ECE

5. Modality(s)/Intervention(s)

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of two or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Staff Training:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, and/or family care providers on a specific topic.
- **Parent Support Group:** Providing structured, formal in-service training to a group of four or more parents, on a specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.
- **Early Referral/Linkage:** refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services.
- **Consultant Training/Supervision:** individual and group supervision to consultants and participation in the Training Institute for new consultants.

- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- **Systems Work:** coordination efforts and collaboration with other quality improvement efforts at individual sites to enhance the quality of care and alignment of efforts - includes participation in trans disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- **Early Intervention – Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Meeting with a parent/caregiver to discuss specific concerns they may have about their child's development, and/or helping them explore and implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.
- **Early Intervention – Group:** Conducting playgroups/socialization groups involving at least three children. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.
- **Mental Health Services – Individual/Family:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking on an ongoing basis to a parent/caregiver about their child and any concerns they may have about their child's development. Clinical charts are open in these cases.
- **Mental Health Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Clinical charts are maintained.
- **Training-Institute:** IFR will deliver 9 session training for newly hired mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHC. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar

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

6. Methodology:

A. Outreach efforts:

- Orientation to services for teachers will occur at a designated staff meeting and be reinforced with a written description of the program, which will include the referral process and explanation of consultation services.

- Memorandums of Agreement (Site Agreements) will be developed jointly between the consultant and the site supervisor of each individual site.
- Parents will be oriented to the program during monthly parent meetings conducted by the preschool staff and will be provided with a letter of introduction with the consultants contact information and description of her role.
- The consultants will work closely with the Head Start family specialist staff, education specialists, SFUSD staff and other support staff to continue outreach efforts.

B. Admission, Enrollment and/or intake criteria:

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

C. Program Service Delivery Model:

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

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 4-14 hours per week of bilingual child care mental health consultation services to 28 early education childcare sites and monthly charla and individual consultations as requested to up to 50 predominantly Spanish speaking family childcare providers participating in the FCCQN in the Mission, Bay View and Outer Mission Districts of San Francisco.

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

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

For the 50 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. Partnership meetings with parents will be established at the providers request and will

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

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 17th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

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

For Early Intervention Services, the mental health consultant will develop in collaboration with the parents and teachers - a behavior support plan/goals for the individual child. Individualized services will only be delivered with signed consent from parents. The ASQ will be included in the chart and goals monitored by the home-school team.

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

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

D. Exit Criteria and Process:

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

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

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

E. Program's staffing: See Appendix B.

7. Objectives and Measures

A. Required Objectives:

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled **CBHS Performance Objectives FY 18-19**.

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

8. Continuous Quality Improvement:

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

9. Required Language:

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-6a and A-6b
April 23, 2019

1. Identifiers:

Program Name: La Cultura Cura ISCS/EPSDT Services and Family F.I.R.S.T.
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94112
Telephone/FAX: 415-229-0500 FAX: 415-647-3662
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94112

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 3818-10/3818-2/38LA-2/38LA-10

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

Instituto Familiar de la Raza's (IFR) La Cultura Cura Program (LCC) will provide intensive case management and mental health services to Latino youth who meet criteria for Intensive Supervision and Clinical Services (ISCS)/Family F.I.R.S.T. and/or are prioritized by the Department of Juvenile Probation, DCYF, and CBHS to respond to the cultural and linguistic needs of youth in-risk and/or involved in the juvenile justice system.

4. Target Population:

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

Family F.I.R.S.T. (F.F.): The target population for this contract is post-adjudicated Chicano/Latino youth between the ages of 12-24 years old, including transitional aged youth (18-24), who have come into contact with the juvenile justice system in San Francisco, who are currently placed in or recently returned home from Juvenile Justice Center detention facility or any other out-of-home-placement facility commitment within a 90 mile radius of San Francisco. An emphasis will be placed on addressing the needs of monolingual Spanish or limited English speaking clients who are residents of the Mission District and adjacent areas with high-density populations of Latino youth. Eligible clients include those who are Medi-Cal eligible, uninsured or underinsured. Referrals for this service will be made through San Francisco Juvenile Probation Department (JPD), Intensive Case Review (ICR),

Presiding Judge, the SF Public Defender, SF District Attorney, or Special Programs for Youth (SPY). Family F.I.R.S.T. referrals will include only youth who have at most a 90-day release and/or Re-Entry date already confirmed by the Juvenile Probation Department or placement facility in order for IFR to open an episode and initiate engagement and assessment efforts with the youth at out-of-home placement facilities and with family in their community.

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

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

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

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

Billable services include Mental Health and Clinical Case Management Services in the following forms:

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

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

• *Plan Development* - means a services activity which includes the collaborative development and approval of client plan and monitoring of client progress toward goal attainment, evaluating if the plan needs modification, consultation/collaboration with mental health staff/other professionals involved in a client's treatment plan to assist, develop, and modify plan.

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

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

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

Intensive Care Coordination (ICC) - means a service that facilitates the implementation of a comprehensive assessment of needs, individual and family care planning and coordination of support services including time-sensitive linkages for beneficiaries with intensive needs. ICC services are intended to link clients to services provided by other child serving systems, facilitate Child Family Team meetings, and coordinate mental health care in conjunction with system's partners. If a client is involved in two or more child serving systems, ICC is used to facilitate cross-system communication and planning. ICC is essential to the Child Family Team (CFT) process in order to ensure that the needs are identified by the youth and their family; support service partners are identified by the family and brought to the table to support client success, and to effectively meet additional resourcing needs that may arise.

Intensive Home Based Services (IHBS) are mental health rehabilitation services provided to Medi-Cal clients as medically necessary. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a client's functioning and are aimed at helping the client build skills necessary for successful functioning in the home and community and improving the client's family ability to help the client successfully function in the home and community.

Rehabilitation- means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

Client Flexible Support Services (Mode 60)-means supplemental services which assist clients with supportive programs and activities that facilitate the provision of direct treatment services.

Medi-Cal Non-Billable (Family FIRST-only)

Used for any services provided by a clinical provider when the client is in a "service lock-out" situation such as an inpatient hospital setting; these services may not duplicate services provided by

the lock-out facility and are not billable to Medi-Cal. This service code time is reflected in worker productivity.

6. Methodology:

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

ISCS /EPSDT Program – Minimum Requirements

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

A. Outreach & Recruitment:

IFR has long-standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency). Outreach efforts are extended to families when there are circumstances that prevent them from enrolling into services at IFR prior to Episode Opening and could include meeting with families in their home or at a mutually agreed to "safe" location. Outreach is also utilized when mandated participants are out of compliance with scheduled meetings and the carrying provider has to extend support at school district sites while waiting for matters to be called into court, and during times when a socialization activity is offered to the youth based on merit.

B. Admission and Intake Criteria:

Intensive Supervision and Clinical Services (ISCS)

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

Intensive Case Management

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

Family F.I.R.S.T. (F.F.)

All referrals to Family F.I.R.S.T. are made through the San Francisco Juvenile Probation Department (JPD), Intensive Case Review (ICR), Presiding Judge, the SF Public Defender, SF District Attorney, or Special Programs for Youth (SPY). Contractor shall provide Family F.I.R.S.T. services for youth for an initial 90-day period. Provider will assess need for extended services with input from the carrying Probation Officer to determine whether or not to extend the program for an additional 90 days after the initial 90-day period. Should Contractor make a clinical determination that a continuation of services are needed after successful probation termination, Family F.I.R.S.T. provider will extend the support to the youth for an additional 45-60-day period to determine a long-term triage plan. Contractor understands that a continuation of services is contingent upon available Family F.I.R.S.T. slots. If no such slots exist, Contractor will refer client to another case management program and/or available mental health services with a different provider.

C. Service Delivery Model:

Intensive Supervision and Clinical Services (ISCS)

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

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

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

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

Intensive Case Management

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

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

Family F.I.R.S.T Services (FF)

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

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

- Number of individual sessions during this period
- Number of caregiver sessions during this period
- Number of family sessions during this period
- Number of CFT planned meetings, participation and executed with client and family.
- Number of sessions missed by youth and/or family during this period
- Number of case management/linkage contacts
- Referral Process and Status
- Progress toward identified goals for services and treatment
- Identify the current phase of treatment and recovery
- Key Accomplishments.
- Challenges and Plan of Action
- Next Steps for Treatment

Contractor agrees to work cooperatively with the Juvenile Probation Department and the probation officer assigned to the case. Copies of all correspondence, reports or recommendations to the court

will be submitted to the assigned Probation Officer at least two business days prior to the scheduled court hearing date and contractor will also submit copies to the County Clerk Office for Juvenile Court, the SF Public Defender and SF District Attorney's offices.

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

- CANS or ANSA Assessment
- Interview with client, family and probation officer
- Review of the dynamics of the case (nature of offense)
- Review of conditions of probation
- Review re-entry and reunification after care planning
- Individual and family history - family dynamics
- Need for individual and/or family counseling
- Educational skills, remedial needs
- Medical, psychiatric and health education referrals
- Vocational skills, job training
- Independent Living Skills Development for 16 year old and up
- Behavior dangerous to self or others
- Current use of alcohol or drugs
- Assessment of Safety in Community and for Safe Passages

Intensive Supervision and Clinical Services (ISCS) and Family F.I.R.S.T Services (FF)

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

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

D. Discharge Planning and Exit Criteria:

Client Discharge occurs when a youth has successfully completed their probation term or advanced their treatment goals. Termination may also occur when a youth has moved out of the area, sent to

an out-of-home placement, or has been out of contact with probation or program staff for an extended period of time. At the point of termination, there will be a CANS closing Discharge summary submitted into the client's chart and an Episode closing form which needs to be inputted into AVATAR.

E. Program Staffing:

Please refer to Exhibit B.

No Indirect Services for this component.

7. Objectives and Measurements:

a. Standardized Objectives

All objectives and descriptions of how objectives will be measured are contained in the CBHS document entitled Performance Objectives FY 18-19.

8. Continuous Quality Improvement:

a. Achievement of contract performance objectives:

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

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

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

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

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

determined by the Service Intensity Guidelines.

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

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

Periodic Review of documentation is performed manually by support staff.

c. Cultural competency of staff and services:

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

d. Client Satisfaction:

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

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

All clients will receive a CANS or ANSA at re-entry to services based on age appropriateness. CANS will be re-assessed at 6-months and annually; ANSA will be re-assessed within one year, and on departure CANS or ANSA Closing Summary will be completed.

IFR will use CANS or ANSA data to inform the focus of Treatment Plans of Care and mental health interventions.

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

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

1. Identifiers:

Program Name: Early Intervention Program (EIP) Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest Elementary School
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500
Website Address: www.ifrsf.org

Executive Director/Program Director: Cassandra Coe, Program Director
Telephone: 415-229-0500
Email Address: cassandra.coe@ifrsf.org
Program Code(s): 3818-X

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

The IFR CARE Program (housed under the IFR Early Intervention Program-EIP) will provide comprehensive mental health consultation services including prevention and early intervention services for fiscal year 2018-2019. The CARE Program will serve as an integrative bridge between teachers, out-of-school time providers, students, and parents in order to facilitate the building of positive, esteem building relationships for students in the classroom, at home, and during after school programming.

The goals of the program are to 1) Improve and enhance the quality of relationships between care providers (teachers, support staff, OST providers, families and children) thus improving the overall school climate 2) Early identification of mental health risk, and 3) Increase teachers' and care providers' capacity to respond to- and support the mental health, behavioral, and developmental issues of their students, as well as creating culturally and developmentally appropriate environments for them. Long-term goals include removing barriers to learning, improving school readiness through increased school functioning and increased family functioning and engagement.

4. Target Population:

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

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

Mental Health Consultation

- At Hillcrest, the mental health consultant will provide 450 hours of consultation to identified teachers - facilitating monthly consultation meetings as well addressing weekly needs in order to build teacher capacity to respond to and identify emerging mental health issues and foster positive teacher-student relationships. Consultation efforts will also help foster coordination of care for identified clients, creating a seamless experience for clients.
- At Hillcrest, 200 hours of mental health consultation support will be provided to the afterschool staff with information bridged back to the school day team. Support will increase the ASP staff's capacity to identify and respond to emerging mental health needs and develop skills to respond to these needs.
- At Hillcrest 200 hours of Inclusion Consultation will be provided weekly by Support for Families with Children with Disabilities. The support will increase staff's capacity to create inclusive environments, develop skills to respond to learning and behavioral challenges of at-risk students.
- At James Lick Middle School, the mental health consultant will provide 400 hours of consultation services to support staff, administration and teachers. Consultation efforts will also help foster coordination of care for identified clients, creating a seamless experience for clients.
- At James Lick Middle School, 200 hours of Inclusion Consultation Services will be provided weekly by Support for Families with Children with Disabilities. The support will increase staff's capacity to create inclusive environments, develop skills to respond to learning and behavioral challenges of at-risk students.

Systems Work

- At Hillcrest, The Mental Health Consultant will facilitate a bimonthly Mental Health Collaborative meeting with Leadership, support staff and other mental health providers to ensure the alignment of services and support deepening a shared vision regarding student support, family engagement and teacher capacity building. At minimum, we will provide 40 hours of systems work to site.
- At James Lick Middle School, the Mental Health Consultant will facilitate a bimonthly counselor/CARE Team meeting with Leadership, support staff and other mental health providers to ensure the alignment of services and support deepening a shared vision regarding student support, family engagement and teacher capacity building. At minimum, we will provide 40 hours of systems work to site.

Outreach and Engagement

- At Hillcrest, IFR mental health consultant will provide 270 hours of outreach and linkage services about community resources, early identification of mental health issues, and linkage to school community including staff, parents and youth
- At James Lick Middle School, IFR mental health consultant will provide 180 hours of outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.

Individual Therapeutic Services

- At Hillcrest, Mental Health Consultant will provide face-to-face assessments and brief early intervention services to at least 7 to 8 individuals and/or families suffering from or at

risk for trauma. On average families will receive 4-6 sessions (typically 1 hour each). At least 30 hours of this service will be provided.

- At James Lick Middle School, the mental health consultant will provide face-to-face assessments and brief early intervention services to at least 7 to 8 individuals and/or families suffering from or at risk for trauma. On average families will receive 4-6 sessions (typically 1 hour each). At least 30 hours of this service will be provided.

Group Therapeutic Services

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

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

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	Prevention Services Hillcrest	Karen Navarro Rocsana Ribeiro	14/7	330	15	15
2	Inclusion Consultation Services Hillcrest	Alison Stewart (SFF)	7	INC		8
3	Early Intervention Services	Karen Navarro	7 7	40	6	6
4	Prevention Services James Lick MS	Jasmine Alvarez	28	570	32	32
5	Inclusion Consultation Services James Lick	Alison Stewart (SFF)	7	INC		6

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

- Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. May also include discussions with a staff member on an individual basis about mental health and child development in general.

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

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

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement

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

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

B. Admission/Intake Criteria

Early Intervention services will target students who have adjustment difficulties and/or experienced a significant stressor that impacts their school functioning. The goal is to address and intervene with emerging mental health issues. Students, who in the process of assessment, are identified as having significant mental health diagnoses warranting long-term treatment, will be referred and linked to

appropriate services. IFR has a strong outpatient clinic and we have long-standing relationships with a number of other mental health agencies, which can facilitate the referral process and enhance wrap-around services. Besides IFR, we often refer to Mission Family Clinic, Southeast Child Services, and Mission Mental Health. As well, we collaborate with cases involving CPS and work with primary care pediatricians when indicated. The program also links to housing and food banks regularly.

C. Service Delivery Model

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

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

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

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

Frequency of Services/Hours/Location:

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

Services are delivered at each school community. There are an array of partnerships and collaborations that help to ensure students' educational opportunities. The following description outlines the primary vehicle for achieving our goals: The Mental Health Consultant provides an array of services to the child, parent and teachers with the service goal of building upon the strengths of the child, parent and teacher. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

D. Exit Criteria:

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

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

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

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements:

MHSA SMART GOAL #1:

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

Performance Objective #1:

Participation in Consultation Services: During academic year 2018-2019, a minimum of 50% of staff at James Lick Hillcrest (including Afterschool staff) will receive at least one consultation from the Mental Health Consultant to support them to respond to stressors in their classroom. The percentage of staff receiving at least one consultation will be based on the unduplicated count for teachers performed through the EIP monthly tracking log vs. the # of teachers at the school (32).

Performance Objective #2:

During academic year 2018-2019, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2019.

Performance Objective #3:

During academic year 2018- 2019, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that the consultant helped them to respond more effectively to children's behavior. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2019.

MHSA SMART GOAL #2

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

Performance Objective#1

During academic year 2018-2019, the mental health consultant will participate in SAP and SST meetings and assist in identifying those students with emerging mental health needs and make appropriate linkages. This will be measured by weekly tracking logs as well as documentation regarding successful linkages to mental health resources.

Performance Objective#2

During academic year 2018-2019, a minimum of 15 students/families total at both schools sites will receive either pull-out or push-in support and will show a reduction in the frequency of behavioral or emotional outbursts in the classroom as measured by self-report, counselor and teacher observation and collateral information when available and documented in the program records and individual student charts.

Performance Objective #3.

During academic year 2018-2019, IFR staff will attend all planning and collaborative meetings requested by MHSA Program demonstrating increased knowledge and alignment with MHSA goals as measured by their participation in meetings and documented in sign-in sheets.

MHSA SMART GOAL #3

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

Performance Objective #1

During academic year 2018-2019, the mental health consultant will co-facilitate biweekly Mental Health Collaborative meetings at Hillcrest Elementary and support development of a trauma –informed school profile as documented in sign-in sheets. Mental health specialist will participate in bi-weekly counseling team meetings and emphasize collaboration with all relevant community partners at school site in order to align and integrate care for identified CFF.

8. Continuous Quality Improvement:

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

A primary goal of the Early Intervention Program and our consultative efforts is to support providers (teachers/administrators) to first recognize and then develop the skills needed to understand, communicate with, and effectively serve people across cultures. By being nonjudgmental and creating spaces for teachers to explore their biases and assumptions about their students and bridging those back to our deep understanding of the community and the Latino experience, we can help providers deepen their understanding and value the cultural backgrounds of their students. The EIP deepens their knowledge of working with multicultural students and their family through ongoing weekly group supervision, which emphasizes the provision of consultation through a cultural lens and utilizes a reflective case presentation model where clinicians can reflect on the complexities of working with diverse populations and improve their practice.

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-9a
April 23, 2019

1. Identifiers:

Program Name: TAY Engagement & Treatment – Latino & Mayan
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110

Executive Director/Program Director: Estela García/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 38LA-X

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

Instituto Familiar de la Raza will provide trauma recovery and healing services through its Cultura Cura Program to youth ages 16 to 24 and their families, with an emphasis on Mission District youth and Latinos citywide. Services will include both prevention and intervention modalities to individuals, agencies, and the community. The goal of IFR's TAY Services is to 1) reduce the incidence and prevalence of trauma-related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further victimization of community violence and 2) Increase violence prevention providers' understanding of mental health issues in the context of service provision to violence and trauma impacted TAY. 3) Mitigate risk factors associated with vicarious trauma among providers who work with TAY and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for the period of July 2018 through June 2019.

4. Target Population:

TR&HS will provide youth ages 16 to 24 and their families who reside in the Mission District and Latinos city wide with trauma recovery services for the period of July 2018 through June 2019. The target population will be youth and their families affected by street and community violence. This program will have a primary focus on 94110, 94112, 94102, and 94103.

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

In addition, to individual and family-centered interventions to address trauma-related conditions, mental health consultation will be provided to violence prevention staff of The RoadMap to Peace Initiative, and Justice services providers that impact on the TAY population including case managers and peer advocates who provide violence intervention services at Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face a serious risk for multiple health and social problems including physical injury, post-traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers, constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis, and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crisis intervention, family support, case management, and behavioral change within the cultural values, beliefs, and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

5. Modality(s)/Intervention(s)

OUTREACH AND ENGAGEMENT:

- i. TAY staff will provide 60 hours of outreach; basic information about the services at various sites including safe havens, community events, collaborative meetings, and school settings.

INDIVIDUAL THERAPY

- i. The Behavioral Health Specialists in this program will conduct a minimum of twenty (20) risk assessments of youth referred for individual intervention. Direct services, which result in an open chart for clients, will include a CANS or ANSA assessment and correlating treatment plan of care. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals.
- ii. Services with or on behalf of an individual or family are designed to support their stabilization. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and families, crisis response, and collateral intervention.
- iii. Short-term interventions assist individuals and families in the stabilization of traumatic conditions due to interpersonal and community violence to which they may have been exposed. The services are offered as individual services for 3 sessions or up to 3 weeks before re-

assessment then up to 3 to 6 months depending on the severity and the needs of the individual/family.

GROUP THERAPY

- i. Psycho-educational Groups: During July 2018 through June 2019, staff will develop culturally and socially relevant curriculum addressing trauma and family reunification. A psycho-education group for teens will be provided to the target population in the SPRING of 2019 and Fall of 2018. Up to 12 youth will be served through these interventions.
- ii. School Based Drumming Groups: IFR's TAY Behavioral Health Specialists will facilitate cultural affirmation therapeutic school-based drumming groups and introduce the use of traditional herbs and medicine to strengthen youth's knowledge of community defined best practices that develop healthy coping strategies and create community for TAY youth. The 10-session gender-neutral groups will be offered at Balboa high school during the Fall 2018 and Spring 2019 semesters. Drumming groups will assist TAY identify alternative coping strategies and access healthy alternatives to express their feelings, build positive healthy peer relationships, and relieve stress. As a result of participating in the group youth will also increase their access to safe spaces at school and learn about resources to access for those that would benefit from individualized treatment services to address their trauma needs.

PROGRAM SPECIFIC SERVICES

Trauma Capacity Building

- i. IFR will continue providing mental health consultation to staff providing criminal justice and violence intervention services, with emphasis on those serving the Mission District. Mental health consultation includes One-time or ongoing efforts to increase the capacity of outreach and case management staff to respond appropriately to trauma-related conditions among youth and parents.

Care Development & Capacity Building Consultation

- ii. Care Development Meetings follow a methodology that includes check-in, referrals to service, assignment, service plan development, resource mapping, and schedules in-services. Meetings are co-facilitated by IFR La Cultura Cura Program Manager and an LCC Behavioral Health Specialist that support skills development and integration of a multidisciplinary approach to care.

Community Response

- iii. We intend to continue community-wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.
- iv. Debriefing: We will support The Roadmap to Peace Initiative efforts to provide treatment access to disconnected youth in-risk for or previously involved with street violence. TAY staff will continue to be the tertiary response support to San Francisco Violence Intervention Program (SFVIP) staff when there are incidents that require consultation in the Mission District. The full-time Behavioral Health Specialists assigned to this contract may provide crisis debriefing and grief & bereavement counseling to staff who have been affected by street and/or community violence in order to support staff with addressing the vicarious impacts of trauma in their work. Interventions are part of a coordinated effort to protect the public in general and the individuals/families targeted with violence through MH consultation

to direct service staff. In addition, the Behavioral Health Specialists will work closely with the Mission Peace Collaborative, HealthRight360's Street Violence Response Team (SVRT) staff (with an emphasis upon the Mission District) and RoadMap to Peace Initiative partners to support containment and de-escalation efforts and prevent retaliations among the target population.

- v. Ceremonies and Drumming For Peace: IFR has a well-established history of integrating cultural and spiritual practices as part of our approach to intervention. We strongly believe that preserving traditional knowledge and practices is healthy and healing. In keeping with this philosophy, we propose to convene (1) community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence. Community ceremonies serve as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the Indígena Health and Wellness Collaborative, funded by DPH, to work closely with leaders in the indigenous community to integrate messages of peace, forgiveness, and reconciliation in the community. Ceremonies will include Día de Los Muertos, Xilonen, and Cuauhtemoc. We will also offer at least (1) Drumming for Peace sessions during the period of July 2018 through June 2019. Youth and families impacted by street violence will be encouraged to participate in these Healing ceremonies and Drumming for Peace sessions. IFR expects to reach at least 12 unduplicated participants per session under this modality (considering both activities ceremonies and drumming for peace).

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Community Engagement <i>Outreach & Engagement:</i> 0.04 FTE will provide 60 hours of outreach & engagement	60	30
Individual Therapy <i>General Funds covered services:</i> 1.19 FTE x 65% LOE x 35 hours x 46 wks	1,248	20
Group Therapy <i>Psycho-educational Groups:</i> 0.024 FTE will facilitate 3 sessions of 4 hours (prep & session time) for 2 cohorts: 0.024 FTE x 35 hrs x 46wks x 65% LOE <i>School Based Drumming Group:</i> 0.048 FTE will provide 2 cohorts x 10 sessions x 2.5 hrs (prep & drumming) 0.048FTE x 35 hrs x 46 wks x 64% LOE	24 50	12 12 (included)

Program Specific Services		
<i>Trauma Capacity Building</i>		
0.023 FTE will provide 4 sessions of 3hrs (prep & session time) for 2 cohorts 0.023 FTE x 35hrs x 46 wks x 65% LOE	24	10 (included)
<i>Care Development & Capacity Building Consultation</i>		
0.455 FTE will provide 470 hours of care development and consultation 0.455 FTE x 35hrs x 46 wks x 65% LOE	470	10 (included)
<i>Community Response</i>		
Includes debriefing, ceremonies and drumming for peace circles 0.08 FTE will provide 84 hours of Community Response interventions. 0.08FTE x 35 hrs/wk x 46 wk x 65% level of effort	84	30
	1,960	Up to 92

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement:

La Cultura Cura-TAY Services will receive its referrals from the RoadMap to Peace Initiative, HR360 SVRT, Mission Peace Collaborative (MPC), SFUSD, as well as self-referrals. The Behavioral Health Specialists in this contract are responsible for outreach and client recruitment activities. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

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

B. Admission, Enrollment, and Intake:

Clients referred for individual therapeutic services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; we will create an Episode Opening in the AVATAR system for a minimum of 4 program participants. The client receives an orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of CBHS with regard to the treatment of clients. All clients are informed of their rights as consumers, are

given linguistically accurate documentation of their client rights and their right to privacy in regards to HIPPA.

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

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

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

C. Delivery Model:

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

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

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

Youth and their families served through La Cultura Cura-TAY will have full access to La Cultura's range of services including access to cultural arts programming; and access to any other IFR services for which they may meet criteria including family development services, early intervention/school-based mental health services, and the agency's spiritual and cultural activities. In addition to a full array of mental health and harm reduction services provided through our child/outpatient clinic, IFR has established

strong links with the Department of Human Resources and the San Francisco Family Court system, placing us in a strong position to advocate on behalf of the youth and families interfacing with these systems.

IFR and its co-located site for services at Mission Neighborhood Health Centers are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th street BART. IFR hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with backup from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair-bound clients.

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with, Horizons' substance abuse program, HOMEY, Mission Neighborhood Health Center, Mission Neighborhood Center, CARECEN and Bay Area Community Resources. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

D. Exit Criteria and Process:

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

E. Program Staffing:

Two (2) full-time Mental Health Specialists will provide Individual Therapeutic Services to at least 25 unduplicated clients, facilitate Group Interventions, and provide a minimum of 20 Care Manager Development capacity building consultations to providers in a group setting in addition to individual capacity building sessions to individual providers. The La Cultura Cura Program Manager (LCC Program Manager) is responsible for the administration, implementation, and supervision of the program as well as the staff. The Associate Director supervises the LCC Program Manager.

F. Systems Transformation:

IFR's TAY is aligned with the principles of MHSA to engage youth and families in the development of programs that are responsive to their needs. Beginning in 2012, Leadership of IFR and program staff facilitated the involvement of youth and families in an extensive planning process conducted by the Mission Peace Collaborative (MPC) to develop a 5-year violence prevention plan. Stakeholders included community and civic leaders, the faith-based community, parents, teachers, youth and the business community. Along with other agency members of the MPC, IFR has participated in three (3) town hall

meetings to develop strategies and recommendations to present a 5-year plan. The involvement of parents, youth and families has informed the process to date. It is our intention to remain active in this community planning process and ensure that youth and families play a major role in service priorities and design.

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

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

7. Objectives and Measurements:

Refer to Behavioral Health Services Transitional Age Youth Performance Objectives for FY 18-19, which is located on the SFDPH CDTA website Performance Objectives section.

8. Continuous Quality Improvement:

IFR strives to comply with all CQI standards for DPH, CBHS and AIDS to meet prevailing standards of care. IFR is committed to working collaboratively with the Evaluation Unit to design and implement evaluation measures in the program. To ensure CQI, the TAY Behavioral Health Specialist conducts reviews on a biweekly basis, and weekly supervision has been a standard of practice for TAY. The Program adapted CBHS charting standards when it began in 2006 to document direct services, and developed an indirect reporting form to track mental health consultation services and community interventions. For this program, youth and families are not registered into AVATAR; however, a chart is opened and follows minimum guidelines based on CBHS protocols. Charts are maintained at IFR. Client

registration occurs for youth who are in brief therapy or crisis counseling. The Clinical Supervisor is responsible for reviewing and approving the assessment, treatment plan, and disposition planning.

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

TAY is a component of La Cultura Cura (LCC), and as such, the full-time behavioral health specialists are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the Roadmap to Peace and the Mission Peace Collaborative. In addition, the Behavioral Health Specialists (BHSs) in partnership with Roadmap to Peace Service Connector convene the Care Management Development Meetings with Network providers in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. BHSs also oversee case management service plans and provide weekly supervision for up to 2 Case Managers. The IFR Program Director dedicates 5% to CQI activities while the BHS dedicates 15% to quality assurance activities.

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

- a. Program staff will attend a minimum of three hours of training on trauma-informed approaches including CBT, Psycho-educational interventions, and crisis response.
- b. Program staff will attend training on the provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPAA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in three hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during July 1st, 2018 through June 30th of 2019.

HIPAA Compliance Procedures:

- a. DPH Privacy Policy is integrated into the contractor's governing policies and procedures regarding patient privacy and confidentiality. The IFR Program Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b. All staff who handles patient health information are trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The LCC Program Manager will ensure that documentation shows that all staff has been trained.

- c. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The LCC Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- d. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The LCC Program Manager will ensure the presence and visibility of posting in said areas.
- e. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The LCC Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.
- f. Authorization for disclosure of a client's health information is obtained prior to release: (1) to a provider outside the DPH Safety Net; or (2) from a substance abuse program. The LCC Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-9b
April 23, 2019

1. Identifiers:

Program Name: TAY Engagement & Treatment – Latino & Mayan
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 38LA3

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

Instituto Familiar de la Raza will provide trauma recovery and healing services through its Cultura Cura Program to youth ages 18 to 24 and their families, with an emphasis on Mission District youth and Latinos citywide. Services will include both prevention and intervention modalities to individuals, agencies, and the community. The goal of IFR's TAY Services is to 1) reduce the incidence and prevalence of trauma-related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further victimization of community violence and 2) Increase violence prevention providers' understanding of mental health issues in the context of service provision to violence and trauma impacted TAY. 3) Mitigate risk factors associated with vicarious trauma among providers who work with TAY and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for the period of July 2018 through June 2019.

4. Target Population:

TR&HS will provide youth ages 18 to 24 and their families who reside in the Mission District and Latinos city wide with trauma recovery services for the period of July 2018 through June 2019. The target population will be youth and their families affected by street and community violence. This program will have a primary focus on 94110, 94112, 94102, and 94103.

The Mission District has been home to Latino Families for the past 4 decades with an estimated 75% of all households identified as Spanish Speaking. While the Mission District continues to be the cultural hub for Latino families, there are a growing number of youth and families residing in other neighborhoods such as Excelsior, Tenderloin, SOMA, and Bayview for whom these services are critical.

In addition, to individual and family-centered interventions to address trauma-related conditions, mental health consultation will be provided to violence prevention staff of The RoadMap to Peace Initiative, and

Justice services providers that impact on the TAY population including case managers and peer advocates who provide violence intervention services at Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face a serious risk for multiple health and social problems including physical injury, post-traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers, constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis, and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crisis intervention, family support, case management, and behavioral change within the cultural values, beliefs, and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

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

INDIVIDUAL THERAPY

- i. The Behavioral Health Specialists in this program will conduct risk assessments of youth referred for individual intervention. Direct services, which result in an open chart for clients, will include an ANSA assessment and correlating treatment plan of care. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals.
- ii. Services with or on behalf of an individual or family are designed to support their stabilization. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and families, crisis response, and collateral intervention.

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Individual Therapy <i>General Funds covered services:</i> 0.139 FTE x 65% LOE x 35 hours x 46 wks 1 UOS = 1 Hour	145	4
	145	4

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement:

La Cultura Cura-TAY Services will receive its referrals from the RoadMap to Peace Initiative, HR360 SVRT, Mission Peace Collaborative (MPC), SFUSD, as well as self-referrals. The Behavioral Health Specialists in this contract are responsible for outreach and client recruitment activities. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

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

B. Admission, Enrollment, and Intake:

Clients referred for individual therapeutic services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; we will create an Episode Opening in the AVATAR system for a minimum of 4 program participants. The client receives an orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of CBHS with regard to the treatment of clients. All clients are informed of their rights as consumers, are given linguistically accurate documentation of their client rights and their right to privacy in regards to HIPPA.

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

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

All individuals who are referred and meet the criteria for services will be offered services. In addition, youth and families will have access to intra-agency resources (e.g., Family Resource Services which

provides social services to uninsured families with children under 5 years-old) or to appropriate outside service providers.

C. Delivery Model:

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

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

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

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

IFR and its co-located site for services at Mission Neighborhood Health Centers are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th street BART. IFR hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with backup from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair-bound clients.

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with, Horizons'

substance abuse program, HOMEY, Mission Neighborhood Health Center, Mission Neighborhood Center, CARECEN and Bay Area Community Resources. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

D. Exit Criteria and Process:

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

E. Program Staffing:

0.139 Full-time Mental Health Specialist will provide Individual Therapeutic Services to at least 4 unduplicated clients. The La Cultura Cura Program Manager (LCC Program Manager) is responsible for the administration, implementation, and supervision of the program as well as the staff. The Associate Director supervises the LCC Program Manager.

F. Systems Transformation:

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

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

IFR through its TAY program has promoted the principle of improving service coordination with the goal of providing a seamless experience for clients. TAY has enhanced IFR's capacity to promote trauma-informed perspective as part of service coordination among violence prevention providers in the Mission

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

7. Objectives and Measurements:

Refer to Behavioral Health Services Transitional Age Youth Performance Objectives for FY 18-19, which is located on the SFDPH CDTA website Performance Objectives section.

8. Continuous Quality Improvement:

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

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

TAY is a component of La Cultura Cura (LCC), and as such, the full-time behavioral health specialists are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the Roadmap to Peace and the Mission Peace Collaborative. In addition, the Behavioral Health Specialists (BHSs) in partnership with Roadmap to Peace Service Connector convene the Care Management Development Meetings with Network providers in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. BHSs also oversee case management service plans and provide weekly supervision for up to 2 Case Managers. The IFR Program Director dedicates 5% to CQI activities while the BHS dedicates 15% to quality assurance activities.

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

- a. Program staff will attend a minimum of three hours of training on trauma-informed approaches including CBT, Psycho-educational interventions, and crisis response.

- b. Program staff will attend training on the provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPAA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in three hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during July 1st, 2018 through June 30th of 2019.

HIPAA Compliance Procedures:

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

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-11
April 23, 2019

1. Identifiers:

Program Name: Semillas de Paz
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94112
Telephone/FAX: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94112

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 38LA-X

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

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

4. Target Population:

Semillas de Paz will provide timely mobile mental health, trauma support, and case management services during FY 18-19. The target population will be Latino children and youth, primarily between the ages of 12 to 24. This program will have a primary focus on serving youth and young adults impacted by varying levels of trauma as a result of violence due to migration, street affiliation, intimate partner, and bullying. The project will also emphasize services to recently arrived immigrant minors. Services will focus on addressing the service gaps to serve Latin@ immigrant and native born minors and transitional aged youth including ensuring that there is access to treatment, legal, and educational support services to this highly traumatized and vulnerable population.

5. Modality(s)/Intervention(s)

Clinical Case Management

One Mental Health Rehabilitation Specialist (MHRS) will screen clients referred for services and will coordinate the access with the referral sources including Child Crisis and providers in SF's system of care.

Eligible clients will be assigned a MHRS in the program as deemed appropriate after an initial assessment of needs and readiness for services. The MHRS assigned to a case will identify relevant community linkages and follow-up support.

MHRS will implement and update the care plan, including 1) identifying service needs, 2) brokerage of services with other providers (intra and inter-agency), 3) client advocacy, 4) coordination of services, and 5) follow-up and monitoring of the goals, objectives, and activities involved in serving the client's needs. Progress notes maintained by MHRS will address goals and objectives from the service plan. They will indicate any change in the client's overall health and identify obstacles or problems faced by the client, which may require modifications to the Care Plan.

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

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

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

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

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

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

Rehabilitation- means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

Individual/Family Mental Health Services

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

MHS will determine an appropriate transfer or termination of support, and coordinate after-care services as needed.

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

Group Therapeutic Services

During FY 18-19, a team of Mental Health Specialists (MHS) and the Mental Health Rehabilitation Specialist (MHRS) will facilitate 4 school-based groups of up to 12 weeks each with up to 40 youth for the full school year. Group interventions will be provided at 2 school's each during the fall 2018 and spring of 2019 semester's:

Case Conferencing

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<p>Clinical Case Management MHRS and/or MHS will provide services at school settings and community agencies: 1.015 FTE x 35 hrs/wk x 46 weeks x 65% level of effort 1 UOS = 1 hour</p>	<p>1,062 (63,720)</p>	<p>20 (included)</p>
<p>Individual/Family Mental Health Services Individual therapeutic services at school settings and community agencies might include drop-in clients: 1.409 FTE x 35 hrs/wk x 46 weeks x 65% level of effort 1UOS = 1 hour</p>	<p>1,475 (88,517 min)</p>	<p>20 (included)</p>

<p>Community Client Services Include services to individuals and groups as well as training to agencies as follows:</p> <p><u>Group/Family Services-Mode 4522</u> 482 hours will be assigned to group sessions for students at school settings 1 UOS = 1 hour</p>	482	Up to 40
<p>Total UOS Delivered</p>	3,019	
<p>Total UDC Served</p>		Up to 40

6. Methodology:

A. Outreach and Engagement:

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

IFR will develop formal collaborations with key Mission District and Citywide youth-serving organizations to offer the service to the target population and will delve into further discussions with organizations such as CARECEN, Mission Neighborhood Centers; and other community organizations to enhance outreach efforts. Information describing the array of services of Semillas de Paz will be distributed to the target population in these community venues, SFUSD sites, CBO’s and other locations in and around the Mission District, as well as Citywide, where youth and families congregate.

B. Admission, Enrollment, and Intake:

Referrals will be received from the Mobile Crisis Treatment Team, Child Crisis Team, and Crisis Response Team, SFUSD providers, partner CBO’s, SFVIP, and may also be self-referred individuals that meet criteria for services. If medical necessity is met the client will be registered in the system of care through AVATAR. Semillas de Paz will offer low-threshold services for youth to enroll into school-based group activities and assign UOS billing for those efforts under Mode-45 utilizing the General Funds assigned to this exhibit.

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

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

C. Delivery Model:

Mental Health Specialist (MHS) or Mental Health Rehabilitation Specialist (MHRS) will meet with the client to conduct a criteria and eligibility screening, ensure that the youth meets medical necessity for treatment, assess for service access readiness, safety, and implement an initial needs assessment.

Clients who meet criteria for Semillas de Paz care management or therapeutic services will meet with MHS to conduct a CANS-clinical assessment and a treatment plan of care will be developed. Clients presenting medical necessity will be enrolled in the system of care, and a full re-assessment will be performed 60 days from the episode opening following CBHS standards for treatment. Based on needs identified through the initial CANS assessment process and in dialogue with the youth a determination will be made about whether to offer CM-only services or if capacity permits introduce treatment and CM support services. Plans of Care will be updated as informed by re-assessment scores and as required by client-driven developments including crisis, hospitalization, or incarceration. The assessment will help identify whether other family members might also warrant support or intervention. In such cases, a family service plan will be developed by the assigned provider to identify the additional services, including case management and therapy, needed to address the issues contributing to the initial incident while also addressing contributing or preventive issues.

All other direct services not opened in AVATAR will follow standards for Mode 45. Detailed documentation of referrals will be kept updated. Semillas de Paz will also coordinate secondary services (i.e. support services from other providers), and determine an appropriate transfer or termination of support.

Semillas de Paz staff will coordinate and work with Mobile Crisis Treatment Team, Child Crisis Team, and Crisis Response Team to identify emerging problem areas and issues throughout the Mission District and citywide. The team will be responsible for maintaining an active caseload, data collection, and reporting requirements.

The MHS or MHRS will provide initial and ongoing assessments and identify additional relevant community linkages and follow-up support. The MHS will provide ongoing mental health assessments, support, and related referrals. The Clinical Supervisor will review cases to ensure appropriate treatment and standards of care are in place and adhered to.

D. Exit Criteria and Process:

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

E. Program Staffing:

Please refer to Appendix B.

F. Systems Transformation:

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

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

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

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

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

7. Objectives and Measurements:

Individualized Objectives:

- By the end of FY 18-19, at least 50% of clients receiving Case Management and/or Mental Health Services will have completed at least one treatment goal as stated in Plan of Care as documented in

clients' chart. **Data Source:** Program will prepare an annual report IFR will prepare a report by 8/1/2019.

- By the end of FY 18-19, at least 50% of clients receiving Mental Health Services will demonstrate improvements in symptoms. **Data Source:** CANS re-assessment.
- By the end of FY 18-19, up to 40 youth will participate and benefit from Psycho-educational Group interventions (four school-based groups of up to 12 weeks) led by or co-facilitated by a Mental Health Specialist and Mental Health Rehabilitation Specialist. **Data Source:** The program will keep a "group chart" for centralizing intake forms and contact information; sign-in sheets will be kept for tracking attendance. In addition, a pre- and post-test and/or client satisfaction survey will be conducted among participants. IFR will prepare a report by 8/1/2019.

8. Continuous Quality Improvement:

CQI is supported through supervision, administrative reviews, and training. The MH Specialists are supervised on a weekly basis by a licensed clinician. The Mental Health Rehabilitation Services are supervised by a La Cultura Cura Mental Health Specialist. All Semillas de Paz staff also receives Administrative supervision from the Program Manager to advance contract specific outcomes. During weekly meetings, the status of new and continuing cases is reviewed for quality control and to identify areas for improvement.

In addition to weekly supervision, bi-monthly program PURCQ and CM Q&A will provide systematic oversight of service documentation to ensure standards of care and compliance for chart maintenance. Program PURQC will chart for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Medical records are reviewed within 45-days of Episode Opening and then once again at 3 months from opening date. Feedback is given to each Mental Health Specialist whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

Case Conferences will be held to ensure quality and standards of care in case management services and improve the coordination of services to the target population.

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

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

- a. Program staff will attend a minimum of six hours of training on trauma-informed approaches including CBT, Psycho-educational interventions, and crisis response.
- b. Program staff will attend training on the provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.

- d. Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in six hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 18-19.

HIPAA Compliance Procedures:

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

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-12
April 23, 2019

1. Identifiers:

Program Name: Early Intervention Program (EIP) Full Service Partnership 0-5
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Cassandra Coe
Telephone: 415-229-0500
Email Address: Cassandra.coe@ifrsf.org
Program Code(s): 3818-FSP

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

IFR's Early Intervention Program - Full Service Partnership for children 0-5 (FSP) will provide a comprehensive wrap around service delivery model that enhances child and family functioning for fiscal year 2018-2019. By addressing both external factors such as housing, employment, financial stressors as well as internal factors such as psychological, psychiatric and systemic barriers to health and wellness, the strengths and resilience of families will be enhanced. The comprehensive wrap around model will include targeted case management coupled with an intensive attachment focused trauma informed family treatment model addressing and improving the relationship between the caregiver(s) and the child / children. The goal is to enhance child and family functioning towards helping them lead independent, meaningful, and productive lives. The model embraces a philosophy of "do whatever" it takes and service priorities will be determined by the client in collaboration with the FSP staff. Services will predominantly be delivered at the home in order to tailor and individualize support and reduce barriers to access.

The goals of the program are to 1) Restore safety in parent-child relationships 2) Normalize traumatic responses for both parents and children 3) Encouraging pro-social behavior 4) Foster healthy, developmentally responsive, and safe environments 5) Enhance and build healthy community attachments.

4. Target Population:

The target population for the IFR FSP program is Families/caregivers living in Sunnydale Public Housing who are caring for at least one child who is aged 0-5 years old. Child or family must be unserved or underserved by the current mental health system and child is highly at-risk for a serious emotional disorder and/or developmental delay. Family members must meet at least one of the following priority criteria: exposure to violence, discrimination, dual-diagnosis, poverty or belong to another disadvantaged cultural group, or unable to attend school.

As well as, children who have involvement in the Foster Care System- with children who are connected to Hope SF, being the priority. These cases will be referred by Foster Care Mental Health and referrals will be coordinated by efforts with HSA.

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

Community Engagement: Intentional relationship building activities to Wellness Center staff and residents of SF Hope sites that may include consultation regarding an area of concern; participation in community activities and events; support to peer leaders; response and support when a traumatic community event occurs; outreach to CBO partners and Early Education partners where residents send their children. Community efforts are essential in building trust and identifying portals of entry for service delivery.

Targeted Case Management: Client and family-centered approach of doing "whatever it takes" and focusing on strengths and resources to assist children and families to address medical, educational, social, financial, employment stressors that contribute to family functioning. Wrap-around services focused on family engagement and participation will be practiced within a flexible delivery system ensuring the family/caregivers greatest possibility of participating and benefiting from the services with the purpose is to address the adults' challenges that impact attachment and increase risk to their children at risk such as substance abuse, domestic and community violence, and history of mental illness and psychiatric hospitalizations. The goal is to enhance child and family functioning toward helping them lead independent, meaningful, and productive lives. Case management services will work in deep partnership with clinical staff and other community based supports to ensure communication, coordination and integrated efforts to address both internal and external stressors.

Mental Health Services: Targeted individual, family and parent-child therapies and interventions that are designed to provide reduction of mental disability, trauma exposure and related symptoms, and improvement or maintenance of functioning consistent with the goals of learning, development, 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, and collateral.

- **Assessment:** "Assessment" means a service activity which may include a clinical analysis of history and current status of a beneficiary's mental, emotional, or behavioral disorder; relevant cultural issues and history, relevant community issues and other psychosocial stressors; screening for trauma (TESI, LSC-r); and diagnosis.
- **Plan Development:** "Plan Development" means a service activity which consists of development of client plans, integration of case management goals and clinical goals and approval of client plans, and or monitoring of a beneficiary's progress.
- **Therapy:** "Therapy" means a service activity, which is a therapeutic intervention that focuses primarily on symptom reduction and enhancing quality of parent-child relationship as a means to improve family functioning and strengthen safety nets for care givers and their children. Child-Parent Psychotherapy (CPP) is the methodology that all staff will be trained to deliver. Holistic interventions will incorporate the needs and resources of the child, family, extended family as well as the community within a culturally and linguistically reflective model.

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

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.

Indirect Services: In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services. Efforts will include community building activities to engage residents of SF Hope sites as well as significant collaborative efforts to enlist the support of other community based agencies working with residents to identify clients and coordinate efforts and assess readiness for CPP services. Mental health consultation service to Wellness Staff at SF Hope sites will be provided to build staff's capacity to respond to the social-emotional and behavioral needs of their clients and support referrals to more intensive therapeutic services if needed.

Evaluation services: In addition to the indirect and direct services, the program will work in collaboration with DPH to develop an evaluation plan to assess the efficacy of services and to document the activities that lead to the implementation of a comprehensive wrap-around service delivery model for 0-5 year olds and their families living in SF Hope sites and children placed out of home, including out-of-county, through CPS. Outcome data and client's key events will be tracked using the DCR database. In addition, the CANS and ANSA assessment tools as well as the TESI and LSC-r (trauma screening tools) will be utilized to assist in the development of goals and treatments plans for the families. Alicia Leiberman and the Child Trauma Research Project staff, and the DPH Office of Quality Management will identify additional tools to evaluate the key goals on this unique family FSP program.

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

6. Methodology:

Outreach, Recruitment, Referrals and Promotion

Outreach efforts include the following: Orientation to services to Wellness Staff at SF Hope sites will occur at a designated staff meeting and will be reinforced with a written description of the program, which will include the referral process. Similar efforts will occur with key community based agencies working with the SF Hope residents. Case managers will work in conjunction with clinical staff to engage first the community and then individual clients and begin to build a therapeutic relationship. Engagement with clients will include careful, culturally responsive and systematic approaches to engage the most difficult or mistrustful residents. In addition to community outreach efforts, referrals for the 0-5 FSP will additionally come from various sources including the following: Foster care system, Maternal and Child Health, Head Start, Family Resource Centers, Perinatal substance abuse programs, Child Crisis, other crisis programs within HSA.

B. Admission/Intake Criteria

Once the client is engaged in services, the comprehensive wrap-around services will be the family as a unit and there must be a child in the household between the ages of 0-5. Adult and children's services will be provided together when clinically indicated. Much of the work will be dyadic, but can include individual therapeutic work to occur when necessary. Clinical staff will support the parents in their mental health and substance abuse needs, while also holding and advocating for the unique needs of the child. The treatment plan is a collaborative effort between the client, the primary case manager, and the rest of the

multidisciplinary team. The plan follows a strength based, client centered approach, in which the client is the primary driver of the treatment goals.

C. Service Delivery Model

The FSP program design is based upon a cultural, psychosocial, attachment and mental health framework that affirms and builds upon the strengths of the child, their caregivers and the community in which they identify; and in collaboration with other service providers, services are tailored to address both the external and internal needs of the resident. The comprehensive model of case management coupled with an intensive attachment focused trauma informed family treatment model addressing and improving the relationship between the caregiver(s) and the child / children will help translate the meaning of the parents and child's behavior in order to foster mutual understanding. Further, they will reframe those meanings in order to promote protectiveness, empathy, trust, and connectedness. The goal is to enhance child and family functioning towards helping them lead independent, meaningful, and productive lives. Community engagement and trust building will be a key area to focus throughout all stages of service delivery and is best accomplished through non judgment, cultural sensitivity, understanding of historical trauma, persistence, accountability, patience, and humility. Core program activities will be delivered in the setting the client chooses-(i.e. at their home, the Wellness Center, a community office, IFR).

Community and resident/client engagement phase and meeting basic needs is the first phase of program development. During this phase, case managers, mental health clinicians and peer advocates will work to build trusting relationships with residents, assessing their needs and strengths, and creating action plans around making sure those needs are met. Interventions may include:

- Relationship building with other community partners working with residents
- Consultation to Wellness Staff
- Creating food plans
- Linkage to primary care clinic and regular child wellness visits
- Creating safety plans for stabilizing mental health crisis or a response to community violence
- Medication evaluation and management
- Engagement strategies such as taking client to lunch, offering parent-child community activities, field trips to activities that promote young children's development
- Workshops at the Wellness Center or other Community based Organizations
- Consultation to Early Education sites if a crisis or risk of expulsion is occurring

In addition to in-kind services that are purchased out of the program's flex fund budget, flex spending may be used for basic needs and other items to assist participants to stabilize and remain engaged in the program.

Treatment Phase: During this phase of treatment, residents who have young children in the home who are presenting with social-emotional, self-regulatory and developmental red flags are identified and referred for therapeutic services. The goal is to support parents to build nurturing, empathic, attuned relationships with their young children in order to enhance the child's resilience, emotional and physical safety and security. This is achieved through the delivery of Child-Parent Psychotherapy strategies that address the needs of parent and child and foster emotional regulation, trauma narrative, relational needs, and developmental issues. Services will predominantly be offered at the resident's home to address the needs of at-risk families with young children by offering services and supports in an environment in which they are comfortable and feel safe.

IFR's FSP program will serve up to 32 families, all of whom have a child between the ages of 0-5. Caseloads will be 7:8 families per clinician with multiple interactions among residents and treatment team every week. Services will be delivered as a multidisciplinary team (case manager, outreach workers, CBO partners, Wellness staff, resident mentors/liaison, and clinical therapeutic staff) and the team is committed to a community treatment, client-centered model. The program has actively recruited staff to fulfill the cultural and linguistic needs of the population.

In addition to the above direct services Parent Training and Support Groups/Family Workshops will be offered on-site at the Wellness Center and topics determined in collaboration with the community. IFR is committed to working collaboratively with other organizations providing support to the SF Hope site utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families/community where they are).

Frequency of Services/Hours/Location:

Services will be delivered in the community either at the client's home or client's chosen location (i.e. Wellness Center, Community Office, and IFR). We will offer flexible hours Monday through Saturday including early evening hours to respond to client needs. We do not provide 24-7 crisis response services. Families are referred to child crisis if a crisis emerges outside of program hours.

For referrals from HSA and Foster Care Mental Health – services will be delivered at the home where the child has been placed. Hours of service will be established in coordination with the foster care parent and CPS worker.

D. Exit Criteria:

Client's progress will be monitored through regular review of client's goals and treatment plan. Typical guidelines for discharge by CBHS includes stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care, and successfully linking clients to resources to address basic needs. Clients can receive up to 6 months of aftercare services post discharge for support and cases may be reopened if additional stressors present themselves after discharge (i.e. community violence or other traumatic event).

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured will be contained in the CBHS document entitled Performance Objectives FY 18-19.

8. Continuous Quality Improvement:

Instituto Familiar de La Raza has an extensive continuous quality improvement program to ensure compliance with local, state, and federal requirements. IFR has developed the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services. The team 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. Additionally, CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens the clinician's work and methodology. Individual supervision and team meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives and fidelity to treatment and program methodology.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both program leadership and PURQC team 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 IFR staff, monthly PURQ review committee, and Avatar monitoring for those cases opened through that system.

Specifically, service units are monitored on a monthly basis by the Program Manager to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided monthly 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 the Program Manager and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely and monitored by program supervisors and PURQC Committee to ensure compliance. Also, IFR's QA lead, attend all CANS SuperUser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through IFR's internal audit process (see below) and also via Avatar reports.

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

B. Documentation Quality, including internal audits

Program leaders work with the PURQC Committee to ensure compliance with all documentation standards. The PURQC Committee facilitates monthly Utilization Review meetings that include a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A PURQ 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 PURQ meetings monthly until the corrections are made. All charts in a program are reviewed within 30 days from opening and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation.

C. Cultural competency of staff and services

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

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of IFR. Distribution of surveys is managed by Program Manager 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. In addition, an annual client satisfaction is performed every year as per CBHS requirements. In both cases, results are analyzed and changes are implemented if necessary.

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

For situations where formal assessments are required for IFR charts, a CANS Initial Assessment is conducted to inform the focus of Treatment Plans of Care and mental health interventions. CANS Assessments are updated every six or twelve months to track client progress over time, and on departure (Closing Summary).

AVATAR reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment.

9. Required Language (if applicable):

Not applicable.

1. Identifiers:

Program Name: San Francisco Day Labor Program
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500 FAX: 415-647-3662
Website Address: www.ifrsf.org

Executive Director/Program Director: Juanita Mena
Telephone: 415-229-0500
Email Address: Juanita.mena@ifrsf.org
Program Code(s): 3818-X

2. Nature of Document:

New Amendment Renewal Revision to Program Budgets (RPB)

3. Goal Statement:

Day laborers and domestic workers are extremely vulnerable to exploitation and abuse and have weak links to informal and formal support systems. Their precarious situation is lived out on a daily basis at the San Francisco Day Labor Program/Women's Collective (DLP/WC), where individuals often manifest their trauma in violent outbursts, distrust towards their peers, and the inability, sometimes, to work in groups on job assignments. These behaviors have tremendously negative impacts in the worker's mental, emotional, and physical health, and they are encountered with no clear path for entering the system of care. The San Francisco Labor Day Program will provide access to behavioral health services and psycho-education to day laborers at DLP/WC's Worker Empowerment Center.

4. Target Population:

Day laborers face a uniquely difficult set of challenges that create barriers to achieving self-sufficiency, relating positively to others, and correlate to high incidents of trauma, anger, and addiction. About eighty percent of day laborers are undocumented, and on average this population has only had seven years of schooling. The vast majority suffer from a weak or absent social support network. Day laborers in San Francisco experience high rates of homelessness. National studies show that the average day laborer receives near minimum wage and only about 23 hours of work per week, amounting to less than \$300 in weekly earnings. Because of language barriers, lack of documentation, and little formal education, they are extremely vulnerable to being exploited by their employers. As part of California's low-wage workforce, 66% have experienced a pay-related violation in the previous work week; and only 17% have been able to recover unpaid wages even after winning an official judgment.

5. Modality(s)/Intervention(s)

The program will use the following interventions to identify and engage day laborers in services:

Outreach & Engagement: The Mental Health Specialist will outreach to day laborers attending the center while waiting for a job assignment. More time will be devoted to this activity during the first months of this pilot project.

Linkage & Referral: The Mental Health Specialist will provide linkage and referral to needed services to day laborers attending the center. Day laborers will be identified through outreach and engagement activities and/or through the group interventions.

Support Groups – Circulo de Amistad: The Circulo de Amistad has been established by DLP/WC as a support group for day laborers. Between five to six participants attend the sessions on a weekly basis. The Mental Health Specialist will co-facilitate the sessions and provide mental health support to this group. These sessions will also offer a space for the Mental Health Specialist to identify day laborers who could benefit from behavioral health and wrap around services.

Psycho-Social Training for Day Laborers: Called “El Jornalero Profesional” (“The Professional Day Laborer”) will use popular education pedagogy to explore social tendencies and anger management in the context of how to communicate professionally with employers and co-workers while on the job. Training will be offered to cohorts of a minimum of 3 participants to meet for 3 sessions over the course of two months. This space will also serve to identify day laborers who could benefit from behavioral health and wrap around services.

Individualized Support Services:

- **Mediation/De-escalation:** The MHS will provide mediation and de-escalation support to clients referred by the DLP/WC staff to address problematic behavior, resolve interagency conflicts and reintegrate into services.
- **Individual Brief Support:** The Mental Health Specialist will provide individual brief support to day laborers identified through any of the other interventions (Support Groups, Psycho-social Training, Outreach & Engagement, Linkage & Referral), including self-referrals and who are ready to engage in individual behavioral health support.

Staff Capacity Building: A series of up to 16 training sessions will be provided to DLP/WC staff, by the Mental Health Specialist, on trauma informed systems and related trauma informed interventions. A strong cultural perspective will frame the training.

This is a Cost Reimbursement program, services are billed under Low Threshold Services.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Outreach & Engagement 0.19 FTE will provide 200 hours of outreach and client engagement into program activities 1 UOS = 1 hour	200	n/a
Linkage & Referral 0.05 FTE will provide 50 hours of L&R to clients 0.05 FTE x 65% LOE x 35 hrs/week x 46 weeks	50	30
Support Groups - "Círculo de Amistad" 2 hrs x 30 sessions = 60 UOS 1 UOS = 1 hour	60	Up to 10 UDC
Psycho-social Training - "El Jornalero Profesional" 15 cohorts of 3-training sessions 15 cohorts x 3 sessions x 3 hrs = 135 UOS (Includes preparation and delivery time) 1 UOS = 1 hour	135	Up to 15 UDC
Individualized Support Sessions 0.115 FTE X 65% LOE x 35hrs/week x 33 weeks	120	Up to 10
Staff Capacity Building 3 hrs x 16 sessions = 54 UOS (Includes preparation time) 1 UOS = 1 hour	48	Up to 6 staff members
Total UOS Delivered	613	
Total UDC Delivered		Up to 30

6. Methodology:

Mental Health Specialist will dedicate 17.5 hours per week to the program. He will engage in a collaborative training with staff around mental health issues faced by day laborers and how to best support this population. The Mental Health Specialist will also participate in existing support groups, such as the Circulo de Amistad, and other activities at the Day Labor Program. He will have the opportunity to assess for individual needs and do outreach within the day laborer community to provide linkage and/or direct services.

After each group activity (Support Groups-Circulo de Amistad and the Psycho-social training sessions-“El Jornalero Profesional”), the Mental Health Specialist will be available for face to face sessions where the day laborers can ask questions, consult, seek psycho-education, or seek counsel for an existing mental health or behavioral issue. Furthermore, the Mental Health Specialist will provide mental health interventions and will offer the opportunity of ongoing sessions. Ongoing sessions will also provide for enough time to determine level of care and provide referrals to other services in our System of Care. The Mental Health Specialist will monitor clients’ progress through individual notes.

The Mental Health Specialist and client will determine the amount of sessions they will meet for individual sessions.

Program staffing: Please refer to Appendix B.

7. Objectives and Measurements:

a. **Standardized Objectives:** N/A

b. **Individualized Objectives:**

- By the end of FY 18-19, DLP/WC staff members trained on Trauma Informed Systems, will report increased knowledge on Trauma Informed practices as demonstrated by survey administered at the end of the fiscal year.
- By the end of FY 18-19, Mental Health Specialist will provide linkage to needed services to at least unduplicated 30 clients identified through outreach and/or group activities (Support Groups, Psycho-Social Training) as documented on progress notes.
- By the end of FY 18-19, up to 10 day laborers will engage in Individualized Support Sessions as documented in clients’ notes.

8. Continuous Quality Improvement:

IFR is committed to maintain continuous Quality Improvement practices by implementing these procedures:

1. Mental Health Specialist will provide Program Manager with a Monthly Report where he will track deliverables.
2. Mental Health Specialist will meet once per week with clinical supervisor to discuss best practices and quality of care. They will also work on the development and implementation of trainings.
3. Mental Health Specialist will participate in IFR’s cultural competency trainings.
4. Mental Health Specialist and Supervisor will provide Day Labor Program staff with Pre and Post training questionnaires to determine capacity improvements.
5. Mental Health Specialist will track referrals made to behavioral health services on a monthly basis.
6. Mental Health Specialist will monitor clients’ progress through individual notes following the PIRP format.

9. Required Language:

N/A

**Appendix B
Calculation of Charges**

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee for Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions 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 are listed below:

Appendix B-1	Adult Outpatient Behavioral Health Clinic
Appendix B-2	Behavioral Health Primary Care Integration
Appendix B-3	Indigena Health and Wellness Collaborative
Appendix B-4a	Child Outpatient Behavioral Health Services
Appendix B-4b	Child Outpatient Behavioral Health Clinic – EPSDT
Appendix B-5	Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative Program
Appendix B-6a	ISCS/EPSTDT Services La Cultura Cura
Appendix B-6b	ISCS/EPSTDT Services Family F.I.R.S.T.
Appendix B-7	Early Intervention Program (EIP) Consultation, Affirmation, Resources, Education and Empowerment Program (CARE) / MHSA PEI-School-Based Youth-Centered Wellness
Appendix B-8	MHSA Early Childhood Mental Health Consultation (ECMHC)
Appendix B-9a	Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
Appendix B-9b	Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
Appendix B-10	MHSA PEI Early Childhood Mental Health Consultation (ECMHC) Training
Appendix B-11	Semillas de Paz (CYF MH Triage Response Team)
Appendix B-12	Early Intervention Program (EIP) Full Service Partnership (FSP) 0-5
Appendix B-13	San Francisco Day Labor Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs

and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Twenty Eight Million Seven Hundred Ninety Five Thousand Eight Hundred Ninety Five Dollars (\$28,795,895)** for the period of **July 1, 2018 through June 30, 2025**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$3,085,274)** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and 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, 2018 through June 30, 2019	\$ 4,797,725
July 1, 2019 through June 30, 2020	\$ 4,917,668
July 1, 2020 through June 30, 2021	\$ 3,843,534
July 1, 2021 through June 30, 2022	\$ 3,939,622
July 1, 2022 through June 30, 2023	\$ 3,886,180
July 1, 2023 through June 30, 2024	\$ 2,848,342
July 1, 2024 through June 30, 2025	\$ 1,477,550
Subtotal - July 1, 2018 through June 30, 2025	\$ 25,710,621
Contingency @ 12%	\$ 3,085,274
TOTAL - July 1, 2018 through June 30, 2025	\$ 28,795,895

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.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Instituto Familiar de la Raza, Inc., FSP Contract ID #1000007163 for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new agreement.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. 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.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

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.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

Appendix B
Page 5
Fiscal Year: 2019-2019
Notification Date: 04/12/2019

Main budget summary table with columns for DHCS Legal Entity Number (MH), Contract Appendix Number, Provider Number, Program Name(s), and various funding sources (FUNDING USES, BHS MENTAL HEALTH, MH STATE, etc.) with corresponding dollar amounts.

Multi-year projection table with columns for fiscal years (RFP 8-2017 through RFP 8-2017) and a TOTAL column, showing projected budget values over time.

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: <u>Instituto Familiar de la Raza, Inc.</u>	Appendix #: <u>B</u>
Contract ID#: <u>1000011456</u>	Page #: <u>6</u>
	Fiscal Year: <u>2018-2019</u>
	Funding Notification Date: <u>04/12/2019</u>

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Executive Director	0.65	\$ 83,152
Executive Assistant	0.65	\$ 32,346
HR Director	0.65	\$ 43,444
Fiscal Director	0.65	\$ 64,350
Contract Staff Accountant	0.75	\$ 44,320
Staff Accountant/Payroll	0.70	\$ 38,500
Receptionists	0.65	\$ 25,350
Support Staff	0.30	\$ 12,365
Subtotal:	5.00	\$ 343,826
Employee Fringe Benefits:	29.5%	\$ 101,429
Total Salaries and Benefits:		\$ 445,255

2. OPERATING COSTS

Expense line item:	Amount
Audit Fees	\$ 15,000
Payroll Service Fees	\$ 13,000
Meetings	\$ 15,500
General Staff Training Activities	\$ 13,288
IT Services	\$ 12,000
Total Operating Costs	\$ 68,788

Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 514,043
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Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336						Appendix #:	B-1
Provider Name: Instituto Familiar de la Raza, Inc.						Page #:	1
Provider Number: 3818						Fiscal Year:	2018-2019
						Funding Notification Date:	04/12/2019
Program Name	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health - Clinic	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health Clinic	Adult Outpatient-Behavioral Health Clinic		
Program Code	38183	38183	38183	38183	38183		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/60-69	15/70-79	15/01-09	45/20-29		
Service Description	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Crmmly Client Svcs		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL	
FUNDING USES							
Salaries & Employee Benefits	338,257	68,817	4,771	7,091	42,140	461,075	
Operating Expenses	66,922	13,615	944	1,403	8,337	91,221	
Capital Expenses							
Subtotal Direct Expenses	405,179	82,432	5,714	8,493	50,478	552,296	
Indirect Expenses	48,621	9,892	686	1,019	6,057	66,275	
TOTAL FUNDING USES	453,800	92,324	6,400	9,513	56,535	618,571	
BHS MENTAL HEALTH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
MH FED - SDMC Regular FFP (50%)	251984-10000-10001792-0001	170,522	34,692	2,405	3,574	211,194	
MH STATE - PSR EPSDT						0	
MH WORK ORDER - Dept. Children, Youth & Families						0	
MH WORK ORDER - Dept. Children, Youth & Families						0	
MH WORK ORDER - First Five (SF Children & Family Commission)						0	
MH WORK ORDER - First Five (SF Children & Family Commission)						0	
MH STATE - MHSA						0	
MH STATE - MH Realignment	251984-10000-10001792-0001	76,621	15,588	1,081	1,606	9,546	104,442
MH COUNTY - General Fund	251984-10000-10001792-0001	206,656	42,043	2,914	4,333	46,989	302,935
MH COUNTY - General Fund WO CODB						0	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		453,800	92,324	6,400	9,513	56,535	618,571
OTHER DPH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		453,800	92,324	6,400	9,513	56,535	618,571
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		453,800	92,324	6,400	9,513	56,535	618,571
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	148,301	16,197	1,400	3,997	400		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.06	\$ 5.70	\$ 4.57	\$ 2.38	\$ 141.34		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 5.70	\$ 4.57	\$ 2.38	\$ 141.34		
Published Rate (Medi-Cal Providers Only)	3.18	5.91	4.67	2.50	150.01		
Unduplicated Clients (UDC)	86	86	86	86	86		86

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Adult Outpatient-Behavioral Health Clinic
 Program Code: 38183

Appendix #: B-1
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

checked

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		GF 251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19								
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.14	\$ 14,723	0.14	14,723				
Program Manager	0.75	\$ 62,556	0.75	62,556				
Program Coordinator	0.39	\$ 27,619	0.39	27,619				
Psychologist/Clinical Supervisor	1.10	\$ 78,259	1.10	78,259				
Behavioral Health Specialist	0.30	\$ 18,000	0.30	18,000				
Behavioral Health Specialist	0.22	\$ 13,699	0.22	13,699				
Behavioral Health Specialist	0.35	\$ 25,364	0.35	25,364				
Behavioral Health Specialist	0.50	\$ 30,934	0.50	30,934				
Behavioral Health Specialist	0.20	\$ 12,598	0.20	12,598				
Eligibility Worker/BH Specialist	0.40	\$ 26,391	0.40	26,391				
Program Assistant	0.37	\$ 15,153	0.37	15,153				
Program Assistant	0.37	\$ 17,547	0.37	17,547				
Program Assistant	0.43	\$ 25,449	0.43	25,449				
Totals:	5.52	\$ 368,292	5.52	\$ 368,292	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	25%	\$92,783	25%	\$92,783	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 461,075		\$ 461,075		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Adult Outpatient-Behavioral Health Clinic
 Program Code: 38183

Appendix #: B-1
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	GF 251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					
Rent	\$ 5,523	\$ 5,523					
Utilities(telephone, electricity, water, gas)	\$ 2,762	\$ 2,762					
Building Repair/Maintenance	\$ 4,142	\$ 4,142					
Occupancy Total:	\$ 12,427	\$ 12,427	\$ -				
Office Supplies	\$ 2,071	\$ 2,071					
Photocopying	\$ -						
Printing	\$ 414	\$ 414					
Program Supplies	\$ 600	\$ 600					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 3,085	\$ 3,085	\$ -				
Training/Staff Development	\$ 2,250	\$ 2,250					
Insurance	\$ 2,899	\$ 2,899					
Professional License	\$ -						
Permits	\$ 300	\$ 300					
Equipment Lease & Maintenance	\$ 1,035	\$ 1,035					
General Operating Total:	\$ 6,484	\$ 6,484	\$ -				
Local Travel	\$ 400	\$ 400					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 400	\$ 400	\$ -				
Consultant/Subcontracting Agency Name,							
Internship Trainer Fee at \$150/hr. with 17.33 total hours (Concepcion Saucedo)	\$ 2,600	\$ 2,600					
Contract Supervisor Fee at \$75/hr. with 10 hours/wk. for 13.50 wks. (Ingrid Zimmermann)	\$ 10,125	\$ 10,125					
Psychiatrist at \$120/hr with 10 hrs/week for 46 wks (Benjamin Barreras, M.D.)	\$ 55,200	\$ 55,200					
Consultant/Subcontractor Total:	\$ 67,925	\$ 67,925	\$ -				
Other (provide detail):	\$ -						
Client Related Expenses (food)	\$ 900	\$ 900					
	\$ -						
Other Total:	\$ 900	\$ 900	\$ -				
TOTAL OPERATING EXPENSE	\$ 91,221.00	\$ 91,221.00	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

Appendix #: B-2
 Page #: 1
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

checked

Program Name	Behavioral Health						
Program Code	Primary Care Integration						
Mode/SFC (MH) or Modality (SA)	NONE						
Service Description	45/20-29						
Funding Term (mm/dd/yy - mm/dd/yy)	OS-Cmnty Client Svcs						
	07/01/18-6/30/19						TOTAL
FUNDING USES							
Salaries & Employee Benefits	84,310						84,310
Operating Expenses	3,608						3,608
Capital Expenses							-
Subtotal Direct Expenses	87,918	-	-	-	-	-	87,918
Indirect Expenses	10,550						10,550
TOTAL FUNDING USES	98,468	-	-	-	-	-	98,468
BHS MENTAL HEALTH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
MH FED - SDMC Regular FFP (60%)							-
MH STATE - PSR EPSDT							-
MH WORK ORDER - Dept. Children, Youth & Families							-
MH WORK ORDER - Dept. Children, Youth & Families							-
MH WORK ORDER - First Five (SF Children & Family Commission)							-
MH WORK ORDER - First Five (SF Children & Family Commission)							-
MH STATE - MHSA							-
MH STATE - MH Realignment							-
MH COUNTY - General Fund	251984-10000-10001792-0001	98,468					98,468
MH COUNTY - General Fund WO CODB							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		98,468	-	-	-	-	98,468
OTHER DPH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		98,468	-	-	-	-	98,468
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		98,468	-	-	-	-	98,468
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Cost Reimbursement (CR)						
DPH Units of Service	1,001						
Unit Type	Staff Hour	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 98.37	\$ -	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 98.37	\$ -	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 101.76						Total UDC
Unduplicated Clients (UDC)	70						35

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Behavioral Health Primary Care Integration
 Program Code: NONE

Appendix #: B-2
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

checked

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251984-10000-10001792-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Program Director	0.01	\$ 1,553	0.01	1,553										
Behavioral Health Specialists	1.00	\$ 61,868	1.00	61,868										
Program Assistants	0.03	\$ 1,350	0.03	1,350										
Program Coordinator	0.01	\$ 1,004	0.01	1,004										
Totals:	1.06	\$ 65,775	1.06	\$ 65,775	\$ -	\$ -	0.00	\$ -						
Employee Fringe Benefits:	28%	\$18,535	28%	\$18,535	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 84,310		\$ 84,310	\$ -									

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Behavioral Health Primary Care Integration
 Program Code: NONE

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

checked

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19					
Rent	\$ 1,057	\$ 1,057					
Utilities(telephone, electricity, water, gas)	\$ 529	\$ 529					
Building Repair/Maintenance	\$ 793	\$ 793					
Occupancy Total:	\$ 2,379	\$ 2,379		\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 396	\$ 396					
Photocopying	\$ -						
Printing	\$ 79	\$ 79					
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 475	\$ 475	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ 556	\$ 556					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 198	\$ 198					
General Operating Total:	\$ 754	\$ 754	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 3,608	\$ 3,608	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336						Appendix #:	B-3
Provider Name: Instituto Familiar de la Raza, Inc.						Page #:	1
Provider Number: 3818						Fiscal Year:	2018-2019
						Funding Notification Date:	04/12/2019
Program Name	Indigena Health & Wellness Collaborative						
Program Code	NONE						
Mode/SFC (MH) or Modality (SA)	45/10-19						
Service Description	MH Promotion for Maya Community						
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19						TOTAL
FUNDING USES							
Salaries & Employee Benefits	147,480						147,480
Operating Expenses	98,312						98,312
Capital Expenses							-
Subtotal Direct Expenses	245,792						245,792
Indirect Expenses	29,495						29,495
TOTAL FUNDING USES	275,287						275,287
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH STATE - MHSA (PEI)	251984-17156-10031199-0020	275,287					275,287
This row left blank for funding sources not in drop-down list							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		275,287					275,287
BHS SUBSTANCE ABUSE FUNDING SOURCES		Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							-
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list							-
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES		275,287					275,287
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							-
TOTAL NON-DPH FUNDING SOURCES							-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		275,287					275,287
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Cost Reimbursement (CR)						
DPH Units of Service	2,124						
Unit Type	Staff Hour	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 129.61	\$ -	\$ -	\$ -	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 129.61	\$ -	\$ -	\$ -	\$ -		
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)	228						228

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Indígena Health & Wellness Collaborative
 Program Code: NONE

Appendix #: B-3
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251984-17156-10031199-0020		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Position Title														
Program Director	0.09	\$ 12,453	0.09	12,453										
Health & Wellness Manager	1.00	\$ 64,050	1.00	64,050										
Mental Health Specialists	1.00	\$ 12,594	1.00	12,594										
Case Manager	0.50	\$ 3,774	0.50	3,774										
Health Promoters	0.92	\$ 27,953	0.92	27,953										
Program Assistants	0.06	\$ 2,399	0.06	2,399										
Totals:	3.57	\$ 123,223	3.57	123,223	\$ -	\$ -	0.00	\$ -						
Employee Fringe Benefits:	19.69%	\$24,257	19.69%	\$24,257	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 147,480		\$ 147,480	\$ -									

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Indigena Health & Wellness Collaborative
 Program Code: NONE

Appendix #: B-3
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	251984-17156-10031199-0020	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					
Rent	\$ 54,899	\$ 54,899					
Utilities(telephone, electricity, water, gas)	\$ 4,800	\$ 4,800					
Building Repair/Maintenance	\$ 4,441	\$ 4,441					
Occupancy Total:	\$ 64,140	\$ 64,140	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 668	\$ 668					
Photocopying	\$ -	\$ -					
Printing	\$ 232	\$ 232					
Program Supplies	\$ 2,500	\$ 2,500					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 3,400	\$ 3,400	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,000	\$ 2,000					
Insurance	\$ 1,857	\$ 1,857					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 404	\$ 404					
General Operating Total:	\$ 4,261	\$ 4,261	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 100	\$ 100					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 100	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor - IT Consultant at \$50/hr at 16.0 hours to support IT related issue.	\$ 801.00	\$ 801.00					
Consultation - Mental Health Services at \$75 x 240 hours	\$ 18,000.00	\$ 18,000.00					
Consultant/Subcontractor Total:	\$ 18,801.00	\$ 18,801.00	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -					
Client Related Exp (food)	\$ 3,960.00	\$ 3,960.00					
Client Related Exp (stipends)	\$ 3,350.00	\$ 3,350.00					
Client Related Exp (childwatch)	\$ 300.00	\$ 300.00					
Other Total:	\$ 7,610.00	\$ 7,610.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 98,312.00	\$ 98,312.00	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336		Appendix #: B-4a				
Provider Name: Instituto Familiar de la Raza, Inc.		Page #: 1				
Provider Number: 3818		Fiscal Year: 2018-2019				
		Funding Notification Date: 04/12/2019				
Program Name	Child Outpatient Behavioral Health Services					
Program Code	38186	38186	38186	38186	38186	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79	15/01-09	45/20-29	45/10-19	
Service Description	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Outreach	Engagement Education	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL
FUNDING USES						
Salaries & Employee Benefits	45,332	1,120	1,553	8,535	25,264	81,803
Operating Expenses	4,242	105	145	799	19,379	24,670
Capital Expenses	0					-
Subtotal Direct Expenses	49,574	1,225	1,699	9,333	44,643	106,473
Indirect Expenses	5,949	147	204	1,120	5,357	12,777
TOTAL FUNDING USES	55,523	1,371	1,902	10,453	50,000	119,250
BHS MENTAL HEALTH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
MH FED - SDMC Regular FFP (50%)		-	-	-	-	-
MH STATE - MH Realignment		0	0	0	0	-
MH Wellness Center General Fund	251962-10000-10001795-0001	0	0	0	50,000	50,000
MH CYF COUNTY General Fund	251962-10000-10001670-0001	55,523	1,371	1,902	10,453	69,250
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		55,523	1,371	1,902	10,453	119,250
BHS SUBSTANCE ABUSE FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		55,523	1,371	1,902	10,453	119,250
NON-DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		55,523	1,371	1,902	10,453	119,250
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Fee-For-Service (FFS)					
DPH Units of Service	18,145	300	799	130	354	
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.06	\$ 4.57	\$ 2.38	\$ 80.45	\$ 141.34	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 4.57	\$ 2.38	\$ 80.45	\$ 141.34	
Published Rate (Medi-Cal Providers Only)	\$ 3.18	\$ 4.67	\$ 2.50	\$ 82.48	\$ 150.01	Total UDC
Unduplicated Clients (UDC)	16	16	16	16	40	16

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Child Outpatient Behavioral Health Services
 Program Code: 38186

Appendix #: B-4a
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	TOTAL		251962-10000-10001670-0001		251962-10000-10001795-0001		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
			07/01/18-6/30/19		07/01/18-6/30/19									
Program Director	0.03	\$ 3,106	0.03	3,106										
Program Manager	0.05	\$ 4,407	0.03	2,379	0.02	\$ 2,028.00								
Program Coordinator	0.03	\$ 2,008			0.03	\$ 2,008.00								
Psychologist/Clinical Supervisor	0.01	\$ 1,322	0.01	1,322										
Behavioral Health Specialists	0.52	\$ 33,873	0.52	33,873										
Eligibility Worker/BH Specialist	0.05	\$ 3,299	0.05	3,299										
Family Service Specialists	0.63	\$ 15,254			0.63	\$ 15,254.00								
Program Assistants	0.06	\$ 2,625	0.03	1,275	0.03	\$ 1,350.00								
Totals:	1.38	\$ 65,894	0.67	\$ 45,254	0.71	\$ 20,640.00	0.00	\$ -						
Employee Fringe Benefits:	24%	\$ 15,909	25%	\$ 11,285	22.4%	\$ 4,624.00	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 81,803		\$ 56,539		\$ 25,264.00		\$ -		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Child Outpatient Behavioral Health Services
 Program Code: 38186

Appendix #: B-4a
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251962-10000-10001795-0001	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term		07/01/18-6/30/19	07/01/18-6/30/19				
Rent	\$ 4,420	\$ 664.00	\$ 3,756				
Utilities(telephone, electricity, water, gas)	\$ 710	\$ 332.00	\$ 378				
Building Repair/Maintenance	\$ 1,065	\$ 498.00	\$ 567				
Occupancy Total:	\$ 6,195	\$ 1,494	\$ 4,701	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 1,032	\$ 249.00	\$ 783				
Photocopying	\$ -						
Printing	\$ 607	\$ 50.00	\$ 557				
Program Supplies	\$ 2,200	\$ 200.00	\$ 2,000				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 3,839	\$ 499	\$ 3,340	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,374	\$ 874.00	\$ 500				
Insurance	\$ 745	\$ 349.00	\$ 396				
Professional License	\$ -						
Permits	\$ 150.00	\$ 150.00					
Equipment Lease & Maintenance	\$ 267	\$ 125.00	\$ 142.00				
General Operating Total:	\$ 2,536	\$ 1,498	\$ 1,038.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 300.00		\$ 300.00				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name							
Internship Trainer Fee at \$150 per hour with total of 10 hours	\$ 1,500.00	1,500.00					
Prof.Consultant & Wrokshop at \$100/h x 10 hrs	\$ 1,000.00		\$ 1,000.00				
Graphic Design	\$ 1,000.00		\$ 1,000.00				
Child Watch at \$20/hr x 100 hours	\$ 2,000.00		\$ 2,000.00				
Guest Artist/Speakers at \$50/h x 20 hrs	\$ 1,000.00		\$ 1,000.00				
Consultant/Subcontractor Total:	\$ 6,500.00	\$ 1,500.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Parent Stipends	\$ 1,000.00		\$ 1,000.00				
Parent Incentives	\$ 1,000.00		\$ 1,000.00				
Group Activities	\$ 3,000.00		\$ 3,000.00				
Client Related Expenses (food)	\$ 300.00	\$ 300.00					
Other Total:	\$ 5,300.00	\$ 300.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 24,670	\$ 5,291	\$ 19,379.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336				Appendix #: B-4b		
Provider Name: Instituto Familiar de la Raza, Inc.				Page #: 1		
Provider Number: 3818				Fiscal Year: 2018-2019		
				Funding Notification Date: 04/12/2019		
	Child Outpatient Behavioral Health Clinic- EPSDT	Child Outpatient Behavioral Health Clinic- EPSDT	Child Outpatient Behavioral Health Clinic- EPSDT			
Program Name						
Program Code	38185	38185	38185			
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79 Crisis	15/01-09 Case Mgt			
Service Description	MH Svcs	Intervention-OP	Brokerage			
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		TOTAL	
FUNDING USES						
Salaries & Employee Benefits	322,817	777	5,054		328,648	
Operating Expenses	16,238	39	254		16,531	
Capital Expenses					-	
Subtotal Direct Expenses	339,055	816	5,308	-	345,179	
Indirect Expenses	40,687	98	637		41,422	
TOTAL FUNDING USES	379,742	914	5,945	-	386,601	
BHS MENTAL HEALTH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	166,972	402	2,614	169,988	
MH STATE - PSR EPSDT	251962-10000-10001670-0001	166,972	402	2,614	169,988	
MH STATE - MH Realignment		-	-	-	-	
MH COUNTY - General Fund	251962-10000-10001670-0001	45,798	110	717	46,625	
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		379,742	914	5,945	-	386,601
BHS SUBSTANCE ABUSE FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		379,742	914	5,945	-	386,601
NON-DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		379,742	914	5,945	-	386,601
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
	DPH Units of Service	124,099	200	2,498		
	Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 3.06	\$ 4.57	\$ 2.38	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.06	\$ 4.57	\$ 2.38	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 3.18	\$ 4.67	\$ 2.50		
Unduplicated Clients (UDC)		49	49	49		49

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Child Outpatient Behavioral Health Clinic-EPSTD
 Program Code: 38185

Appendix #: B-4b
 Page #: 2

Fiscal Year: 2018-2019

Funding Notification Date: 04/12/2019

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251962-10000-10001670-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Position Title														
Program Director	0.08	\$ 8,697	0.08	\$ 8,697										
Program Manager	0.19	\$ 15,461	0.19	\$ 15,461										
Program Coordinator	0.26	\$ 18,078	0.26	\$ 18,078										
Psychologist/Clinical Supervisor	0.20	\$ 18,506	0.20	\$ 18,506										
Behavioral Health Specialists	2.29	\$ 144,678	2.29	\$ 144,678										
Eligibility Worker/BH Specialist	0.55	\$ 36,288	0.55	\$ 36,288										
Program Assistants	0.43	\$ 21,229	0.43	\$ 21,229										
Totals:	3.99	\$ 262,937	3.99	\$ 262,937	0.00	\$ -								
Employee Fringe Benefits:	25%	\$ 65,711	25%	\$ 65,711	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 328,648		\$ 328,648		\$ -								

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Child Outpatient Behavioral Health Clinic-EPSTD
 Program Code: 38185

Appendix #: B-4b
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	251962-10000-10001870-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					
Rent	\$ 3,987	\$ 3,987					
Utilities(telephone, electricity, water, gas)	\$ 1,994	\$ 1,994					
Building Repair/Maintenance	\$ 2,990	\$ 2,990					
Occupancy Total:	\$ 8,971	\$ 8,971	\$ -				
Office Supplies	\$ 1,495	\$ 1,495					
Photocopying	\$ -	\$ -					
Printing	\$ 299	\$ 299					
Program Supplies	\$ 100	\$ 100					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 1,894	\$ 1,894	\$ -				
Training/Staff Development	\$ 875	\$ 875					
Insurance	\$ 2,093	\$ 2,093					
Professional License	\$ -	\$ -					
Permits	\$ 150	\$ 150					
Equipment Lease & Maintenance	\$ 748	\$ 748					
General Operating Total:	\$ 3,866	\$ 3,866	\$ -				
Local Travel	\$ -	\$ -					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Internship Trainer Fee at \$150 per hour with total of 10 hours	\$ 1,500	\$ 1,500					
Consultant/Subcontractor Total:	\$ 1,500	\$ 1,500	\$ -				
Other (provide detail):	\$ -	\$ -					
Client Related Expenses (food)	\$ 300	\$ 300					
Other Total:	\$ 300	\$ 300	\$ -				
TOTAL OPERATING EXPENSE	\$ 16,531	\$ 16,531	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

Appendix #: B-5
 Page #: 1
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Program Name	Program Code	Made/SFC (MH) or Locality (SA)	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	El - Childcare MH	TOTAL
			Consultation (Individual)	Consultation (Group)	Consultation (Observation)	Staff Training	Training/Support Group	Parent Early Ref/Linkage	Consultant Train/Supv	Evaluation	System Work	Intervention (Individual)	Intervention (Group)	MH Services Indiv/Family	EPSDT - MH Services	EPSDT - Crisis Intervention	EPSDT - Case Mgt/Brokerage	
Funding Term			07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	
FUNDING USES																		
Salaries & Employee Benefits			163,842	155,859	167,368	16,500	34,710	79,997	95,997	6,000	71,598	5,228	5,019	3,159	35,029	95	395	633,493
Operating Expenses			12,233	11,637	11,749	1,361	2,992	9,913	7,187	597	5,378	419	375	236	2,466	7	30	62,230
Capital Expenses																		
Subtotal Direct Expenses			176,075	167,496	179,117	17,861	37,702	89,910	103,184	6,597	77,976	5,647	5,394	3,393	37,495	102	426	695,723
Indirect Expenses			21,129	20,100	20,294	2,395	4,476	10,319	12,380	1,032	9,285	713	647	407	4,259	12	51	107,487
TOTAL FUNDING USES			197,204	187,596	199,411	22,257	42,178	100,229	115,564	7,629	87,261	6,360	6,041	3,801	41,754	114	477	1,003,210
BHS-MENTAL HEALTH FUNDING SOURCES																		
MH FED - SDMC Regular FFP (60%)															19,392	56	232	19,680
MH STATE - PSR EPSDT															19,392	56	232	19,680
MH WO H.S.A. DM SF CH DHS Childcare			77,803	74,107	74,823	8,796	16,504	39,307	45,644	3,804	34,233	2,828	2,386	1,501	3,905	12	51	380,366
MH WO DCFY Child Care			15,607	15,037	15,183	1,785	3,349	7,718	9,262	772	6,946	533	464	305	305	1	7	77,181
MH WO CFC School Readness			10,714	10,192	10,291	1,210	2,270	5,231	6,278	523	4,708	361	328	205	205	1	7	52,313
MH WO H.S.A. MH Pre-School			90,205	85,810	86,639	10,185	19,110	44,043	52,852	4,404	39,639	3,043	2,763	1,738				440,432
MH WORK ORDER - First Five (SF Children & Family Commission)																		
MH COUNTY - General Fund			2,195	2,058	2,108	248	465	1,072	1,286	107	964	74	67	42	970	3	12	11,699
MH COUNTY - General Fund WD CODB			381	362	365	43	81	186	223	19	167	13	12	7	7			1,859
TOTAL BHS-MENTAL HEALTH FUNDING SOURCES			197,204	187,596	199,411	22,257	42,178	100,229	115,564	7,629	87,261	6,360	6,041	3,801	41,754	114	477	1,003,210
BHS-SUBSTANCE ABUSE FUNDING SOURCES																		
DUAL-AUTH-PROJ-ACTIVITY																		
TOTAL BHS-SUBSTANCE ABUSE FUNDING SOURCES																		
OTHER DPH FUNDING SOURCES																		
DUAL-AUTH-PROJ-ACTIVITY																		
TOTAL OTHER DPH FUNDING SOURCES																		
TOTAL DPH FUNDING SOURCES			197,204	187,596	199,411	22,257	42,178	100,229	115,564	7,629	87,261	6,360	6,041	3,801	41,754	114	477	1,003,210
NON-DPH FUNDING SOURCES																		
TOTAL NON-DPH FUNDING SOURCES																		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			197,204	187,596	199,411	22,257	42,178	100,229	115,564	7,629	87,261	6,360	6,041	3,801	41,754	114	477	1,003,210
BHS UNITS OF SERVICE AND UNIT COST																		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program																		
Payment Method			Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service			2,076	1,975	1,964	234	440	1,014	1,216	101	912	70	50	32	12,892	25	200	
Unit Type			Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 120.00	\$ 3.06	\$ 2.38
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 120.00	\$ 3.06	\$ 2.38
Published Rate (Medi-Cal Providers Only)			\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 123.60	\$ 123.60	\$ 3.18	\$ 2.50
Unduplicated Clients (UDC)			935	935	935	935	935	935	935	935	935	935	935	935	6	6	6	941

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: EI - Childcare MH Consultation Initiative
 Program Code: 38182

Appendix #: B-5
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	TOTAL		251962-10000-10001670-0001 EPSDT		DCYF 251962-10002-10001799-0007		251962-10000-10001670-0001 non-EPSDT	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.34	\$ 36,809	0.01	\$ 1,444	0.13	\$ 13,956	0.03	\$ 2,832
Program Manager	0.17	\$ 16,938	0.01	\$ 665	0.06	\$ 6,422	0.01	\$ 1,303
Program Coordinator	0.21	\$ 14,463	0.01	\$ 567	0.08	\$ 5,484	0.02	\$ 1,113
Mental Health Specialists	8.97	\$ 570,988	0.35	\$ 22,402	3.40	\$ 216,489	0.69	\$ 43,928
Program Assistants	0.41	\$ 22,062	0.02	\$ 866	0.15	\$ 8,365	0.03	\$ 1,697
Supervising Clinical Psychologist	0.06	\$ 5,288	0.00	\$ 207	0.02	\$ 2,005	0.00	\$ 407
Totals:	10.15	\$ 666,548	0.40	\$ 25,944	3.83	\$ 250,716	0.78	\$ 50,873
Employee Fringe Benefits:	25%	\$ 166,945	25%	\$ 6,550	25%	\$ 63,297	25%	\$ 12,844
TOTAL SALARIES & BENEFITS		\$ 833,493		\$ 32,494		\$ 314,013		\$ 63,717

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: EI - Childcare MH Consultation Initiative
 Program Code: 38182

Appendix #: B-5
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	General Fund (251962-10000-10001670-0001) EPSDT			General Fund (251962-10000-10001670-0001) non-EPSDT	
		07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19
Rent	\$ 15,144	\$ 594	\$ 5,742	\$ -	\$ 204.67	
Utilities(telephone, electricity, water, gas)	\$ 5,073	\$ 199	\$ 1,923	\$ -	\$ 68.56	
Building Repair/Maintenance	\$ 7,610	\$ 299	\$ 2,885	\$ -	\$ 102.85	
Occupancy Total:	\$ 27,827	\$ 1,092	\$ 10,551	\$ -	\$ 376.07	
Office Supplies	\$ 3,805	\$ 149	\$ 1,443	\$ -	\$ 51.42	
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	
Printing	\$ 761	\$ 30	\$ 289	\$ -	\$ 10.28	
Program Supplies	\$ 1,840	\$ 72	\$ 698	\$ -	\$ 24.87	
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	
Materials & Supplies Total:	\$ 6,406	\$ 251	\$ 2,429	\$ -	\$ 86.57	
Training/Staff Development	\$ 6,500	\$ 255	\$ 2,464	\$ -	\$ 87.85	
Insurance	\$ 5,327	\$ 209	\$ 2,020	\$ -	\$ 71.99	
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	
Equipment Lease & Maintenance	\$ 1,903	\$ 75	\$ 722	\$ -	\$ 25.72	
General Operating Total:	\$ 13,730	\$ 539	\$ 5,206	\$ -	\$ 185.56	
Local Travel	\$ 5,767	\$ 226	\$ 2,187	\$ -	\$ 77.94	
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	
Staff Travel Total:	\$ 5,767	\$ 226	\$ 2,187	\$ -	\$ 77.94	
Consultant/Subcontracting Agency Name,						
Internship Trainer Fee at \$150 per hour with total of 13.33 hours	\$ 2,000	\$ 78	\$ 758	\$ -	\$ 27.0	
	\$ -	\$ -	\$ -	\$ -	\$ -	
Consultant/Subcontractor Total:	\$ 2,000	\$ 78	\$ 758	\$ -	\$ 27.0	
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	
Client Related Expenses (food)	\$ 4,500	\$ 177	\$ 1,706	\$ -	\$ 60.8	
Family Childcare Providers Annual Meeting	\$ 2,000	\$ 78	\$ 758	\$ -	\$ 27.0	
	\$ -	\$ -	\$ -	\$ -	\$ -	
Other Total:	\$ 6,500	\$ 255	\$ 2,464	\$ -	\$ 87.85	
TOTAL OPERATING EXPENSE	\$ 62,230	\$ 2,442	\$ 23,595	\$ -	\$ 841.00	

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336							Appendix #:	B-6a
Provider Name: Instituto Familiar de la Raza, Inc.							Page #:	1
Provider Number: 3818							Fiscal Year:	2018-2019
							Funding Notification Date:	04/12/2019
Program Name	ISCS/EPSDT Services	ISCS/EPSDT Services	ISCS/EPSDT Services	ISCS/EPSDT Services	ISCS/EPSDT Services	ISCS/EPSDT Services		
Program Code	381810-38LA-2	381810-38LA-2	381810-38LA-2	381810-38LA-2	381810-38LA-2	381810-38LA-2		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/07	15/10-56	15/57	45/10-19	60/72		
Service Description	Case Mgt Brokerage	Intensive Care Coordination	MH Svcs	Intensive Home Based Services	Commly Client Svcs	Client Flexible Support		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL	
FUNDING USES								
Salaries & Employee Benefits	135,205	9,288	110,631	3,126	2,583	41,156	301,989	
Operating Expenses	19,456	1,337	15,920	450	372	5,922	43,456	
Capital Expenses								
Subtotal Direct Expenses	154,661	10,625	126,550	3,576	2,954	47,078	345,445	
Indirect Expenses	18,559	1,275	15,186	429	355	5,649	41,453	
TOTAL FUNDING USES	173,221	11,900	141,736	4,005	3,309	52,727	386,898	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity							
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	55,490	4,946	34,453	1,665		96,554	
MH STATE - PSR EPSDT	251962-10000-10001670-0001	51,551	4,595	32,007	1,546		89,700	
MH WO DCFY Violence Prev Prog	251962-10002-10001799-0003	34,801		51,568		2,900	46,209	
MH COUNTY - General Fund	251962-10000-10001670-0001	30,508	2,359	22,419	794	336	5,363	
MH COUNTY - General Fund WO CODB	251962-10000-10001670-0001	870		1,289		72	1,155	
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TOTAL BHS MENTAL HEALTH FUNDING SOURCES		173,221	11,900	141,736	4,005	3,309	52,727	
BHS SUBSTANCE ABUSE FUNDING SOURCES	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES								
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								
TOTAL OTHER DPH FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES		173,221	11,900	141,736	4,005	3,309	52,727	
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								
TOTAL NON-DPH FUNDING SOURCES								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		173,221	11,900	141,736	4,005	3,309	52,727	
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	72,782	5,000	46,319	1,309	41	22,154		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 80.45	\$ 2.38		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 80.45	\$ 2.38		
Published Rate (Medi-Cal Providers Only)	\$ 2.50	\$ 2.50	\$ 3.18	\$ 3.18	\$ 82.48	\$ 2.50		
Unduplicated Clients (UDC)	16	16	16	16	16	16	16	

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ISCS/EPST Services
 Program Code: 381810 & 381A-2

Appendix #: B-6a
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251962-10000-10001670-0001		251962-10002-10001799-0003		Accounting Code 3 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19										
Position Title										
Program Director	0.13	\$ 13,978	0.08	\$ 9,083	0.05	\$ 4,895				
Program Manager	0.24	\$ 17,132	0.16	\$ 11,133	0.08	\$ 5,999				
Program Coordinator	0.29	\$ 22,286	0.19	\$ 14,482	0.10	\$ 7,804				
Clinical Supervisor	0.15	\$ 1,155	0.10	\$ 751	0.05	\$ 404				
Case Manager	1.00	\$ 54,873	0.65	\$ 35,659	0.35	\$ 19,214				
MH Specialist	1.00	\$ 60,000	0.65	\$ 38,990	0.35	\$ 21,010				
In Take	0.30	\$ 18,000	0.19	\$ 11,697	0.11	\$ 6,303				
Program Assistants	1.00	\$ 43,410	0.65	\$ 28,209	0.35	\$ 15,201				
Family Therapy	0.00	\$ -	0.00	\$ -	0.00	\$ -				
Totals:	4.11	\$ 230,834	2.67	\$ 150,005	1.44	\$ 80,829	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	31%	\$ 71,155	31%	\$ 46,239	30.83%	\$ 24,916	0.00%		0.00%	
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TOTAL SALARIES & BENEFITS		\$ 301,989		\$ 196,244		\$ 105,745		\$ -		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: ISCS/EPSDT Services
 Program Code: 381810 & 38LA-2

Appendix #: B-6a
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001		251962-10002-10001799-0003	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19		07/01/18-6/30/19			
Rent	\$ 14,998	\$ 9,746		\$ 5,252			
Utilities (telephone, electricity, water, gas)	\$ 2,097	\$ 1,363		\$ 734			
Building Repair/Maintenance	\$ 6,629	\$ 4,308		\$ 2,321			
Occupancy Total:	\$ 23,724	\$ 15,417	\$ -	\$ 8,307	\$ -	\$ -	\$ -
Office Supplies	\$ 4,016	\$ 2,610		\$ 1,406			
Photocopying	\$ -	\$ -		\$ -			
Printing	\$ 308	\$ 200		\$ 108			
Program Supplies	\$ 2,750	\$ 1,787		\$ 963			
Computer Hardware/Software	\$ -	\$ -		\$ -			
Materials & Supplies Total:	\$ 7,074	\$ 4,597	\$ -	\$ 2,477	\$ -	\$ -	\$ -
Training/Staff Development	\$ 3,000	\$ 1,950		\$ 1,050			
Insurance	\$ 2,153	\$ 1,399		\$ 754			
Professional License	\$ -	\$ -		\$ -			
Permits	\$ -	\$ -		\$ -			
Equipment Lease & Maintenance	\$ 605	\$ 393		\$ 212			
General Operating Total:	\$ 5,758	\$ 3,742	\$ -	\$ 2,016	\$ -	\$ -	\$ -
Local Travel	\$ 1,800	\$ 1,170		\$ 630			
Out-of-Town Travel	\$ -	\$ -		\$ -			
Field Expenses	\$ -	\$ -		\$ -			
Staff Travel Total:	\$ 1,800	\$ 1,170	\$ -	\$ 630	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Related Expenses (food)	\$ 3,600	\$ 2,339		\$ 1,261			
Client Related Expenses (Stipends)	\$ 1,000	\$ 650		\$ 350			
Client Related Expenses (safe passage)	\$ 500	\$ 325		\$ 175			
	\$ -	\$ -		\$ -			
Other Total:	\$ 5,100	\$ 3,314	\$ -	\$ 1,786	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 43,456	\$ 28,240	\$ -	\$ 15,216	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336							Appendix #:	B-6b
Provider Name: Instituto Familiar de la Raza, Inc.							Page #:	1
Provider Number: 3818							Fiscal Year:	2018-2019
							Funding Notification Date:	04/12/2019
Program Name	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First	
Program Code	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	
Mode/SFC (MH) or Modality (SA)	15/01-09	15/07	15/10-55	15/57	45/20-29	60/72		
Service Description	Case Mgt Brokerage	Intensive Care Coordination	MH Svcs	Intensive Home based Services	Crmnty Client Svcs	Client Flexible Support		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-06/30/19	TOTAL
FUNDING USES								
Salaries & Employee Benefits	30,861	20,462	26,393	5,041	20,850	8,195		114,803
Operating Expenses	4,360	2,891	4,153	712	2,946	1,158		16,221
Capital Expenses								-
Subtotal Direct Expenses	35,221	23,354	33,546	5,754	23,796	9,353		131,024
Indirect Expenses	4,227	2,802	4,026	690	2,856	1,122		15,723
TOTAL FUNDING USES	39,448	26,156	37,572	6,444	26,651	10,476		146,747
BHS MENTAL HEALTH FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	2,642	13,078	2,642	3,222			21,584
MH STATE - PSR EPSDT	251962-10000-10001670-0001	2,642	13,078	2,642	3,222			21,584
MH WORK ORDER - Dept. Children, Youth & Families								-
MH COUNTY - General Fund	251962-10000-10001670-0001	34,164		32,288		26,651	10,476	103,579
MH COUNTY - General Fund WO CODB								-
This row left blank for funding sources not in drop-down list								-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		39,448	26,156	37,572	6,444	26,651	10,476	146,747
BHS SUBSTANCE ABUSE FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES								-
OTHER DPH FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								-
TOTAL OTHER DPH FUNDING SOURCES								-
TOTAL DPH FUNDING SOURCES		39,448	26,156	37,572	6,444	26,651	10,476	146,747
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								-
TOTAL NON-DPH FUNDING SOURCES								-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		39,448	26,156	37,572	6,444	26,651	10,476	146,747
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic TX Program								
	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	
Payment Method	16,575	10,990	12,278	2,106	119	4,402		
DPH Units of Service								
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 223.47	\$ 2.38		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 223.47	\$ 2.38		
Published Rate (Medi-Cal Providers Only)	\$ 2.50	\$ 2.50	\$ 3.18	\$ 3.18	N/A	\$ 2.50		Total UDC
Unduplicated Clients (UDC)	16	16	16	16	16	16		16

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ISCS/Families First
 Program Code: 38LA-10 & 3818-2

Appendix #: B-6b
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251962-10000-10001670-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Position Title														
Program Director	0.03	\$ 11,106	0.03	\$ 11,106										
Program Manager	0.16	\$ 24,535	0.16	\$ 24,535										
Clinical Supervisor	0.13	\$ 39,717	0.13	\$ 39,717										
Family Therapy	1.00	\$ 10,833	1.00	\$ 10,833										
Program Assistants	0.06	\$ 3,475	0.06	\$ 3,475										
Totals:	1.38	\$ 89,666	1.38	\$ 89,666	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	28%	\$ 25,137	28%	\$ 25,137	0%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 114,803		\$ 114,803		\$ -								

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: ISCS/Families First
 Program Code: 38LA-10 & 3818-2

Appendix #: B-6b
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

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Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19					
Rent	\$ 4,184	\$ 4,184					
Utilities(telephone, electricity, water, gas)	\$ 1,702	\$ 1,702					
Building Repair/Maintenance	\$ 2,215	\$ 2,215					
Occupancy Total:	\$ 8,101	\$ 8,101	\$ -				
Office Supplies	\$ 1,675	\$ 1,675					
Photocopying	\$ -	\$ -					
Printing	\$ 103	\$ 103					
Program Supplies	\$ 1,570	\$ 1,570					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 3,348	\$ 3,348	\$ -				
Training/Staff Development	\$ 300	\$ 300					
Insurance	\$ 720	\$ 720					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 202	\$ 202					
General Operating Total:	\$ 1,222	\$ 1,222	\$ -				
Local Travel	\$ 1,200	\$ 1,200					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 1,200	\$ 1,200	\$ -				
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Related Expenses (Food)	\$ 450	\$ 450					
Client Related Expenses (Award/Incentive)	\$ 900	\$ 900					
Client Related Expenses (Stipends)	\$ 1,000	\$ 1,000					
Other Total:	\$ 2,350	\$ 2,350	\$ -				
TOTAL OPERATING EXPENSE	\$ 16,221	\$ 16,221	\$ -				

Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (GRDC)

DHCS Legal Entity Name (MH)/Contractor Name (SA): D0336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

Appendix #: B-7
 Page #: 1
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Program Name	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	TOTAL
Program Code	None	None	None	None	None	None	None	None	None	None	None	
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
Service Description	Consultation (Group/Cmmly Client Svcs)	Consultation (Individuals)/Cmmly Client Svcs	Consultation (Class/Observation)/Cmmly Client Svcs	Training/Parent Support (Group/Cmmly Client Svcs)	Direct Services (Group/Cmmly Client Svcs)	Parental Engagement/Cmmly Client Svcs	Early Intervention/(Individuals)	Early Ref/Linkage	Evaluation Services	MH Services Indv/Family		
Funding Term	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL
FUNDING USES												
Salaries & Employee Benefits	48,654	44,197	11,466	5,241	1,806	9,029	3,612	7,225	803	1,310		133,343
Operating Expenses	14,672	13,328	3,458	1,581	545	2,723	1,089	2,179	242	395		40,211
Capital Expenses												
Subtotal Direct Expenses	63,326	57,525	14,923	6,822	2,350	11,752	4,701	9,403	1,045	1,705		173,554
Indirect Expenses	7,599	6,903	1,791	819	282	1,410	564	1,128	125	205		20,826
TOTAL FUNDING USES	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910		194,380
BHS MENTAL HEALTH FUNDING SOURCES												
Dept-Auth-Proj-Activity												
MH STATE - MHSA	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910		194,380
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910		194,380
BHS SUBSTANCE ABUSE FUNDING SOURCES												
Dept-Auth-Proj-Activity												
This row left blank for funding sources not in drop-down list												
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES												
OTHER DPH FUNDING SOURCES												
Dept-Auth-Proj-Activity												
This row left blank for funding sources not in drop-down list												
TOTAL OTHER DPH FUNDING SOURCES												
TOTAL DPH FUNDING SOURCES	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910		194,380
NON-DPH FUNDING SOURCES												
Dept-Auth-Proj-Activity												
This row left blank for funding sources not in drop-down list												
TOTAL NON-DPH FUNDING SOURCES												
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910		194,380
BHS UNITS OF SERVICE AND UNIT COST												
Number of Beds Purchased (if applicable)												
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)												
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program												
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	742.59	675	175	80	15	150	60	300	33	20		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 95.51	\$ 95.51	\$ 95.51	\$ 95.51	\$ 175.50	\$ 87.75	\$ 87.75	\$ 35.11	\$ 35.11	\$ 95.51		
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	\$ 95.51	\$ 95.51	\$ 95.51	\$ 95.51	\$ 175.50	\$ 87.75	\$ 87.75	\$ 35.11	\$ 35.11	\$ 95.51		
Published Rate (Medi-Cal Providers Only)	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 182.00	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80		
Unduplicated Clients (UDC)	570	570	570	570	570	570	570	570	570	570		570

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI-School-Based Youth-Centered Wellness
 Program Code: None

Appendix #: B-7
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	TOTAL		Accounting Code 1 (Index Code or Detail)		251984-17156- 10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	07/01/18-6/30/19				07/01/18-6/30/19							
Program Director	0.03	\$ 3,106	0.00	\$ -	0.03	\$ 3,106	0.00	\$ -	0.00	\$ -	0.00	\$ -
Program Manager	0.11	\$ 11,292	0.00	\$ -	0.11	\$ 11,292	0.00	\$ -	0.00	\$ -	0.00	\$ -
Program Coordinator	0.13	\$ 9,039	0.00	\$ -	0.13	\$ 9,039	0.00	\$ -	0.00	\$ -	0.00	\$ -
Mental Health Specialists	1.00	\$ 64,471	0.00	\$ -	1.00	\$ 64,471	0.00	\$ -	0.00	\$ -	0.00	\$ -
Program Assistants	0.29	\$ 12,709	0.00	\$ -	0.29	\$ 12,709	0.00	\$ -	0.00	\$ -	0.00	\$ -
Supervising Clinical Psychologist	0.06	\$ 5,288	0.00	\$ -	0.06	\$ 5,288	0.00	\$ -	0.00	\$ -	0.00	\$ -
Totals:	1.62	\$ 105,905	0.00	\$ -	1.62	\$ 105,905	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	26%	\$ 27,438	0%	\$ -	26%	\$ 27,438	0%	\$ -	0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 133,343		\$ -		\$ 133,343		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI-School-Based Youth-Centered Wellness
 Program Code: None

Appendix #: B-7
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	Accounting Code 1 (Index Code or Detail)	251984-17156- 10031199-0020	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19		07/01/18-6/30/19			
Rent	\$ 1,623	\$ -	\$ 1,623	\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 811	\$ -	\$ 811	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 1,217	\$ -	\$ 1,217	\$ -	\$ -	\$ -
Occupancy Total:	\$ 3,651	\$ -	\$ 3,651	\$ -	\$ -	\$ -
Office Supplies	\$ 610	\$ -	\$ 610	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 122	\$ -	\$ 122	\$ -	\$ -	\$ -
Program Supplies	\$ 200	\$ -	\$ 200	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 932	\$ -	\$ 932	\$ -	\$ -	\$ -
Training/Staff Development	\$ 500	\$ -	\$ 500	\$ -	\$ -	\$ -
Insurance	\$ 852	\$ -	\$ 852	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 304	\$ -	\$ 304	\$ -	\$ -	\$ -
General Operating Total:	\$ 1,656	\$ -	\$ 1,656	\$ -	\$ -	\$ -
Local Travel	\$ 600	\$ -	\$ 600	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 600	\$ -	\$ 600	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
Internship Trainer Fee at \$150 per hour with total of 3.3 hours	\$ 500	\$ -	\$ 500	\$ -	\$ -	\$ -
Support for Family of Children w Disabilities at \$2572.67/month	\$ 30,872	\$ -	\$ 30,872	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ 31,372	\$ -	\$ 31,372	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ -	\$ -
Family Childcare Providers Annual Meeting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 40,211	\$ -	\$ 40,211	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

Appendix #: B-6
 Page #: 1
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Program Name	MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation		MHSa - Early Childhood Mental Health Consultation	
	Program Code	None	None	None	None	None	None	None	None	None	None	None	None	None	None	None
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19
Service Description	Consultation (Individuals)	Consultation (Group)	Consultation (Observation)	Staff Training	Training/Support Group	Early Ref/Linkage	Consultant Train/Supv	Evaluation	System Work	Early Intervention (Individuals)	Early Intervention (Group)	Direct Services (Individuals)				
Funding Term	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19
FUNDING USES																
Salaries & Employee Benefits	11,820	6,953	18,252	1,391	7,648	6,953	8,344	695	6,258	695	348	174				69,530
Operating Expenses	537	316	829	63	347	316	379	32	284	32	16	8				3,157
Capital Expenses																
Subtotal Direct Expenses	12,357	7,269	19,080	1,454	7,995	7,269	8,722	727	6,542	727	363	182				72,687
Indirect Expenses	1,483	872	2,290	174	960	872	1,047	57	785	87	44	22				8,723
TOTAL FUNDING USES	13,840	8,141	21,370	1,628	8,955	8,141	9,769	814	7,327	814	407	204				81,410
BHS MENTAL HEALTH FUNDING SOURCES																
Dept-Auth-Proj-Activity																
MH STATE - MHSa	251984-17156-10031199-0020	13,840	8,141	21,370	1,628	8,955	8,141	9,769	814	7,327	814	407	204			81,410
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		13,840	8,141	21,370	1,628	8,955	8,141	9,769	814	7,327	814	407	204			81,410
BHS SUBSTANCE ABUSE FUNDING SOURCES																
Dept-Auth-Proj-Activity																
This row left blank for funding sources not in drop-down list																
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES																
OTHER DPH FUNDING SOURCES																
Dept-Auth-Proj-Activity																
This row left blank for funding sources not in drop-down list																
TOTAL OTHER DPH FUNDING SOURCES																
TOTAL DPH FUNDING SOURCES																
		13,840	8,141	21,370	1,628	8,955	8,141	9,769	814	7,327	814	407	204			81,410
NON-DPH FUNDING SOURCES																
This row left blank for funding sources not in drop-down list																
TOTAL NON-DPH FUNDING SOURCES																
TOTAL FUNDING SOURCES (DPH AND NON-DPH)																
		13,840	8,141	21,370	1,628	8,955	8,141	9,769	814	7,327	814	407	204			81,410
BHS UNITS OF SERVICE AND UNIT COST																
Number of Beds Purchased (if applicable)																
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)																
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic TX Program																
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)								
DPH Units of Service	146	86	225	17	84	86	103	9	77	9	3	2				
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour								
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00				\$ 95.00
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 95.00	\$ 120.00	\$ 95.00				\$ 95.00
Published Rate (Medi-Cal Providers Only)	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 123.60	\$ 98.80				Total UDC
Unduplicated Clients (UDC)	106	106	106	106	106	106	106	106	106	106	106	106	106			106

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA Early Childhood Mental Health Consultation
 Program Code: None

Appendix #: B-8
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Term	TOTAL		Accounting Code 1 (Index Code or Detail)		251984-17156- 10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
			07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.16	\$ 15,526			0.16	15,526						
Program Coordinator	0.04	\$ 2,611			0.04	2,611						
Mental Health Specialists	0.46	\$ 31,564			0.46	31,564						
Program Assistants	0.13	\$ 6,274			0.13	6,274						
Totals:	0.78	\$ 55,975	0.00	\$ -	0.78	\$ 55,975	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	24%	\$ 13,555	0%		24%	\$ 13,555	0%	\$ -	0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 69,530		\$ -		\$ 69,530		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA Early Childhood Mental Health Consultation
 Program Code: None

Appendix #: B-8
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

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Expense Categories & Line Items	TOTAL	Accounting Code 1 (Index Code or Detail)	251984-17156- 10031199-0020	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)			7/1/18-6/30/2019			
Rent	\$ 786	\$ -	\$ 786	\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 393	\$ -	\$ 393	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 589	\$ -	\$ 589	\$ -	\$ -	\$ -
Occupancy Total:	\$ 1,768	\$ -	\$ 1,768	\$ -	\$ -	\$ -
Office Supplies	\$ 295	\$ -	\$ 295	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 59	\$ -	\$ 59	\$ -	\$ -	\$ -
Program Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 354	\$ -	\$ 354	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 413	\$ -	\$ 413	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 146	\$ -	\$ 146	\$ -	\$ -	\$ -
General Operating Total:	\$ 559	\$ -	\$ 559	\$ -	\$ -	\$ -
Local Travel	\$ 276	\$ -	\$ 276	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 276	\$ -	\$ 276	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ 200	\$ -	\$ 200	\$ -	\$ -	\$ -
Family Childcare Providers Annual Meeting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ 200	\$ -	\$ 200	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 3,157	\$ -	\$ 3,157	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336				Appendix #: B-9a	
Provider Name: Instituto Familiar de la Raza, Inc.				Page #: 1	
Provider Number: 3818				Fiscal Year: 2018-2019	
				Funding Notification Date: 04/12/2019	
Program Name	TAY Engagement & Treatment - Latino	TAY Engagement & Treatment - Latino	TAY Engagement & Treatment - Latino		
Program Code	NONE	38LA3	38LA3		
Mode/SFC (MH) or Modality (SA)	45/10-19	15/10-57, 59	15/01-09		
Service Description	OS-MH Promotion	OP-MH Svcs	OP-Case Mgt Brokerage		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		TOTAL
FUNDING USES					
Salaries & Employee Benefits	169,744	14,551	4,309		188,604
Operating Expenses	31,149	2,670	791		34,610
Capital Expenses					-
Subtotal Direct Expenses	200,893	17,221	5,100		223,214
Indirect Expenses	24,107	2,067	612		26,786
TOTAL FUNDING USES	225,000	19,288	5,712		250,000
BHS MENTAL HEALTH FUNDING SOURCES					
Dept-Auth-Proj-Activity					
251962-10000-10001670-0001		9,644	2,856		12,500
MH FED - SDMC Regular FFP (50%)					-
MH STATE - PSR EPSDT					-
MH WORK ORDER - Dept. Children, Youth & Families					-
MH WORK ORDER - Dept. Children, Youth & Families					-
MH WORK ORDER - First Five (SF Children & Family Commission)					-
251984-17156-10031199-0020		9,644	2,856		12,500
MH STATE - MHSA match					-
251984-17156-10031199-0020	225,000				225,000
MH STATE - MHSA					-
MH STATE - MH Realignment					-
MH COUNTY - General Fund					-
MH COUNTY - General Fund WO CODB					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	225,000	19,288	5,712		250,000
OTHER DPH FUNDING SOURCES					
Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES	-	-	-		-
TOTAL DPH FUNDING SOURCES	225,000	19,288	5,712		250,000
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					
TOTAL NON-DPH FUNDING SOURCES	-	-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	225,000	19,288	5,712		250,000
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
DPH Units of Service	1,815	6,303	2,400		
Unit Type	Staff Hour	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 123.97	\$ 3.06	\$ 2.38	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 123.97	\$ 3.06	\$ 2.38	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 3.18	\$ 2.50		
Unduplicated Clients (UDC)	92	92	92		92

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9a
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	Term	TOTAL		251962-10000-10001670-0001		251984-17156-10031199-0020		251984-17156-10031199-0020 Match		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19					
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director		0.14	\$ 22,950	0.01	1,148	0.13	20,655	0.01	1,148				
Program Manager		0.08	\$ 4,880	0.00	244	0.07	4,392	0.00	244				
Clinical Supervisor		0.20	\$ 16,873	0.01	844	0.18	15,186	0.01	844				
Mental Health Specialists		1.65	\$ 89,224	0.08	4,461	1.49	80,302	0.08	4,461				
In Take		0.25	\$ 13,000	0.01	650	0.23	11,700	0.01	650				
Program Assistants		0.11	\$ 4,223	0.01	211	0.10	3,801	0.01	211				
Totals:		2.43	\$ 151,150	0.12	7,558	2.19	\$ 136,035	0.12	\$ 7,558	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:		25%	\$ 37,454	25%	1,873	25%	33,709	25%	\$ 1,873	0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS			\$ 188,604		\$ 9,430		\$ 169,744		\$ 9,430		\$ -		\$ -

739

Appendix B - DPH 4: Operating Expenses Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9a
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251984-17156-10031199-0020	251984-17156-10031199-0020 match	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	.07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		-
Rent	\$ 7,428	\$ 371	\$ 6,685	\$ 371	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 1,246	\$ 62	\$ 1,121	\$ 62	\$ -	\$ -
Building Repair/Maintenance	\$ 2,156	\$ 108	\$ 1,940	\$ 108	\$ -	\$ -
Occupancy Total:	\$ 10,830	\$ 542	\$ 9,747	\$ 542	\$ -	\$ -
Office Supplies	\$ 1,198	\$ 60	\$ 1,078	\$ 60	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 182	\$ 9	\$ 164	\$ 9	\$ -	\$ -
Program Supplies	\$ 6,580	\$ 329	\$ 5,922	\$ 329	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 7,960	\$ 398	\$ 7,164	\$ 398	\$ -	\$ -
Training/Staff Development	\$ 2,583	\$ 129	\$ 2,325	\$ 129	\$ -	\$ -
Insurance	\$ 1,277	\$ 64	\$ 1,149	\$ 64	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 360	\$ 18	\$ 324	\$ 18	\$ -	\$ -
General Operating Total:	\$ 4,220	\$ 211	\$ 3,798	\$ 211	\$ -	\$ -
Local Travel	\$ 800	\$ 40	\$ 720	\$ 40	\$ -	\$ -
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 800	\$ 40	\$ 720	\$ 40	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
Consultant for 4 Events at \$75/hr for the total of 9 hours	\$ 2,700	\$ 135	\$ 2,430	\$ 135	\$ -	\$ -
	\$ -					
Consultant/Subcontractor Total:	\$ 2,700	\$ 135	\$ 2,430	\$ 135	\$ -	\$ -
Other (provide detail):	\$ -					
Client Related Expenses (food)	\$ 2,900	\$ 145	\$ 2,610	\$ 145	\$ -	\$ -
Client Related Expenses (Award/Incentive)	\$ 3,000	\$ 150	\$ 2,700	\$ 150	\$ -	\$ -
Client Related Expenses (Stipends)	\$ 1,700	\$ 85	\$ 1,530	\$ 85	\$ -	\$ -
Client Related Expenses (Safe Passage)	\$ 500	\$ 25	\$ 450	\$ 25	\$ -	\$ -
Other Total:	\$ 8,100	\$ 405	\$ 7,290	\$ 405	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 34,610	\$ 1,730	\$ 31,149	\$ 1,731	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336		Provider Name: Instituto Familiar de la Raza, Inc.		Appendix #: B-9b	
Provider Number: 3818		38LA-		Page #: 1	
				Fiscal Year: 2018-2019	
				Funding Notification Date: 04/12/2019	
Program Name	TAY Engagement & Treatment - Latino	TAY Engagement & Treatment - Latino			
Program Code	38LA3	38LA3			
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09			
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage			
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19			TOTAL
FUNDING USES					
Salaries & Employee Benefits	14,848	4,397			19,245
Operating Expenses	2,373	703			3,076
Capital Expenses					-
Subtotal Direct Expenses	17,221	5,100			22,321
Indirect Expenses	2,067	612			2,679
TOTAL FUNDING USES	19,288	5,712			25,000
BHS-MENTAL HEALTH FUNDING SOURCES					
	Dept-Auth-Proj-Activity				
MH FED - SDMC Regular FFP (50%)	251984-10000-10001792-0001	9,644	2,856		12,500
MH STATE - PSR EPSDT					-
MH WORK ORDER - Dept. Children, Youth & Families					-
MH WORK ORDER - Dept. Children, Youth & Families					-
MH WORK ORDER - First Five (SF Children & Family Commission)					-
MH WORK ORDER - First Five (SF Children & Family Commission)					-
MH STATE - MHSA	251984-17156-10031199-0020	9,644	2,856		12,500
MH STATE - MH Realignment					-
MH COUNTY - General Fund					-
MH COUNTY - General Fund WO CODB					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		19,288	5,712		25,000
OTHER DPH FUNDING SOURCES					
	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES		-	-		-
TOTAL DPH FUNDING SOURCES		19,288	5,712		25,000
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					
TOTAL NON-DPH FUNDING SOURCES		-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		19,288	5,712		25,000
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service		6,303	2,400		
	Unit Type	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 3.06	\$ 2.38	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 3.06	\$ 2.38	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 3.18	\$ 2.50		
Unduplicated Clients (UDC)		4	4		Total UDC

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9b
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	Term	07/01/18-6/30/19	07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19					
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.02	\$ 1,646	0.01	823	0.01	823						
Program Manager	0.04	\$ 2,883	0.02	1,442	0.02	1,442						
Mental Health Specialists	0.10	\$ 6,489	0.05	3,245	0.05	3,245						
Program Assistants	0.10	\$ 4,331	0.05	2,166	0.05	2,166						
Totals:	0.26	\$ 15,349	0.13	7,675	0.13	\$ 7,675	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	25%	\$ 3,896	25%	1,948	25%	1,948	0%		0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 19,245		\$ 9,623		\$ 9,623		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9b
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

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Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	251984-17156-10031199-0020	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		
Rent	\$ 771	\$ 386	\$ 386	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 129	\$ 65	\$ 65	\$ -	\$ -
Building Repair/Maintenance	\$ 224	\$ 112	\$ 112	\$ -	\$ -
Occupancy Total:	\$ 1,124	\$ 562	\$ 562	\$ -	\$ -
Office Supplies	\$ 124	\$ 62	\$ 62	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 19	\$ 10	\$ 10	\$ -	\$ -
Program Supplies	\$ 540	\$ 270	\$ 270	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 683	\$ 342	\$ 342	\$ -	\$ -
Training/Staff Development	\$ 200	\$ 100	\$ 100	\$ -	\$ -
Insurance	\$ 132	\$ 66	\$ 66	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 37	\$ 19	\$ 19	\$ -	\$ -
General Operating Total:	\$ 369	\$ 185	\$ 185	\$ -	\$ -
Local Travel	\$ 900	\$ 450	\$ 450	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 900	\$ 450	\$ 450	\$ -	\$ -
Consultant/Subcontracting Agency Name,					
	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (Stipends)	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (client travel)	\$ -	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 3,076	\$ 1,538	\$ 1,538	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336		Appendix #: B-10				
Provider Name: Instituto Familiar de la Raza, Inc.		Page #: 1				
Provider Number: 3818		Fiscal Year: 2018-2019				
		Funding Notification Date: 04/12/2019				
Program Name	MHSA PEI ECMHC Training					
Program Code	NONE					
Mode/SFC (MH) or Modality (SA)	6078					
Service Description	SS-Other Non-MediCal Client Support Exp					
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19					TOTAL
FUNDING USES						
Salaries & Employee Benefits	18,328					18,328
Operating Expenses	700					700
Capital Expenses						-
Subtotal Direct Expenses	19,028	-	-	-	-	19,028
Indirect Expenses	2,283					2,283
TOTAL FUNDING USES	21,311	-	-	-	-	21,311
BHS-MENTAL HEALTH FUNDING SOURCES						
	Dept:Auth-Proj-Activity					
MH FED - SDMC Regular FFP (50%)						-
MH STATE - PSR EPSDT						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH STATE - MHSA	251984-17156-10031199-0020	21,311				21,311
MH STATE - MH Realignment						-
MH COUNTY - General Fund						-
MH COUNTY - General Fund WO CODB						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		21,311	-	-	-	21,311
OTHER DPH FUNDING SOURCES						
	Dept:Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		21,311	-	-	-	21,311
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		21,311	-	-	-	21,311
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service	65					
Unit Type	Start Hour or Client Day, depending on contract.	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 327.86	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 327.86	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)						Total UDC
Unduplicated Clients (UDC)	10					10

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI ECMHC Training
 Program Code: None

Appendix #: B-10
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	TOTAL		Accounting Code 1 (Index Code or Detail)		251984-17156- 10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		
	Term	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	07/01/18-6/30/19	0.04	\$ 4,038			0.04	4,033						
Program Manager	07/01/18-6/30/19	0.10	\$ 9,880			0.10	9,880						
Program Assistants	07/01/18-6/30/19	0.03	\$ 682			0.03	682						
Totals:		0.17	\$ 14,600	0.00	\$ -	0.17	\$ 14,600	0.00	\$ -	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	26%	\$ 3,728	0%	\$ -	26%	\$ 3,728	0%	\$ -	0%	\$ -	0%	\$ -
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TOTAL SALARIES & BENEFITS		\$ 18,328		\$ -		\$ 18,328		\$ -		\$ -		\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI ECMHC Training
 Program Code: None

Appendix #: B-10
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	Accounting Code 1 (Index Code or Detail)	251984-17156-10031199-0020	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19		07/01/18-6/30/19			-
Rent	\$ -	\$ -		\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ -	\$ -		\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ -	\$ -		\$ -	\$ -	\$ -
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -		\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ -		\$ -	\$ -	\$ -
Program Supplies	\$ 300	\$ -	\$ 300	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 300	\$ -	\$ 300	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -		\$ -	\$ -	\$ -
Insurance	\$ -	\$ -		\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ -	\$ -		\$ -	\$ -	\$ -
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -		\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
	\$ -	\$ -		\$ -	\$ -	\$ -
	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -					
	\$ 400	\$ -	\$ 400	\$ -	\$ -	\$ -
	\$ -	\$ -		\$ -	\$ -	\$ -
Other Total:	\$ 400	\$ -	\$ 400	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 700	\$ -	\$ 700	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336		Appendix #: B-11		
Provider Name: Instituto Familiar de la Raza, Inc.		Page #: 1		
Provider Number: 3818		Fiscal Year: 2018-2019		
		Funding Notification Date: 04/12/2019		
Program Name	Semillas de Paz	Semillas de Paz	Semillas de Paz	
Program Code	3818C	3818C	3818C	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	45/20-29	
Service Description	MH Svcs	Case Mgt Brokerage	Crmlly Client Svcs	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL
FUNDING USES:				
Salaries & Employee Benefits	207,683	116,280	43,309	367,272
Operating Expenses	34,158	19,125	7,123	60,406
Capital Expenses				-
Subtotal Direct Expenses	241,841	135,405	50,432	427,678
Indirect Expenses	29,021	16,249	6,052	51,322
TOTAL FUNDING USES	270,862	151,654	56,484	479,000
BHS MENTAL HEALTH FUNDING SOURCES				
	Dept-Auth-Proj-Activity			
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	135,431	75,827	211,258
MH STATE - PSR EPSDT	251962-10000-10001670-0001	135,431	75,827	211,258
MH WORK ORDER - Dept. Children, Youth & Families				-
MH WORK ORDER - Dept. Children, Youth & Families				-
MH WORK ORDER - First Five (SF Children & Family Commission)				-
MH WORK ORDER - First Five (SF Children & Family Commission)				-
MH STATE - MHSA				-
MH STATE - MH Realignment				-
MH COUNTY - General Fund	251962-10000-10001670-0001		56,484	56,484
Triage Grant				-
MH COUNTY - General Fund WO CODB				-
This row left blank for funding sources not in drop-down list				-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		270,862	151,654	56,484
OTHER DPH FUNDING SOURCES				
	Dept-Auth-Proj-Activity			
This row left blank for funding sources not in drop-down list				-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-
TOTAL DPH FUNDING SOURCES		270,862	151,654	56,484
NON-DPH FUNDING SOURCES				
This row left blank for funding sources not in drop-down list				-
TOTAL NON-DPH FUNDING SOURCES		-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		270,862	151,654	56,484
BHS UNITS OF SERVICE AND UNIT COST				
Number of Beds Purchased (if applicable)				
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)				
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	88,517	63,720	482	
Unit Type	Staff Minute	Staff Minute	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.06	\$ 2.38	\$ 117.22	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 2.38	\$ 117.22	
Published Rate (Medi-Cal Providers Only)	\$ 3.09	\$ 2.43	\$ 120.00	
Unduplicated Clients (UDC)	40	40	40	Total UDC 46

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Semillas de Paz
 Program Code: 3818C

Appendix #: B-11
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Term	TOTAL		General Fund 251962-10000-10001670-0001		EPSDT 251962-10000-10001670-0001		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Managers	0.49	\$ 36,852	0.10	8,073	0.39	28,779						
Clinical Supervisor	0.49	\$ 41,678	0.10	8,437	0.39	33,241						
Mental Health Specialist (Clinician)	2.00	\$ 123,570	0.17	10,467	1.83	113,103						
MH Rehabilitatoin Specialist (case manag	1.00	\$ 51,906	0.10	5,190	0.90	46,716						
In Take Specialist	0.30	\$ 18,000			0.30	18,000						
Program Support Assistants	0.47	\$ 20,717	0.10	4,207	0.37	16,510						
Totals:	4.75	\$ 292,723	0.57	\$ 36,374	4.18	\$ 256,349	0.00	\$ -	0.00	\$ -	0.00	\$ -

Employee Fringe Benefits:	25%	\$ 74,549	26%	\$ 9,327	25%	\$ 65,222	0%		0%		0%	
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TOTAL SALARIES & BENEFITS	\$ 367,272	\$ 45,701	\$ 321,571	\$ -	\$ -	\$ -
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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Semillas de Paz
 Program Code: 3818C

Appendix #: B-11
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	General Fund 251962-10000-10001670-0001	EPSDT 251962-10000-10001670-0001	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19			-
Rent	\$ 16,976	\$ 1,733	\$ 15,243		\$ -	\$ -
Utilities (telephone, electricity, water, gas)	\$ 2,428	\$ 290	\$ 2,138	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 5,203	\$ 503	\$ 4,700	\$ -	\$ -	\$ -
Occupancy Total:	\$ 24,607	\$ 2,526	\$ 22,081	\$ -	\$ -	\$ -
Office Supplies	\$ 4,334	\$ 279	\$ 4,055	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 356	\$ 43	\$ 313	\$ -	\$ -	\$ -
Program Supplies	\$ 5,960	\$ -	\$ 5,960	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 10,650	\$ 322	\$ 10,328	\$ -	\$ -	\$ -
Training/Staff Development	\$ 3,000	\$ 1,500	\$ 1,500	\$ -	\$ -	\$ -
Insurance	\$ 2,488	\$ 298	\$ 2,190	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 701	\$ 84	\$ 617	\$ -	\$ -	\$ -
General Operating Total:	\$ 6,189	\$ 1,882	\$ 4,307	\$ -	\$ -	\$ -
Local Travel (Safe passage)	\$ 3,600	\$ -	\$ 3,600	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 3,600	\$ -	\$ 3,600	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Exp (Food)	\$ 5,800	\$ -	\$ 5,800	\$ -	\$ -	\$ -
Client Related Expenses (stipends)	\$ 3,800	\$ -	\$ 3,800	\$ -	\$ -	\$ -
Client Related Expenses (Awards & Incentives)	\$ 5,260	\$ -	\$ 5,260	\$ -	\$ -	\$ -
Client Related Expenses (safe passage)	\$ 500	\$ -	\$ 500	\$ -	\$ -	\$ -
Other Total:	\$ 15,360	\$ -	\$ 15,360	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 60,406	\$ 4,730	\$ 55,676	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

Appendix #: B-12
 Page #: 1
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Program Name	FSP - SPARK	FSP - SPARK	FSP - SPARK	FSP - SPARK	FSP - SPARK	FSP - SPARK	
Program Code	3818-FSP	3818-FSP	3818-FSP	3818-FSP	3818-FSP	3818-FSP	
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	15/10-56	15/70-79	15/01-09	60/72	
Service Description	Cmnty Client Svcs	Cmnty Client Svcs	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Client Flexible Support	
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL
FUNDING USES							
Salaries & Employee Benefits	311,250	120,610	70,706	11,438	1,587	4,166	519,757
Operating Expenses	45,892	17,782	4,991	807	112	294	69,879
Capital Expenses							-
Subtotal Direct Expenses	367,142	138,392	75,698	12,245	1,699	4,461	589,636
Indirect Expenses	42,859	16,608	9,084	1,469	204	535	70,758
TOTAL FUNDING USES	400,001	155,000	84,781	13,715	1,902	4,996	660,394
BHS MENTAL HEALTH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001		42,222	6,830	947		50,000
MH STATE - PSR EPSDT	251962-10000-10001670-0001		42,222	6,830	947		50,000
MH WORK ORDER - Human Services Agency	251962-10002-10001803-0010	155,000					155,000
MH WORK ORDER - Dept. Children, Youth & Families							-
MH WORK ORDER - Dept. Children, Youth & Families							-
MH WORK ORDER - First Five (SF Children & Family Commission)							-
MH WORK ORDER - First Five (SF Children & Family Commission)							-
MH STATE - MHPA	251984-17156-10031199-0017	400,000					400,000
MH STATE - MH Realignment							-
MH COUNTY - General Fund	251962-10000-10001670-0001		336	54	7	4,996	5,393
MH COUNTY - General Fund WO CODB							-
This row left blank for funding sources not in drop-down list							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	400,000	155,000	84,781	13,715	1,902	4,996	660,393
OTHER DPH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list							-
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES	400,000	155,000	84,781	13,715	1,902	4,996	660,393
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							-
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	400,000	155,000	84,781	13,715	1,902	4,996	660,393
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	1,257	487	27,706	3,001	799	2,099	
Unit Type	Staff Hour	Staff Hour	Staff Minute	Staff Minute	Staff Minute	Staff Minute	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 318.30	\$ 318.30	\$ 3.06	\$ 4.57	\$ 2.38	\$ 2.38	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 318.30	\$ 318.30	\$ 3.06	\$ 4.57	\$ 2.38	\$ 2.38	
Published Rate (Medi-Cal Providers Only)			\$ 3.18	\$ 4.67	\$ 2.50	\$ 2.50	
Unduplicated Clients (UDC)	20	20	20	20	20	20	Total UDC 20

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: FSP - SPARK
 Program Code: None

Appendix #: B-12
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Position Title	TOTAL		251962-10000-10001670-0001		251962-10002-10001803-0010		251984-17156-10031199-0017		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	Term		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.09	\$ 9,318	0.01	1,553	0.02	2,169	0.05	5,596				
Program Manager	0.29	\$ 28,935	0.04	4,234	0.07	6,898	0.18	17,803				
Clinical Supervisor	1.00	\$ 80,601	0.16	12,708	0.24	18,961	0.61	48,932				
MH Specialists	4.00	\$ 231,788	0.63	39,388	0.94	53,733	2.43	138,667				
Evaluator	0.23	\$ 16,069	0.03	2,217	0.06	3,869	0.14	9,983				
Program Support Assistant	0.91	\$ 41,373	0.17	7,557	0.21	9,444	0.54	24,372				
Totals:	6.52	\$ 408,084	1.04	\$ 67,657	1.53	\$ 95,074	3.95	245,353	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	27%	\$ 111,673	30%	20,240	27%	25,535	27%	65,898	0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 519,757		\$ 87,897		\$ 120,610		\$ 311,250		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: FSP - SPARK
 Program Code: None

Appendix #: B-12
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Expense Categories & Line Items	TOTAL	251962-10000-	251962-10002-	251984-17156-		
		10001670-0001	10001803-0010	10031199-0017		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		
Rent	\$ 18,699	\$ 1,242	\$ 4,875	\$ 12,582	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 4,259	\$ 521	\$ 1,044	\$ 2,694	\$ -	\$ -
Building Repair/Maintenance	\$ 18,888	\$ 781	\$ 5,057	\$ 13,050	\$ -	\$ -
Occupancy Total:	\$ 41,846	\$ 2,544	\$ 10,976	\$ 28,326	\$ -	\$ -
Office Supplies	\$ 4,445	\$ 391	\$ 1,132	\$ 2,922	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 789	\$ 78	\$ 199	\$ 512	\$ -	\$ -
Program Supplies	\$ 5,905	\$ 542	\$ 1,498	\$ 3,865	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 11,139	\$ 1,011	\$ 2,829	\$ 7,299	\$ -	\$ -
Training/Staff Development	\$ 5,000	\$ 788	\$ 1,176	\$ 3,036	\$ -	\$ -
Insurance	\$ 3,422	\$ 547	\$ 803	\$ 2,072	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 1,222	\$ 195	\$ 287	\$ 740	\$ -	\$ -
General Operating Total:	\$ 9,644	\$ 1,530	\$ 2,266	\$ 5,848	\$ -	\$ -
Local Travel	\$ 3,800	\$ 568	\$ 903	\$ 2,329	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 3,800	\$ 568	\$ 903	\$ 2,329	\$ -	\$ -
Name, Service Detail w/Dates, Hourly Rate and Amounts)						
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (Award & Incentive)	\$ 1,200	\$ 192	\$ 282	\$ 726	\$ -	\$ -
Client Related Expenses (Stipends)	\$ 250	\$ 40	\$ 58	\$ 152	\$ -	\$ -
Client Related Expenses (foods)	\$ 1,000	\$ 160	\$ 235	\$ 605	\$ -	\$ -
Client Related Expenses (childwatch)	\$ 500	\$ 80	\$ 117	\$ 303	\$ -	\$ -
Client Related Expenses (client travel)	\$ 500	\$ 80	\$ 117	\$ 303	\$ -	\$ -
Other Total:	\$ 3,450	\$ 552	\$ 808	\$ 2,090	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 69,879	\$ 6,205	\$ 17,782	\$ 45,892	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

Appendix #: B-13
 Page #: 1
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Program Name	Day Laborer						
Program Code	NONE						
Mode/SFC (MH) or Modality (SA)	45/20-29						
Service Description	OS-Cmnty Client Svcs						
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19						TOTAL
FUNDING USES							
Salaries & Employee Benefits	45,428						45,428
Operating Expenses	285						285
Capital Expenses							-
Subtotal Direct Expenses	45,713						45,713
Indirect Expenses	5,486						5,486
TOTAL FUNDING USES	51,199						51,199
BHS MENTAL HEALTH FUNDING SOURCES							
Dept-Auth-Proj-Activity							
MH FED - SDMC Regular FFP (50%)							-
MH STATE - PSR EPSDT							-
MH WORK ORDER - Dept. Children, Youth & Families							-
MH WORK ORDER - Dept. Children, Youth & Families							-
MH WORK ORDER - First Five (SF Children & Family Commission)							-
MH WORK ORDER - First Five (SF Children & Family Commission)							-
MH STATE - MHSA							-
MH STATE - MH Realignment							-
MH COUNTY - General Fund	251984-10000-10001792-0001	51,199					51,199
MH COUNTY - General Fund WO CODB							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		51,199					51,199
OTHER DPH FUNDING SOURCES							
Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES		51,199					51,199
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES							-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		51,199					51,199
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Cost Reimbursement (CR)						
DPH Units of Service	613						
Unit Type	Staff Hour	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 83.52	\$ -	\$ -	\$ -	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 83.52	\$ -	\$ -	\$ -	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 150.01						Total UDC
Unduplicated Clients (UDC)	30						

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Day Laborer
 Program Code: NONE

Appendix #: B-13
 Page #: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251984-10000-10001792-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Position Title														
Program Manager	0.04	\$ 5,568	0.04	5,568										
Behavioral Health Specialists	0.50	\$ 31,496	0.50	31,496										
		\$ -												
		\$ -												
Totals:	0.54	\$ 37,064	0.54	\$ 37,064	\$ -	\$ -	0.00	\$ -						
Employee Fringe Benefits:	23%	\$8,364	23%	\$8,364	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 45,428		\$ 45,428		\$ -								

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Day Laborer
 Program Code: NONE

Appendix #: B-13
 Page #: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 04/12/2019

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Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19					
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Printing	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ 285	\$ 285					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 285	\$ 285	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 285	\$ 285	\$ -				

Appendix F

Invoice

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

Appendix F
 PAGE A

Control Number

INVOICE NUMBER : M22 JL 18
 Cl. Blanket No.: BPHM TBD
 Cl. PO No.: POHM TBD
 Fund Source: MH Fed/ State/ CYF County - General Fund
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

DELIVERABLES Program Name/Req'd Unit Modality/Mod# - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-4a Child Outpatient Behavioral Health Svcs PC# - 38186 251862-10006-10001670-0001												
15/ 10 - 58 MH Svcs	16,146				\$ 3.06	\$ 0.000	0.000	0.00%			16,146.000	\$ 55,523.70
15/ 70 - 79 Crisis Intervention-OP	300				\$ 4.57	\$ 0.000	0.000	0.00%			300.000	1,371.00
15/ 01 - 09 Case Mgt Brokerage	799				\$ 2.38	\$ 0.000	0.000	0.00%			799.000	1,901.62
45/ 20 - 29 Outreach	130				\$ 80.45	\$ 0.000	0.000	0.00%			130.000	10,458.50
B-4b Child Outpatient Behavioral Health Clinic-EPST PC# - 38185 251862-10000-10001670-0001												
15/ 10 - 58 MH Svcs	124,099				\$ 3.06	\$ 0.000	0.000	0.00%			124,099.000	379,742.94
15/ 70 - 79 Crisis Intervention-OP	200				\$ 4.57	\$ 0.000	0.000	0.00%			200.000	914.00
15/ 01 - 09 Case Mgt Brokerage	2,498				\$ 2.38	\$ 0.000	0.000	0.00%			2,498.000	5,945.24
TOTAL	146,171		0,000				0,000	0.00%			146,171,000	\$ 455,857.00
Budget Amount					\$ 455,850.00		Expenses To Date	% of Budget			Remaining Budget	\$ 455,850.00

SUBTOTAL AMOUNT DUE
 Less: Initial Payment Recovery
 (For DM Use) Other Adjustments
NET REIMBURSEMENT

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1390 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____ Date _____

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

Appendix F
 PAGE A

Control Number

INVOICE NUMBER: M27 JL 18

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

CL Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: MH WO - HSA DMSE CH DHS Childcare

Invoice Period: July 2018

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for AES Use Only

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182 - (HMCHDHSWO) 251962-10002-10001803-0001												
45/10 - 19 Consultation (Individuals)	820				\$ 95.00	\$ 0.000	0.00%				820,000	\$ 77,900.00
45/10 - 19 Consultation (Group)	780				\$ 95.00	\$ 0.000	0.00%				780,000	74,100.00
45/10 - 19 Consultation (Observation)	788				\$ 95.00	\$ 0.000	0.00%				788,000	74,850.00
45/10 - 19 Staff Training	93				\$ 95.00	\$ 0.000	0.00%				93,000	8,835.00
45/10 - 19 Parent Training / Support Group	174				\$ 95.00	\$ 0.000	0.00%				174,000	16,530.00
45/10 - 19 Early Ref/Linkage	400				\$ 95.00	\$ 0.000	0.00%				400,000	38,000.00
45/10 - 19 Consultant Train/Supv	480				\$ 95.00	\$ 0.000	0.00%				480,000	45,600.00
45/10 - 19 Evaluation	40				\$ 95.00	\$ 0.000	0.00%				40,000	3,800.00
45/10 - 19 System Work	360				\$ 95.00	\$ 0.000	0.00%				360,000	34,200.00
45/10 - 19 Early Intervention (Individuals)	28				\$ 95.00	\$ 0.000	0.00%				28,000	2,650.00
45/10 - 19 Early Intervention (Group)	20				\$ 120.00	\$ 0.000	0.00%				20,000	2,400.00
45/10 - 19 MH Service Inv/Family	12				\$ 120.00	\$ 0.000	0.00%				12,000	1,440.00
TOTAL	3,995		0.000				0.00%				3,995,000	\$ 380,325.00
	Budget Amount				\$ 380,366.00		Expenses To Date	% of Budget			Remaining Budget	
							\$ 0.00%				\$ 380,366.00	

SUBTOTAL AMOUNT DUE \$ _____
 Less: Initial Payment Recovery _____
 (For DPH Use) Other Adjustments _____
NET REIMBURSEMENT \$ _____

NOTES: _____

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M28 JL 16
 Cl. Blanket No.: BPHM TBD
 Ct. PO No.: POHM TBD
 Fund Source: MH WO DCYF Child Care/ MH Cnty GF-CODE
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc. Func (see cov)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182 - (HMHMCHDCYFWO) 251962-10002-10001799-0007	170,000				\$ 95.00	\$ -	0.00%		0.00%		170,000	
45/10 - 19 Consultation (Individuals)	162,000				\$ 95.00	\$ -	0.00%		0.00%		162,000	
45/10 - 19 Consultation (Group)	164,000				\$ 95.00	\$ -	0.00%		0.00%		164,000	
45/10 - 19 Consultation (Observation)	19,000				\$ 95.00	\$ -	0.00%		0.00%		19,000	
45/10 - 19 Staff Training	36,000				\$ 95.00	\$ -	0.00%		0.00%		36,000	
45/10 - 19 Parent Training / Support Group	83,000				\$ 95.00	\$ -	0.00%		0.00%		83,000	
45/10 - 19 Early Ref/ Linkage	100,000				\$ 95.00	\$ -	0.00%		0.00%		100,000	
45/10 - 19 Consultant Train/ Stv	8,000				\$ 95.00	\$ -	0.00%		0.00%		8,000	
45/10 - 19 Evaluation	75,000				\$ 95.00	\$ -	0.00%		0.00%		75,000	
45/10 - 19 System Work	6,000				\$ 95.00	\$ -	0.00%		0.00%		6,000	
45/10 - 19 Early Intervention (Individuals)	4,000				\$ 120.00	\$ -	0.00%		0.00%		4,000	
45/10 - 19 Early Intervention (Group)	3,000				\$ 120.00	\$ -	0.00%		0.00%		3,000	
45/10 - 19 MH Services Indv/Family												
TOTAL:	830,000		0,000				0,000		0,00%		830,000	
	Budget Amount				\$ 79,040.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 79,040.00	

SUBTOTAL AMOUNT DUE	\$	
Less: Initial Payment Recovery		MH WO DCYF - 251962-10002-10001799-004 - \$77,181.00
(Per DPH Use) Other Adjustments		MH County - GF 251962-10000-10001780-0001 - \$1,858.00
NET REIMBURSEMENT	\$	

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
 PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

INVOICE NUMBER : M29 JL 18
 Cl. Blanket No.: BPHM TBD
 Cl. PO No.: POHM TBD
 Fund Source: MH State/ County - General Fund
 Invoice Period : July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number: _____

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services.

Unduplicated Clients for Exhibit	Total Contracted: Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MCH/OP)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Adult Outpatient - Behavioral Health Clinic PC# - 38183 - (HMH/MCC730315) 261984-10000-10001792-0001					\$ 3.06	\$			0.00%			
15/ 10 - 56 MH Svcs	148,301				\$ 3.06	\$	0.000		0.00%		148,301,000	
15/ 60 - 69 Medication Support	16,197				\$ 5.70	\$	0.000		0.00%		16,197,000	
15/ 70 - 79 Crisis Intervention-OP	1,400				\$ 4.57	\$	0.000		0.00%		1,400,000	
15/ 01 - 09 Case Mgt Brokerage	3,997				\$ 2.38	\$	0.000		0.00%		3,997,000	
45/ 20 - 29 Cmnty Client Svcs	400				\$ 141.34	\$	0.000		0.00%		400,000	
TOTAL	170,295		0.000				0.000		0.00%		170,295,000	
	Budget Amount				\$ 618,571.00				Expenses To Date	% of Budget		Remaining Budget
									0.00%		\$ 618,571.00	

453,801.06
 92,322.90
 6,398.00
 9,512.86
 56,536.00
 618,570.82

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (For BPHM) Other Adjustments
 NET REIMBURSEMENT \$

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number:

INVOICE NUMBER: M32 JL 18
 Ct. Blanket No.: BPHM TBD
 Ct. PO No.: POHM TBD
 Fund Source: GF, SDMC Regular FFP, PSR EPSDT
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number: _____

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110.

BHS

Tel No.: (415) 229-0500
 Fax No.: (415)

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Clients for AIDS-Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182 (HMHMCP 751594) 251962-10000-10001670-0001												
15/ 10 - 57 EPSDT - MH Services	12,992				\$ 3.06	\$ -	0.000		0.00%		12,992.000	\$ 39,755.52
15/ 70 - 79 EPSDT - Crisis Intervention	25				\$ 4.57	\$ -	0.000		0.00%		25.000	114.25
15/ 70 - 09 EPSDT - Case Mgt Brokerage	200				\$ 2.38	\$ -	0.000		0.00%		200.000	476.00
TOTAL	13,217		0.000				0.000		0.00%		13,217.000	\$ 40,345.77
	Budget Amount				\$ 40,344.00			Expenses To Date	% of Budget		Remaining Budget	
								\$ -	0.00%		\$ 40,344.00	

NOTES:
 SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (for BHS) Other Adjustments
 NET REIMBURSEMENT \$

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

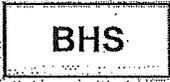
**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

[Empty Box]

Contractor: Insituto Familiar De La Razza, Inc.
Address: 2918 Mission Street, San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 -06/30/2019
PHP Division: Behavioral Health Services

INVOICE NUMBER: M33 JL 18
Ct. Blanket No.: BPHM TBD
User Cd
Ct. PO No.: POHM TBD
Fund Source: MH State - MHSA
Invoice Period: July 2018
Final Invoice: (Check if Yes)
ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 MHSA PEI ECMH Training 251984-151756-10031199-0020												
60/ 78 Other Non-MediCal Client Support Exp	65	10					0%	0%	65	10	100%	100%

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 14,600.00	\$ -	\$ -	0.00%	\$ 14,600.00
Fringe Benefits	\$ 3,728.00	\$ -	\$ -	0.00%	\$ 3,728.00
Total Personnel Expenses	\$ 18,328.00	\$ -	\$ -	0.00%	\$ 18,328.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Expenses (Food)	\$ 400.00	\$ -	\$ -	0.00%	\$ 400.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 700.00	\$ -	\$ -	0.00%	\$ 700.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 19,028.00	\$ -	\$ -	0.00%	\$ 19,028.00
Indirect Expenses	\$ 2,283.00	\$ -	\$ -	0.00%	\$ 2,283.00
TOTAL EXPENSES	\$ 21,311.00	\$ -	\$ -	0.00%	\$ 21,311.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: _____ Date: _____

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

Appendix F
 PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415) _____
 Funding Term: 07/01/2018 - 06/30/2019
 PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M35 - JL - 18
 Cl. Blanket No.: BPHM TBD
 Cl. PO No.: POHM TBD
 Fund Source: MHWO CFC School Readiness
 Invoice Period: July 2018
 Final Invoice: _____ (Check if Yes)
 ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (all only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
5-5 El-Childcare MH Consultation Initiative PC# - 38182 - (HMHMCHSRIPWO) : 251962-1002-10001805-0003												
45/10 - 19 Consultation (Individuals)	113				\$ 95.00	\$ -	0.000	0.00%			113.000	\$ 10,735.00
45/10 - 19 Consultation (Group)	107				\$ 95.00	\$ -	0.000	0.00%			107.000	10,165.00
45/10 - 19 Consultation (Observation)	108				\$ 95.00	\$ -	0.000	0.00%			108.000	10,260.00
45/10 - 19 Staff Training	13				\$ 95.00	\$ -	0.000	0.00%			13.000	1,235.00
45/10 - 19 Parent Training / Support Group	24				\$ 95.00	\$ -	0.000	0.00%			24.000	2,280.00
45/10 - 19 Early Ref/ Linkage	55				\$ 95.00	\$ -	0.000	0.00%			55.000	5,225.00
45/10 - 19 Consultant Train/ Stjv	66				\$ 95.00	\$ -	0.000	0.00%			66.000	6,270.00
45/10 - 19 Evaluation	6				\$ 95.00	\$ -	0.000	0.00%			6.000	570.00
45/10 - 19 System Work	50				\$ 95.00	\$ -	0.000	0.00%			50.000	4,750.00
45/10 - 19 Early Intervention (Individuals)	4				\$ 95.00	\$ -	0.000	0.00%			4.000	380.00
45/10 - 19 Early Intervention (Group)	2				\$ 120.00	\$ -	0.000	0.00%			2.000	240.00
45/10 - 19 MH Services Indv/Family	2				\$ 120.00	\$ -	0.000	0.00%			2.000	240.00
TOTAL	550		0.000				0.000	0.00%			550.000	\$ 52,350.00

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 52,313.00	\$ -	0.00%	\$ 52,313.00

SUBTOTAL AMOUNT DUE	\$ -
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
NET REIMBURSEMENT	\$ -

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

Signature: _____
 Title: _____

Date: _____

Send to:
 Behavioral Health Services-Budget Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)
 Funding Term: 07/01/2018 - 06/30/2019
 PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER:
 Cl. Blanket No.: BPHM
 Cl. PO No.: POHM User Cd
 Fund Source:
 Invoice Period:
 Final Invoice:
 ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182 - (HHMHCHPEAPWO) Z5196Z-1000Z-10001803-0008											
45/10 - 19 Consultation (Individuals)	950				\$ 95.00	\$ -	0.000		0.00%	950.000	\$ 90,250.00
45/10 - 19 Consultation (Group)	903				\$ 95.00	\$ -	0.000		0.00%	903.000	\$ 85,785.00
45/10 - 19 Consultation (Observation)	912				\$ 95.00	\$ -	0.000		0.00%	912.000	\$ 86,640.00
45/10 - 19 Staff Training	107				\$ 95.00	\$ -	0.000		0.00%	107.000	\$ 10,165.00
45/10 - 19 Parent Training / Support Group	201				\$ 95.00	\$ -	0.000		0.00%	201.000	\$ 19,095.00
45/10 - 19 Early Ref/ Linkage	464				\$ 95.00	\$ -	0.000		0.00%	464.000	\$ 44,080.00
45/10 - 19 Consultant Train/ Supv	556				\$ 95.00	\$ -	0.000		0.00%	556.000	\$ 52,820.00
45/10 - 19 Evaluation	46				\$ 95.00	\$ -	0.000		0.00%	46.000	\$ 4,370.00
45/10 - 19 System Work	417				\$ 95.00	\$ -	0.000		0.00%	417.000	\$ 39,615.00
45/10 - 19 Intervention (Individuals)	32				\$ 95.00	\$ -	0.000		0.00%	32.000	\$ 3,040.00
45/10 - 19 Intervention (Group)	23				\$ 120.00	\$ -	0.000		0.00%	23.000	\$ 2,760.00
45/10 - 19 MH Service Indv/ Family	15				\$ 120.00	\$ -	0.000		0.00%	15.000	\$ 1,800.00
TOTAL	4,626		0.000				0.000		0.00%	4,626.000	\$ 440,420.00
	Budget Amount				\$ 440,432.00			Expenses To Date	% of Budget	Remaining Budget	
								\$ -	0.00%	\$ 440,432.00	

NOTES:
 SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (For BPH U.S.) Other Adjustments
 NET REIMBURSEMENT \$ -

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory _____ Date _____

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

Appendix F
 PAGE A

Control Number

[]

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

INVOICE NUMBER: M37 JL 18
 CL Blanket No.: BPHM TBD
 User Cd
 Ct. PO No.: POHM TBD
 Fund Source: MH County - General Fund
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Clients for AIDS Free City:

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182 - (HMHC#791594) 251962-10000-10001670-0001												
45/10 - 19 Consultation (Individuals)	23.00				\$ 95.00	\$ -	0.000		0.00%		23.000	2,185.00
45/10 - 19 Consultation (Group)	22.00				\$ 95.00	\$ -	0.000		0.00%		22.000	2,090.00
45/10 - 19 Consultation (Observation)	22.00				\$ 95.00	\$ -	0.000		0.00%		22.000	2,090.00
45/10 - 19 Staff Training	3.00				\$ 95.00	\$ -	0.000		0.00%		3.000	285.00
45/10 - 19 Parent Training/ Support Group	5.00				\$ 95.00	\$ -	0.000		0.00%		5.000	475.00
45/10 - 19 Early Ref/ Linkage	11.00				\$ 95.00	\$ -	0.000		0.00%		11.000	1,045.00
45/10 - 19 Consultant Train/ Silv	13.00				\$ 95.00	\$ -	0.000		0.00%		13.000	1,235.00
45/10 - 19 Evaluation	1.00				\$ 95.00	\$ -	0.000		0.00%		1.000	95.00
45/10 - 19 System Work	10.00				\$ 95.00	\$ -	0.000		0.00%		10.000	950.00
45/10 - 19 Intervention (Individuals)	1.00				\$ 95.00	\$ -	0.000		0.00%		1.000	95.00
45/10 - 19 Intervention (Group)	1.00				\$ 120.00	\$ -	0.000		0.00%		1.000	120.00
45/10 - 19 MH Services Indv: Family	1.00				\$ 120.00	\$ -	0.000		0.00%		1.000	120.00
TOTAL	113.00		0.000				0.000		0.00%		113.000	\$ 10,785.00
Budget Amount					\$ 10,714.00				0.00%			
							Expenses To Date				Remaining Budget	
											\$ 10,714.00	

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (For Deductions) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

[]

INVOICE NUMBER : M39 JUL 18

Cl. Blanket No.: BPHM TBD

CL PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period : July 2018

Final Invoice: (Check if Yes)

ACE Control Number: []

Contractor: Instituto Familiar de la Raza, Inc.

Address: 2919 Mission St., San Francisco, CA 94110

Tel No.: (415) 229-0500

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Repl. Unit Modality/Mode #: Svc Func (rows)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-7 MHSA PEI-School-Based Youth-Centered Wellness PC# - 38182 - (HIMH/PROPE3-PNHSS63-1810) 251884-17158-10031199-0007												
45/20 - 29 Consultation (Group) Cmnty Client Svcs	743				\$ 95.51	\$	0.000		0.00%		743.000	\$ 70,963.93
45/20 - 29 Consultation (Individuals) Cmnty Client Svcs	674				\$ 95.51	\$	0.000		0.00%		674.000	\$ 64,373.74
45/20 - 29 Consultation (Class/Observation) Cmnty Client Svcs	175				\$ 95.51	\$	0.000		0.00%		175.000	\$ 16,714.25
45/20 - 29 Training/ Parent Support (Group) Cmnty Client Svcs	80				\$ 95.51	\$	0.000		0.00%		80.000	\$ 7,640.80
45/20 - 29 Direct Svcs (Group) Cmnty Client Svcs	15				\$ 175.50	\$	0.000		0.00%		15.000	\$ 2,632.50
45/20 - 29 Parental Engagement/ Cmnty Client Svcs	150				\$ 97.75	\$	0.000		0.00%		150.000	\$ 13,162.50
45/20 - 29 Early Intervention (Individual)	60				\$ 97.75	\$	0.000		0.00%		60.000	\$ 5,285.00
45/20 - 29 Early Ref/ Linkage	300				\$ 35.11	\$	0.000		0.00%		300.000	\$ 10,533.00
45/20 - 29 Evaluation Services	33				\$ 95.51	\$	0.000		0.00%		33.000	\$ 1,168.63
45/20 - 29 MH Services Indv/ Family	20				\$ 95.51	\$	0.000		0.00%		20.000	\$ 1,910.20
TOTAL	2,250		0.000				0.000		0.00%		2,250.000	\$ 194,364.55
	Budget Amount				\$ 194,380.00		Expenses To Date		% of Budget		Remaining Budget	
								0.00%			\$ 194,380.00	
SUBTOTAL AMOUNT DUE \$ Less: Initial Payment Recovery (for BPH Use) Other Adjustments NET REIMBURSEMENT \$												

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar Da La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M41 JL 18
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	MH State - MHSA (PE)
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3 Indigena Health & Wellness Collaborative	251984	17156	10031	199	0020							
45/10 - 19 MH Promotion for Maya Community	2,124	228			0.00	0.00	0.00%	0.00%	2,124.00	228.00	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 123,223.00	\$ -	\$ -	0.00%	\$ 123,223.00
Fringe Benefits	\$ 24,257.00	\$ -	\$ -	0.00%	\$ 24,257.00
Total Personnel Expenses	\$ 147,480.00	\$ -	\$ -	0.00%	\$ 147,480.00
Operating Expenses:					
Occupancy	\$ 64,140.00	\$ -	\$ -	0.00%	\$ 64,140.00
Materials and Supplies	\$ 3,400.00	\$ -	\$ -	0.00%	\$ 3,400.00
General Operating	\$ 4,261.00	\$ -	\$ -	0.00%	\$ 4,261.00
Staff Travel	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Consultant/Subcontractor	\$ 18,801.00	\$ -	\$ -	0.00%	\$ 18,801.00
Other: Client Related Exp (Food)	\$ 3,960.00	\$ -	\$ -	0.00%	\$ 3,960.00
Client Related Exp (Stipends)	\$ 3,350.00	\$ -	\$ -	0.00%	\$ 3,350.00
Client Related Exp (Childwatch)	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Total Operating Expenses	\$ 98,312.00	\$ -	\$ -	0.00%	\$ 98,312.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 245,792.00	\$ -	\$ -	0.00%	\$ 245,792.00
Indirect Expenses	\$ 29,495.00	\$ -	\$ -	0.00%	\$ 29,495.00
TOTAL EXPENSES	\$ 275,287.00	\$ -	\$ -	0.00%	\$ 275,287.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____ Date: _____
 Printed Name: _____
 Title: _____ Phone: _____

Send to:
 Behavioral Health Services- Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415)

BHS

INVOICE NUMBER: M42 JL 18
Cl. Blanket No.: BPHM TBD
User Cd
Cl. PQ No.: POHM: TBD
Fund Source: MH Fed/ State/ County - General Fund
Invoice Period: July 2018
Final Invoice: (Check if Yes)
ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

DELIVERABLES Program Name/Repg. Unit Modality/Mode # - Svc Func. (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-12 FSP - SPARK - PC# - 381BFSP - (HMHMC751594) 251952-10000-10001670-0001												
15/ 10 - 58 MH Svcs	27,706				\$ 3.06	\$ -	0.000		0.00%		27,706.000	\$ 84,780.36
15/ 70 - 79 Crisis Intervention - OP	3,001				\$ 4.57	\$ -	0.000		0.00%		3,001.000	13,714.57
15/ 01 - 09 Case Mgt Brokerage	799				\$ 2.38	\$ -	0.000		0.00%		799.000	1,901.62
60/ 72 Client Flexible Support	2,099				\$ 2.38	\$ -	0.000		0.00%		2,099.000	4,995.62
TOTAL	33,605		0.000				0.000		0.00%		33,605.000	\$ 105,392.17
Budget Amount					\$ 105,394.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 105,394.00	
SUBTOTAL AMOUNT DUE \$							NOTES:					
Less: Initial Payment Recovery												
(For DPH Use) Other Adjustments												
NET REIMBURSEMENT \$												

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

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services-Budget/Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

BHS

Contractor : Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415)
Funding Term: 07/01/2018 - 06/30/2019
PHP Division: Behavioral Health Services

INVOICE NUMBER : M43 JL 18
Cl. Blanket No.: BPHM TBD
User Cd
Cl. PO No.: POHM TBD
Fund Source: MH State, MHSA
Invoice Period: July 2018
Final Invoice (Check if Yes)
ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (Mth Prd)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-8 MHSA PEI-Early Childhood MH Consultation PC# - 3818 - (HMHMPROP63-PMH563-1810) 251984-17156-10031199-0020												
45/ 10 - 19 Consultation (Individuals)	146				\$ 95.00	\$ -	0.000		0.00%		146.000	\$ 13,870.00
45/ 10 - 19 Consultation (Group)	86				\$ 95.00	\$ -	0.000		0.00%		86.000	\$ 8,170.00
45/ 10 - 19 Consultation (Observation)	225				\$ 95.00	\$ -	0.000		0.00%		225.000	\$ 21,375.00
45/ 10 - 19 Staff Training	17				\$ 95.00	\$ -	0.000		0.00%		17.000	\$ 1,615.00
45/ 10 - 19 Parent Training/Support Group	94				\$ 95.00	\$ -	0.000		0.00%		94.000	\$ 8,930.00
45/ 10 - 19 Early Ref/ Linkage	86				\$ 95.00	\$ -	0.000		0.00%		86.000	\$ 8,170.00
45/ 10 - 19 Consultant Train/Supv.	103				\$ 95.00	\$ -	0.000		0.00%		103.000	\$ 9,785.00
45/ 10 - 19 Evaluation	9				\$ 95.00	\$ -	0.000		0.00%		9.000	\$ 855.00
45/ 10 - 19 System Work	77				\$ 95.00	\$ -	0.000		0.00%		77.000	\$ 7,315.00
45/ 10 - 19 Early Intervention (Individuals)	9				\$ 95.00	\$ -	0.000		0.00%		9.000	\$ 855.00
45/ 10 - 19 Early Intervention (Group)	3				\$ 120.00	\$ -	0.000		0.00%		3.000	\$ 360.00
45/ 10 - 19 MH Services (Group)	2				\$ 95.00	\$ -	0.000		0.00%		2.000	\$ 190.00
TOTAL	857		0.000				0.000		0.00%		857.000	\$ 81,490.00

Budget Amount	\$ 81,410.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 81,410.00
SUBTOTAL AMOUNT DUE		\$ -		NOTES:			
Less: Initial Payment Recovery		\$ -					
(For DPH Use) Other Adjustments		\$ -					
NET REIMBURSEMENT		\$ -					

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

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services- Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment
Authorized Signatory _____ Date _____

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

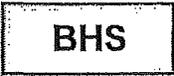
Appendix F
PAGE A

Control Number

Contractor: **Insituto Familiar De La Razza, Inc.**

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M45 JL 18
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	MH Work Order: Human Svcs Agency
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12_FSP - SPARK PC# - 3818-FSP - 251962-10002-10001803-0010												
45/20 - 29 Cmnty Client Svcs	487	20					0.00%	0%	487	20	100%	100%

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 95,075.00	\$ -	\$ -	0.00%	\$ 95,075.00
Fringe Benefits	\$ 25,535.00	\$ -	\$ -	0.00%	\$ 25,535.00
Total Personnel Expenses	\$ 120,610.00	\$ -	\$ -	0.00%	\$ 120,610.00
Operating Expenses:					
Occupancy	\$ 10,976.00	\$ -	\$ -	0.00%	\$ 10,976.00
Materials and Supplies	\$ 2,829.00	\$ -	\$ -	0.00%	\$ 2,829.00
General Operating	\$ 2,266.00	\$ -	\$ -	0.00%	\$ 2,266.00
Staff Travel	\$ 902.00	\$ -	\$ -	0.00%	\$ 902.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Expenses (Award & Incentives)	\$ 282.00	\$ -	\$ -	0.00%	\$ 282.00
Client Related Expenses (Stipends)	\$ 58.00	\$ -	\$ -	0.00%	\$ 58.00
Client Related Expenses (foods)	\$ 235.00	\$ -	\$ -	0.00%	\$ 235.00
Client Related Expenses childwatch	\$ 117.00	\$ -	\$ -	0.00%	\$ 117.00
Client Related Expenses (Client Travel)	\$ 117.00	\$ -	\$ -	0.00%	\$ 117.00
Total Operating Expenses	\$ 17,782.00	\$ -	\$ -	0.00%	\$ 17,782.00
Capital Expenditures:	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 138,392.00	\$ -	\$ -	0.00%	\$ 138,392.00
Indirect Expenses	\$ 16,608.00	\$ -	\$ -	0.00%	\$ 16,608.00
TOTAL EXPENSES	\$ 155,000.00	\$ -	\$ -	0.00%	\$ 155,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE B

Control Number

Invoice Number

M45 JL 18

User Cd

CT PO No.

Contractor: Insituto Familiar De La Razza, Inc.

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Program Director	0.02	\$ 2,169.00	\$ -	\$ -	0.00%	\$ 2,169.00
Program Manager	0.07	\$ 6,898.00	\$ -	\$ -	0.00%	\$ 6,898.00
Clinical Supervisor	0.24	\$ 18,961.00	\$ -	\$ -	0.00%	\$ 18,961.00
MH Specialists	0.94	\$ 53,733.00	\$ -	\$ -	0.00%	\$ 53,733.00
Evaluator	0.06	\$ 3,869.00	\$ -	\$ -	0.00%	\$ 3,869.00
Program Support Assistant	0.21	\$ 9,445.00	\$ -	\$ -	0.00%	\$ 9,445.00
TOTAL SALARIES	1.54	\$ 95,075.00	\$ -	\$ -	0.00%	\$ 95,075.00

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

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

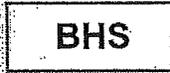
Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M46 JL 18
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	MH State - MHSA
Invoice Period:	July 2018
Final Invoice:	(Check If Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 FSP - SPARK PC# - 3818-FSP (HMHMPROP63-PMHS-1803) 251984-17156-10031199-0017												
45/20 - 29 Cmnty Client Svcs	1,257	20					0.00%	0%	1,257	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 245,352.00	\$ -	\$ -	0.00%	\$ 245,352.00
Fringe Benefits	\$ 65,898.00	\$ -	\$ -	0.00%	\$ 65,898.00
Total Personnel Expenses:	\$ 311,250.00	\$ -	\$ -	0.00%	\$ 311,250.00
Operating Expenses:					
Occupancy	\$ 28,326.00	\$ -	\$ -	0.00%	\$ 28,326.00
Materials and Supplies	\$ 7,299.00	\$ -	\$ -	0.00%	\$ 7,299.00
General Operating	\$ 5,848.00	\$ -	\$ -	0.00%	\$ 5,848.00
Staff Travel	\$ 2,329.00	\$ -	\$ -	0.00%	\$ 2,329.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Expenses (Award & Incentives)	\$ 726.00	\$ -	\$ -	0.00%	\$ 726.00
Client Related Expenses (Stipends)	\$ 152.00	\$ -	\$ -	0.00%	\$ 152.00
Client Related Expenses (foods)	\$ 605.00	\$ -	\$ -	0.00%	\$ 605.00
Client Related Expenses (Childwatch)	\$ 303.00	\$ -	\$ -	0.00%	\$ 303.00
Client Related Expenses (Client Travel)	\$ 303.00	\$ -	\$ -	0.00%	\$ 303.00
Total Operating Expenses	\$ 45,891.00	\$ -	\$ -	0.00%	\$ 45,891.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 357,141.00	\$ -	\$ -	0.00%	\$ 357,141.00
Indirect Expenses	\$ 42,859.00	\$ -	\$ -	0.00%	\$ 42,859.00
TOTAL EXPENSES	\$ 400,000.00	\$ -	\$ -	0.00%	\$ 400,000.00
Less: Initial Payment Recovery		\$ -			
Other Adjustments (DPH use only)		\$ -			
REIMBURSEMENT		\$ -			

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

Signature: _____ Date: _____
 Printed Name: _____
 Title: _____ Phone: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

[Empty Box]

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M47 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Behavioral Health Primary Care Integration			251934-10000-10001792-0001									
45/ 20 - 29 Cmnty Client Svcs	1,001	70					0%	0%	1,001	70	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 65,775.00	\$ -	\$ -	0.00%	\$ 65,775.00
Fringe Benefits	\$ 18,535.00	\$ -	\$ -	0.00%	\$ 18,535.00
Total Personnel Expenses	\$ 84,310.00	\$ -	\$ -	0.00%	\$ 84,310.00
Operating Expenses:					
Occupancy	\$ 2,379.00	\$ -	\$ -	0.00%	\$ 2,379.00
Materials and Supplies	\$ 475.00	\$ -	\$ -	0.00%	\$ 475.00
General Operating	\$ 754.00	\$ -	\$ -	0.00%	\$ 754.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Audit Fee	\$ -	\$ -	\$ -	0.00%	\$ -
Payroll Service Fees	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,608.00	\$ -	\$ -	0.00%	\$ 3,608.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES:	\$ 87,918.00	\$ -	\$ -	0.00%	\$ 87,918.00
Indirect Expenses	\$ 10,550.00	\$ -	\$ -	0.00%	\$ 10,550.00
TOTAL EXPENSES	\$ 98,468.00	\$ -	\$ -	0.00%	\$ 98,468.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)

BHS

INVOICE NUMBER: M49 JL 18
 Ct. Blanket No.: BPHM TBD
 Ct. PO No.: POHM TBD User Cd
 Fund Source: MH Fed/State/WO DCYF/GF CODB
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019
 PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-6a ISCS/EPSTDT Services PC# - 38181-38LA-2												
15/ 01 - 09 Case Mgt Brokerage	72,782				\$ 2.38	\$ -	0.000		0.00%		72,782.000	\$ 173,221.16
15/ 07 Intensive Care Coordinator	5,000				\$ 2.38	\$ -	0.000		0.00%		5,000.000	11,900.00
15/ 10 - 56 MH Svcs	46,319				\$ 3.06	\$ -	0.000		0.00%		46,319.000	141,736.14
15/ 07 Intensive Home Based Svcs	1,309				\$ 3.05	\$ -	0.000		0.00%		1,309.000	4,005.54
15/20-29 Cmnty Client Svcs	41				\$ 80.45	\$ -	0.000		0.00%		41.000	3,298.45
B0/ 72 - Client Flexible Support	22,154				\$ 2.38	\$ -	0.000		0.00%		22,154.000	52,726.52
TOTAL	147,605		0.000				0.000		0.00%		147,605.000	\$ 386,887.81
	Budget Amount				\$ 386,898.00		\$ -		0.00%		\$ 386,898.00	

NOTES:
 DCYF WO-251962-10002-10001799-0003 - \$135,477.00
 MH County GF-25192-10000-10001670-0001 - \$248,034.00
 GF - WO CODE-251962-10000-10001670-0001 - \$3,387.00

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (For DPH Use) Other Adjustments
 NET REIMBURSEMENT \$

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

Signature: _____ Date: _____
 Title _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M50 JL 18
Cl. Blanket No.: BPHM	TBD
Cl. PO No.: POHM	TBD
Fund Source:	MH Fed/ State/ County- General Fund
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-6b ISCS/ Family First PC# - 38LA-10 & 381820	251962	10000	1000	1670	0001							
15/ 01 - 09 Case Mgt Brokerage	16,575	16					0.00%	0.00%	16,575	16	100%	100%
15/ 07 - Intensive Care Coordination	10,990	16					0.00%	0.00%	10,990	16	100%	100%
15/ 10 - 56 MH Svcs	12,278	16					0.00%	0.00%	12,278	16	100%	100%
15/ 77 - Intensive Home Based Svcs	2,106	16					0.00%	0.00%	2,106	16	100%	100%
45/ 20 - 29 Cmnty Client Svcs	119	16					0.00%	0.00%	119.00	16	100%	100%
60/ 78 - Client Flexible Support	4,402	16					0.00%	0.00%	4,402	16	100%	100%

Unduplicated Counts for AIDS Use Only:

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 89,666.00	\$ -	\$ -	0.00%	\$ 89,666.00
Fringe Benefits	\$ 25,137.00	\$ -	\$ -	0.00%	\$ 25,137.00
Total Personnel Expenses	\$ 114,803.00	\$ -	\$ -	0.00%	\$ 114,803.00
Operating Expenses:					
Occupancy	\$ 8,101.00	\$ -	\$ -	0.00%	\$ 8,101.00
Materials and Supplies	\$ 3,348.00	\$ -	\$ -	0.00%	\$ 3,348.00
General Operating	\$ 1,222.00	\$ -	\$ -	0.00%	\$ 1,222.00
Staff Travel	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other Client Related Expenses (Food)	\$ 450.00	\$ -	\$ -	0.00%	\$ 450.00
Client Related Expenses (Award/ Incentive)	\$ 900.00	\$ -	\$ -	0.00%	\$ 900.00
Client Related Expenses (Stipends)	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Total Operating Expenses	\$ 16,221.00	\$ -	\$ -	0.00%	\$ 16,221.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 131,024.00	\$ -	\$ -	0.00%	\$ 131,024.00
Indirect Expenses	\$ 15,723.00	\$ -	\$ -	0.00%	\$ 15,723.00
TOTAL EXPENSES	\$ 146,747.00	\$ -	\$ -	0.00%	\$ 146,747.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
Authorized Signatory	Date

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

Appendix F
PAGE A

Control Number

[Empty Box]

Contractor: **Insituto Familiar De La Razza, Inc.**

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M51 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9a TAY Engagement & Treatment - Latino - 251984-17156-10031199-0020												
45/10 - 19 OS-MH Promotion	1,815	92					0.00%	0.00%	1,815	92	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 136,035.00	\$ -	\$ -	0.00%	\$ 136,035.00
Fringe Benefits	\$ 33,709.00	\$ -	\$ -	0.00%	\$ 33,709.00
Total Personnel Expenses	\$ 169,744.00	\$ -	\$ -	0.00%	\$ 169,744.00
Operating Expenses:					
Occupancy	\$ 9,747.00	\$ -	\$ -	0.00%	\$ 9,747.00
Materials and Supplies	\$ 7,164.00	\$ -	\$ -	0.00%	\$ 7,164.00
General Operating	\$ 2,898.00	\$ -	\$ -	0.00%	\$ 2,898.00
Staff Travel	\$ 1,620.00	\$ -	\$ -	0.00%	\$ 1,620.00
Consultant/Subcontractor	\$ 2,430.00	\$ -	\$ -	0.00%	\$ 2,430.00
Other Client Related Expenses (food)	\$ 2,610.00	\$ -	\$ -	0.00%	\$ 2,610.00
Client Related Expenses (Award/ Incentive)	\$ 2,700.00	\$ -	\$ -	0.00%	\$ 2,700.00
Client Related Expenses (Stipends)	\$ 1,530.00	\$ -	\$ -	0.00%	\$ 1,530.00
Client Related Expenses (Safe Passage)	\$ 450.00	\$ -	\$ -	0.00%	\$ 450.00
Total Operating Expenses	\$ 31,149.00	\$ -	\$ -	0.00%	\$ 31,149.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 200,893.00	\$ -	\$ -	0.00%	\$ 200,893.00
Indirect Expenses	\$ 24,107.00	\$ -	\$ -	0.00%	\$ 24,107.00
TOTAL EXPENSES	\$ 225,000.00	\$ -	\$ -	0.00%	\$ 225,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

[Empty Box]

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M52 JL 18
 Ct. Blanket No.: BPHM TBD
 User Cd
 CL PO No.: POHM TBD
 Fund Source: MH State - MHSA Match/ MH Fed-SDMC Reg
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9a TAY Engagement & Treatment - Latino												
15/10 - 57, 59 OP - MH Svcs	6,303	92					0.00%	0.00%	6,303	92	100%	100%
15/01 - 09 OP - Case Mgt Brokerage	2,400	92					0.00%	0.00%	2,400	92	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 15,115.00	\$ -	\$ -	0.00%	\$ 15,115.00
Fringe Benefits	\$ 3,746.00	\$ -	\$ -	0.00%	\$ 3,746.00
Total Personnel Expenses	\$ 18,861.00	\$ -	\$ -	0.00%	\$ 18,861.00
Operating Expenses:					
Occupancy	\$ 1,082.00	\$ -	\$ -	0.00%	\$ 1,082.00
Materials and Supplies	\$ 796.00	\$ -	\$ -	0.00%	\$ 796.00
General Operating	\$ 322.00	\$ -	\$ -	0.00%	\$ 322.00
Staff Travel	\$ 180.00	\$ -	\$ -	0.00%	\$ 180.00
Consultant/Subcontractor	\$ 270.00	\$ -	\$ -	0.00%	\$ 270.00
Other Client Related Expenses (food)	\$ 290.00	\$ -	\$ -	0.00%	\$ 290.00
Client Related Expenses (Award/ Incentive)	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Client Related Expenses (Stipends)	\$ 170.00	\$ -	\$ -	0.00%	\$ 170.00
Client Related Expenses (Safe Passage)	\$ 50.00	\$ -	\$ -	0.00%	\$ 50.00
Total Operating Expenses	\$ 3,460.00	\$ -	\$ -	0.00%	\$ 3,460.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 22,321.00	\$ -	\$ -	0.00%	\$ 22,321.00
Indirect Expenses	\$ 2,679.00	\$ -	\$ -	0.00%	\$ 2,679.00
TOTAL EXPENSES	\$ 25,000.00	\$ -	\$ -	0.00%	\$ 25,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:
 MH Fed-SDMC Reg 251962-10000-10001670-0001 - \$12,500.00
 MH State-MHSA Match 251984-17156-10031199-0020 \$12,500.00

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

Signature: _____ Date: _____
 Printed Name: _____
 Title: _____ Phone: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____ Date: _____

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500

BHS

INVOICE NUMBER : M53 JL 18
 Ct. Blanket No.: BPHM TBD
 User Cd
 CL PO No.: POHM TBD
 Fund Source: MH Fed/ MH State - MHSA
 Invoice Period : July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Receipt, UNIT Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-8B TAY Engagement & Treatment - Latino												
15/ 10 - 57- 59 OP - MH Svcs	6,303				\$ 3.06	\$ -	0.000		0.00%		6,303.000	\$ 19,287.18
15/ 01 - 09 OP - Case Mgt Brokerage	2,400				\$ 2.38	\$ -	0.000		0.00%		2,400.000	\$ 5,712.00
TOTAL	8,703		0,000				0,000		0.00%		8,703.000	\$ 24,999.18
	Budget Amount				\$ 25,000.00		Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 25,000.00	

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:
 MH Fed-SDMC Reg 251662-10000-10001792-0001 - \$12,500.00
 MH State-MHSA Match 251984-17158-10031199-0020 \$12,500.00

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: **Instituto Familiar De La Razzá, Inc.**
Address: 2919 Mission Street, San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415) 647-4104

BHS

INVOICE NUMBER: **M54 JL 18**
Ct. Blanket No.: BPHM **TBD**
User Cd: _____
Ct. PO No.: POHM **TBD**
Fund Source: **MH County - General Fund**
Invoice Period: **July 2018**
Final Invoice: _____ (Check if Yes)
ACE Control Number: _____

Funding Term: 07/01/2018 - 06/30/2019
PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-13 Day Laborer - 251984-100000-10001792-0001												
45/ 20 - 29 OS-Cmnty Client Svcs	613	30					0.00%	0.00%	613	30	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 37,064.00	\$ -	\$ -	0.00%	\$ 37,064.00
Fringe Benefits	\$ 8,364.00	\$ -	\$ -	0.00%	\$ 8,364.00
Total Personnel Expenses	\$ 45,428.00	\$ -	\$ -	0.00%	\$ 45,428.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 285.00	\$ -	\$ -	0.00%	\$ 285.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 285.00	\$ -	\$ -	0.00%	\$ 285.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 45,713.00	\$ -	\$ -	0.00%	\$ 45,713.00
Indirect Expenses	\$ 5,486.00	\$ -	\$ -	0.00%	\$ 5,486.00
TOTAL EXPENSES	\$ 51,199.00	\$ -	\$ -	0.00%	\$ 51,199.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____ Date: _____
Printed Name: _____
Title: _____ Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

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

Appendix F
 PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

INVOICE NUMBER : M55 JL 18
 Cl. Blanket No.: BPHM TBD
 User Cd _____
 Cl. PO No.: POHM TBD
 Fund Source: MH Fed/ State/ County - General Fund
 Invoice Period : July 2018
 Final Invoice: _____ (Check if Yes)
 ACE Control Number: _____

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-11 Semillas de Paz PC# - 3818C 251962-10000-10001670-000												
15/ 10 - 56 MH Svcs	88,517				\$ 3.06		0.000		0.00%		88,517.000	
15/ 01 - 09 Case Mgt Brokerage	63,720				\$ 2.38		0.000		0.00%		63,720.000	
45/ 20 - 29 Cmnty Client Svcs	482				\$ 117.22		0.000		0.00%		482.000	
TOTAL	152,719		0.000				0.000		0.00%		152,719.000	
Budget Amount					\$ 479,000.00		\$		0.00%		\$ 479,000.00	
SUBTOTAL AMOUNT DUE \$ _____ Less: Initial Payment Recovery _____ (For DPH Use) Other Adjustments _____ NET REIMBURSEMENT \$ _____							Expenses To Date \$ _____ % of Budget 0.00% Remaining Budget \$ _____					

270,862.02
 151,653.60
 56,500.04

479,015.66

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

Signature: _____

Date: _____

Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall, Room 430
1 Dr. Carlton B. Goodlett Place
San Francisco, California 94102-4685**

Agreement between the City and County of San Francisco and

**Instituto Familiar de la Raza, Inc.
Contract ID: 1000011456**

This Agreement is made this 1st day of July, 2018, in the City and County of San Francisco, State of California, by and between Instituto Familiar de la Raza, Inc., 2919 Mission Street, San Francisco, CA 94110, a non-profit entity, ("Contractor") and City.

Recitals

WHEREAS, the Department of Public Health ("Department") wishes to provide mental health services; and,

WHEREAS, services in this Agreement were procured competitively as required by San Francisco Administrative Code Chapter 21.1 through multiple Request for Proposals ("RFP") and Request for Qualifications ("RFQ"), RFP 1-2017, RFP 8-2017, RFQ 14-2015, RFQ 17-2016, RFQ 18-2016, RFQ 15-2017, RFQ 16-2018 and DCYF 2018-2023, issued on March 7, 2017, August 23, 2017, April 7, 2015, July 20, 2016, September 30, 2016, July 31, 2017, May 4, 2018 and August 18, 2017 respectively, in which City selected Contractor as the highest qualified scorer pursuant to the RFP and RFQ, and as per Administrative Code Section 21.42 through Sole Source granted on June 5, 2018; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 47911-13/14, 43897-14/15, 44670-16/17, 46987-16/17, 40587-17/18 and 48427-17/18 on October 26, 2018, December 21, 2015, June 19, 2017 and November 20, 2017 respectively;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."

1.3 "CMD" means the Contract Monitoring Division of the City.

1.4 "Contractor" or "Consultant" means Instituto Familiar de la Raza, Inc., 2919 Mission Street, San Francisco, CA 94110.

1.5 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.6 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.7 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.

1.8 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.9 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on June 30, 2020, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the

Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 **Compensation.**

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Eight Hundred Eighty Three Thousand Three Hundred Fifty Dollars (\$9,883,350)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Reserved. (LBE Payment and Utilization Tracking System)**

3.3.6 Getting paid for goods and/or services from the City.

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through the City's Automated Clearing House (ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.7 Federal and/or State Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, 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 between Contractor and City.

3.4 Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with 2 CFR Part 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards. Said requirements can be found at the following website address: https://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title02/2cfr200_main_02.tpl.

If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 **Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (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.

3.6 **Reserved. (Payment of Prevailing Wages)**

Article 4 Services and Resources

4.1 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

4.2 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

4.3 **Subcontracting.**

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work

required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.

See Appendix B, Operating Expenses Detail pages for names of subcontractors.

4.4 **Independent Contractor; Payment of Employment Taxes and Other Expenses.**

4.4.1 **Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

4.4.2 **Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services

performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

4.5 **Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

4.6 **Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

4.7 **Reserved. Liquidated Damages.**

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 **Required Coverages.** 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:

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

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Moléstation coverage.

(c) 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.

(d) 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.

(e) Blanket Fidelity Bond or Crime Policy with limits in the amount of any Initial Payment included under this Agreement covering employee theft of money written with a per loss limit.

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

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

(b) 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.

5.1.3 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 Section 11.1, entitled "Notices to the Parties."

5.1.4 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.

5.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.6 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.

5.1.7 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.

5.1.8 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.

5.1.9 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.

5.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or

sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 6 Liability of the Parties

6.1 Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT

6.2 Liability for Use of Equipment. City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

6.3 Liability for Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions.

Article 7 Payment of Taxes

7.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any

sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

7.2 Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

7.2.1 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

7.2.2 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

7.2.3 Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

7.2.4 Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

Article 8 Termination and Default

8.1 Termination for Convenience

8.1.1 City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

8.1.2 Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

8.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

8.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

8.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which,

in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

8.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

8.2 Termination for Default; Remedies.

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

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

8.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default;

Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

8.3 **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

8.4 **Rights and Duties upon Termination or Expiration.**

8.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	13.3	Business Associate Agreement

8.4.2 Subject to the survival of the Sections identified in Section 8.4.1; above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this

Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

Article 9 Rights In Deliverables

9.1 **Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

9.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 10 Additional Requirements Incorporated by Reference

10.1 **Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/

10.2 **Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

10.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

10.4 **Reserved.**

10.5 **Nondiscrimination Requirements**

10.5.1 Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

10.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

10.7 Minimum Compensation Ordinance. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

10.8 Health Care Accountability Ordinance. Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

10.9 First Source Hiring Program. Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

10.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of

1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

10.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

10.12 Reserved. (Slavery Era Disclosure)

10.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

10.14 Consideration of Criminal History in Hiring and Employment Decisions

10.14.1 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 <http://sfgov.org/olse/fco>. 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.

10.14.2 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, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T 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.

10.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

10.16 **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

10.17 **Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.18 **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

10.19 **Reserved. (Preservative Treated Wood Products)**

Article 11 General Provisions

11.1 **Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY:	Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 420B San Francisco, California 94103	Tel.: (415) 255-3490 e-mail: annalie.eusebio@sfdph.org
And:	April Crawford, Program Manager Contract Development and Technical Assistance 1380 Howard Street, 5 th Floor San Francisco, CA 94103	Tel: (415) 255-3931 e-mail: april.j.crawford@sfdph.org
To CONTRACTOR:	Estela Garcia, DMH, Executive Director Instituto Familiar de la Raza, Inc. 2919 Mission Street San Francisco, CA 94110	Tel: (415) 229-0500 ext. 523 e-mail: estela.garcia@ifrsf.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

11.2 Compliance with Americans with Disabilities Act. Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

11.3 Reserved.

11.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

11.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

11.6 Dispute Resolution Procedure.

11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

11.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

11.6.3 Health and Human Service Contract Dispute Resolution Procedure. The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

11.7 Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

11.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

11.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

11.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

11.11 Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

11.12 Cooperative Drafting. This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

11.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

Article 12 Department Specific Terms

12.1 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.

12.2 Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, Contractor will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

12.3 Certification Regarding Lobbying.

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

12.4 Materials Review.

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

12.5 Emergency Response.

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and

Emergency Response Plan, including a site specific emergency response plan for each of its service site. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Article 13 Data and Security

13.1 Nondisclosure of Private, Proprietary or Confidential Information.

13.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

13.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

13.2 Reserved. (Payment Card Industry ("PCI") Requirements.)

13.3 Business Associate Agreement.

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, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

1. Do at least one or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
 - C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- a. **Appendix E** SFDPH Business Associate Agreement (BAA) (04-12-2018)
 1. SFDPH Attestation 1 PRIVACY (06-07-2017)
 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. **NOT** do any of the activities listed above in subsection 1;

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

Appendix E and attestations are not required.

This option requires review and approval from the Office of Compliance and Privacy Affairs.

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

Article 14 MacBride And Signature

14.1 MacBride Principles -Northern Ireland. The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

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

CITY

CONTRACTOR

Recommended by:

Instituto Familiar de la Raza, Inc.

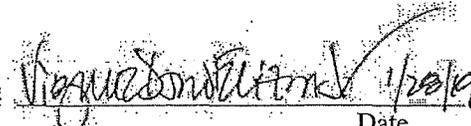
 1/30/19
Date
Greg Wagner
Acting Director of Health
Department of Public Health

 1/9/2018
Date
Estela Garcia, DMH
Executive Director
2919 Mission Street
San Francisco, CA 94110

Supplier ID: 0000018301

Approved as to Form:

Dennis J. Herrera
City Attorney

By:  1/20/19
Date
Deputy City Attorney

Approved:


Date
Alaric Degrafinried
Director of the Office of Contract Administration, and
Purchaser

- A: Scope of Services
- B: Calculation of Charges
- C: Insurance Waiver
- D: Reserved (formerly "Additional Terms")
- E: SFDPH Business Associate Agreement (BAA) & Attestations
- F: Invoice
- G: Dispute Resolution Procedure for Health and Human Services Nonprofit Contractors
- H: Privacy Policy Compliance Standards
- I: The Declaration of Compliance
- J: Substance Use Disorder Services

Received By:
FEB 1 '19 PM 2:53
Purchasing Department

Appendix A
Scope of Services – DPH Behavioral Health Services

- | | |
|--|--|
| <p>1. Terms</p> <p>A. Contract Administrator</p> <p>B. Reports</p> <p>C. Evaluation</p> <p>D. Possession of Licenses/Permits</p> <p>E. Adequate Resources</p> <p>F. Admission Policy</p> <p>G. San Francisco Residents Only</p> <p>H. Grievance Procedure</p> <p>I. Infection Control, Health and Safety</p> <p>J. Aerosol Transmissible Disease Program, Health and Safety</p> <p>K. Acknowledgement of Funding</p> <p>L. Client Fees and Third Party Revenue</p> <p>M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System</p> | <p>N. Patients' Rights</p> <p>O. Under-Utilization Reports</p> <p>P. Quality Improvement</p> <p>Q. Working Trial Balance with Year-End Cost Report</p> <p>R. Harm Reduction</p> <p>S. Compliance with Behavioral Health Services Policies and Procedures</p> <p>T. Fire Clearance</p> <p>U. Clinics to Remain Open</p> <p>V. Compliance with Grant Award Notices</p> |
|--|--|

- 2. Description of Services**
3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to April Crawford, Program Manager, Contract Administrator for the City, or his / her designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services.

Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

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

N. Patients' Rights:

All applicable Patients' Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. Contractor agrees to comply with the provisions of the City's agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City's reimbursement to Contractor is duplicated.

2. **Description of Services**

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

- Appendix A-1 Adult Outpatient Behavioral Health Clinic
- Appendix A-2 Behavioral Health Primary Care Integration
- Appendix A-3 Indigena Health and Wellness Collaborative
- Appendix A-4a Child Outpatient Behavioral Health Services
- Appendix A-4b Child Outpatient Behavioral Health Clinic – EPSDT

- Appendix A-5 Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative Program
- Appendix A-6a ISCS/EPSTDT Services La Cultura Cura
- Appendix A-6b ISCS/EPSTDT Services Family F.I.R.S.T.
- Appendix A-7 MHSA PEI-School-Based Youth-Centered Wellness / Early Intervention Program (EIP) Consultation, Affirmation, Resources, Education and Empowerment Program (CARE)
- Appendix A-8 MHSA Early Childhood Mental Health Consultation (ECMHC)
- Appendix A-9a Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
- Appendix A-9b Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
- Appendix A-10 MHSA PEI Early Childhood Mental Health Consultation (ECMHC) Training
- Appendix A-11 Semillas de Paz
- Appendix A-12 Early Intervention Program (EIP) Full Service Partnership (FSP) 0-5
- Appendix A-13 San Francisco Day Labor Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-1
July 1, 2018

1. Identifiers:

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

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

Program Code(s): 3818-3

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

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

Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

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

Please refer to exhibit B for Units of Service.

6. Methodology:

Direct client services

a. Outreach, Recruitment, Promotion, and Advertisement

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

For clients with chronic and serious mental illness who have multiple and severe functional impairment such as residents in CBHS-funded board-and-care, IFR will work with the CBHS Placement Team to facilitate and provide coordinate care; case management, medication services, and counseling, both

at the outpatient clinic and at the clients home placement. The BHS will develop strategies for meaningful activities whenever possible; if the client has family in the area, family therapy may be with the goal of strengthening relationships may be part of the services.

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

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

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

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

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

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

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

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

c. Service Delivery Model

IFR is located at 2919 Mission Street, in the heart of the Mission District, and is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays from 9.00am to 2.00pm. Client emergencies are managed by the assigned psychotherapist, psychiatrist, Program Coordinator or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

Coordinated Behavioral Health service delivery is based on a recovery model, varied psychosocial and alcohol abuse theories (such as CBT, Harm Reduction), psychodynamic and developmental theory) bicultural personality development and current best practices. This include utilization of family centered interventions, a coordinated, multidisciplinary team approach to provision of

services, and the reinforcement of cultural strengths and identity, sensitivity to social factors and a commitment to assist clients in understanding and differentiating between social ills and personal problems.

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

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

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

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

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

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

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

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

d. Program's Exit Criteria and Process

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

with community organizations and services that can provide continued support and information of recourses available to promote clients well-being.

e. Program Staffing

Please see Exhibit B.

For Indirect Services

N/A

7. Objectives and Measurements:

a. Standardized Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Adult & Older Adult Performance Objectives FY 17-18.

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a part-time Quality Assurance Lean and Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as continuous training. All staff are given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. In addition to clinic-based training on documentation standards, clinical staff also have access to trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Medical Necessity as documented in Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization and Re-Authorization. The CSA authorizes the number of hours that are authorized for each client (determined by the Service Intensity Guidelines), and the dates of authorized services. To provide oversight to the Continuous Quality Improvement system and ensure compliance with all documentation requirements, the Quality Assurance Specialist position was established in FY 14-15, and continues to be a part-time position

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

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

Contractor: Instituto Familiar de la Raza, Inc.
 City Fiscal Year: 2018-2019
 Contract ID #: 1000011456

Appendix A-2
 July 1, 2018

1. Identifiers:

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

Executive Director/Program Director: Juanita Mena, Program Director
 Telephone: 415-229-0500
 Email Address: Juanita.mena@ifrsf.org

Program Code(s): 3818-X

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

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

4. Target Population:

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

5. Modality(s)/Intervention(s)

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Behavioral Health Intervention and consultation to Primary Care clinic patients and staff at MNHC. Unit of Service = 30 minutes of direct services Services will be billed as Mode 45 and will be documented on paper rather than AVATAR. 35hrs x 65% x 1FTE x 44 wks= 1001	1001	70
Total UOS Delivered	1001	
Total UDC Served		70

Services will be tracked manually reflecting the following:

- Number of patient contacts
- Units of Service (1 Unit of Service = 30 minutes)
- Number of referrals to specialty mental health (after 6 sessions)

6. Methodology:

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

Outreach/Recruitment:

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

Referral process:

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

Intake Criteria:

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

Service Delivery Model:

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

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

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

Assessment only as it pertains to Mental Health and behavioral treatment.

Discharge Planning and Exit Criteria and Process:

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

Program Staffing:

Please refer to Appendix B.

For Indirect Services:

N/A

7. Objectives and Measurements:

A. Required Objectives

Does not apply to this program.

B. Individualized Program Objectives

Refer to BHS-Adult & Older Adult Performance Objectives FY 18-19.

8. Continuous Quality Improvement:

Achievement of Contract Performance Objectives:

- Monthly reports of UOS will be submitted to Program Manager for monitoring performance objectives.
- An annual report will be submitted to DPH Assistant Director, Adult System of Care by September 30, 2019.

Quality of Documentation & Services:

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

Cultural Competency:

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

Satisfaction with Services:

- Client satisfaction is assessed by IFR by the end of June 2019.

Completion and use of data:

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

Contractor: Instituto Familiar de la Raza, Inc.

City Fiscal Year: 2018-2019

Contract ID #: 1000011456

Appendix A-2

July 1, 2018

9. Required Language:

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

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-3
July 1, 2018

1. Identifiers:

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

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110

Executive Director/Program Director: Estela Garcia/ Julia Orellana, Health & Wellness Manager
Telephone: 415-872-7464
Email Address: estela.garcia@ifrsf.org/ julia.orellana@ifrsf.org
Program Code(s): None

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

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

4. Target Population:

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

Many of these individuals have relocated to the Mission (94110/94103), Bayview (94124), Visitation Valley (94112/94134), Tenderloin Districts (94102) and the Geary Boulevard and Clement Street (94115) corridors in recent years. For the vast majority of these immigrants, their native languages are their primary and preferred means of communication at work, home, and in many other community settings.

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

5. Modality(s)/Intervention(s)

Outreach & Engagement

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

IFR (Indigenous Traditional Ceremonies) and Asociacion Mayab (Vaquerías and annual Carnaval) have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

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

Screening and Assessment

These activities will be carried primarily by Health Promoters with the support of the Case Manager. Health Promoters will conduct brief intake interviews and individual needs screening and assessments on drop-in clients. Case Manager will follow-up on screening and assessments and will assist clients with navigation and referrals to appropriate services according to the client's needs. These activities will engage individuals and families in determining their risks and needs (self-risk and needs assessments).

By the end of June 2019, 100 individual participants will be screened and/or assessed for practical, emotional and mental health concerns using the "Information & Referral Form" administered by staff, and as evidenced by the "Summary of I&R" document located in "Units of Services" binder in the Health & Wellness Manager's office.

Wellness Promotion Activities (WPA)

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

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

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

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

Wellness Promotion activities include a component on Training and Coaching to 3 Mayan/Indigenous peer Consumers/Health Promotoras on providing emotional/practical support, listening skills, group-co-facilitation, cultural competence, best practices, systems navigation, documentation, interpretation, and health education presentations. Training, coaching, and supervision will be provided by the Mental Health Specialist as well as other clinical IFR staff. As part of this intervention, mental health promoters will participate in local and state workshops.

Individual and Group Therapeutic Services

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

Service Linkage

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<p>Outreach and Engagement HPs will devote approximately 1hr a week each to Outreach and Engagement activities</p> <p>0.03FTE x 35hrs x 46 weeks x 65%LOE x 3HPs</p> <p>65 O&E contacts/month x 12 months = 780</p> <p>UOS =# of contacts</p>	400	n/a
<p>Screening and Assessment Staff will conduct brief intake interviews and individual needs screenings, and provide referrals as needed.</p> <p>UOS = # of referrals</p>	100	100
<p>Wellness Promotion Activities</p> <p>Talleres Health Promoters provide Psychosocial Peer Support/Talleres twice a week for 2 hours each.</p>	550	100

2hrs group session x 2 times/week x 46 weeks x 3 staff = 550 UOS = # hrs Cultural/Ceremonial/Social Events 400 community members will participate in 6 ceremonial/cultural/social events, including Dia de los Muertos and Posadas. UOS = # clients Capacity Building 160 hrs of training will be provided to three (3) Health Promoters. UOS = # training hours	400	n/a
Individual Therapeutic Services MH Specialist will provide direct individual/family therapeutic services. 0.71FTE x 35 hrs/week x 46 weeks x 65% = 740 approx. UOS = hrs of intervention	740	50
Service Linkage Case manager will provide non-clinical case management services: 0.50 FTE x 35hrs/weeks x 46 weeks x 65% LOE = 310 approx. UOS =# of hrs service	524	40
GRAND TOTAL	2,874	293

6. Methodology:

a. Outreach and Engagement:

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

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

IFR and Asociacion Mayab have wide and strong networks in the local Mayan/Indigenous communities that will also be used to distribute information and invite the community to participate in the activities planned by the programs.

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

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

b. Admission, Enrollment, and Intake

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

c. Program Service delivery model

Small and large group activities:

Small psychosocial support groups/Education Activities are held twice a week. These are stand-alone sessions on health topics for small groups of 5-10 participants and may include art workshops such as embroidery and hammock making. These psychosocial peer support groups/Talleres will be co-facilitated by the Health Promotoras and are ongoing throughout the period of July through June 2019. In addition to providing health education and information to participants, the groups serve as venues for early identification of mental health services' needs. Promoters engage in brief encounters with clients to conduct a quick needs assessment and provide referrals to services as needed. Promoters are also responsible for assisting those clients who need support accessing services (system navigation, interpretation, and translation). Promoters have the support of the Mental Health Specialist who is available as a resource and for consultation.

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

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

Individual/Family Therapeutic Services:

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

help them in designing a care plan, identifying individual and family strengths and tools within a cultural and spiritual framework to achieve their goals. It will also include Health Education and Risk Reduction counseling, short-term crisis intervention, clinical case management, and barriers to wellness (trauma, substance abuse, domestic violence). If as a result of the services provided, clients/families are in need of long-term mental health services, they will be linked to IFR's outpatient services or other appropriate settings for treatment, including mental health services and psychiatric monitoring. The Mental Health Specialist will provide Individual/Family Therapeutic services.

Training and Coaching:

Promotoras are peer employees/consumers who represent the target population and are involved in developing outreach strategies, materials, and interventions. They are also fully integrated into agency-wide cultural and spiritual events at IFR to build upon our understanding of the rich and diverse traditions of indigenous people of the North and South. The Promoters will continue to receive training on specific areas of health promotion and health topics affecting the Mayan/Indigena community, such as substance abuse, mental health, diabetes, chronic diseases and other emerging health needs and Social issues like domestic/family/community violence as well as health and healing through cultural activities and ceremonies. During the period of July through June 2019, training and coaching for the promoters will focus on acquiring knowledge, skill, and practice to provide emotional/practical support to individuals and families (listening skills, cultural competence, best practices, systems navigation).

Collaboration:

Written Memorandum of Understanding (MOU's) exists between IFR and Asociacion Mayab. The MOU's detail administrative roles and responsibilities, collaborative schedule of activities and meetings, co-location of activities, financial agreements, reporting and documentation requirements, conflict resolution protocols and quality assurance guidelines based on the scope of work across the collaborative.

Location of services:

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

Small groups/Talleres receive services at 2919 Mission Street, San Francisco, CA 94110.

Individual/family therapeutic services, drop-in clients in crisis and/or in need of navigation receive services at 3143 Mission Street, San Francisco, CA 94110. The office phone number is (415) 872-7464 extension 1001. The hours of operation are from 9am-5pm, Monday to Friday. Arrangements can be made for Evening hours and/or services at IFR's main office at 2919 Mission St, San Francisco, CA 94110 if needed.

d. Exit Criteria:

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

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

e. Staffing

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

The Mental Health Specialist provides Individual/Family Therapeutic services to the Mayan/Indigenous community and Case consultation to Case Manager as well as to the Promotoras. In addition, the Mental Health Specialist provides support with cultural events and presentations to the community throughout the period of July-June 2019. The Mental Health Specialist receives administrative supervision from the Health & Wellness Manager and clinical supervision from an IFR licensed psychologist.

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

The Health Promotoras co-facilitate the twice a week small peer support groups/Talleres and are responsible for the outreach and engagement activities with the support of the staff. The Promotoras receive clinical consultation and mentoring from the Early Intervention/Mental Health Specialist, administrative support from the Senior Health Promotora, individual and administrative supervision from the Health & Wellness Manager.

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the document entitled MHS Population Focused Performance Objectives FY18-19.

8. Continuous Quality Improvement:

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

A Licensed Mental Health Specialist will provide support and supervision to the Mental Health Specialist (MHS). The MHS will provide support and consultation to the Promotoras and the Senior Promotora and the Case Manager about the emotional and practical support aspects of his work and serve as a resource for crisis interventions. The MHS will serve as a resource during weekly group consultation meetings. The Senior Promotora will provide administrative and logistic support to program staff. The Health & Wellness Manager will provide direct supervision to the Promotoras, Case Manager and administrative supervision to the MHS and will coordinate training and curriculum development activities.

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

A client satisfaction survey will be developed and administered to a minimum of 35% of the Mayan/indigenous community members participating in the IHWC Wellness Promotion activities - Talleres by June 2019.

HIPAA Compliance Procedures:

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

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

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-4a
July 1, 2018

1. Identifiers:

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

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Juanita Mena
Telephone: 415-229-0500
Email Address: juantia.mena@ifrsf.org
Program Code(s): 3818-6

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

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

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

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

Through the Excelsior Parent Engagement and Education Program, IFR will serve children at risk of abuse and neglect, and their families, residing in the Excelsior District and Citywide.

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

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

Through the Excelsior Parent Engagement & Education Program, the following interventions will be implemented and billed under Mode 45 (low-threshold services):

Parent Outreach & Engagement - The IFR Family Support Specialist will outreach to Chicano and Latino English Learner families in the Excelsior area to inform them of available resources. Activities include, but are not limited to distribution of flyers, family activities calendars, brochures at resources and health fairs, as well as conduction of outreach at SFUSD schools, clinics, community centers and public housing complexes.

Information & Referrals / Enhanced Information & Referrals – Basic information and referrals are provided to families during regular operating hours. Families can access resources via drop-in, appointment, phone or participation in agency activities or in partner agencies. Enhanced information & referral refers to clients who receive follow up for ensuring referral success.

Parent Workshops - : The parent workshops will provide vital information for parents in a variety of topics such as Child & Adolescent Development, Oral Health, Positive Discipline, Economic Success Strategies, Navigating the School District, Anger Management, etc.

Parent and Child Groups: Families with infants (0-18 months) and toddlers (18 months - 5 years) participate in sessions based on Parent-Child Interaction curriculum, which fosters healthy attachment and community building and incorporates free play, dance, music and other early literacy activities.

Units of Service (UOS) Description	Units of Service (UOS)	Number of Contacts	Unduplicated Clients (UDC)
<u>Outreach & Engagement</u> 0.09 FTE x 35 hrs/wk x 65% LOE x 46wks 1 UOS = 1 hour	94	200	n/a
<u>Basic Information & Referrals</u> 0.086 FTE x 35 hrs/wk x 65% LOE x 46 wks 1 UOS = 1 hour	90	100	n/a
<u>Enhanced Information & Referrals</u> 0.029 FTE x 35 hrs/wk x 65% LOE x 46 wks 1 UOS = 1 hour	30	20	10 (included)
<u>Parent Workshops</u> 6 sessions of 2 hours each Total time allocated 60 hrs (Includes prep time, workshop implementation, curriculum review & adaptation, transportation time to sites for workshops, training). 1 UOS = 1 hour	60	40	40 parents
<u>Parent Child Interactive Group – 8 sessions</u> 8 sessions of 2 hours each Total time allocated = 80 hrs (Includes prep time, workshop implementation, curriculum review & adaptation, transportation time to sites for workshops, training). 1 UOS = 1 hour	80	40	8 parents (included)
<u>Total</u>	354	400	Up to 40

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 36 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

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

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

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

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

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

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

C. Service Delivery Model

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

Coordinated services are primarily provided at IFR; however, the team also provides services in clients' homes, schools, and other sites that are convenient to clients. IFR is geographically and

physically accessible to clients by MUNI and BART public transportation. The program is accessible by telephone at (415) 229-0500. Hours of operation are Monday through Friday, 9 a.m. to 7 p.m. and Saturdays, by appointment. Client's emergencies are managed by the assigned Behavioral Health Specialist, Program Manager or by the scheduled Officer-of-the-Day (OD). This site meets minimum ADA requirements.

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

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

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

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

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

Adjunct Services:

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

D. Exit Criteria and Process

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

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

E. Program Staffing

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled BHS Child Youth and Families Performance Objectives FY 18-19.

B. Individualized Program Objectives

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

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

Evaluation of Individualized Objectives:

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a part-time Quality Assurance Lean and Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as continuous training. All staff are given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. In addition to clinic-based training on documentation standards, clinical staff also have access to trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Medical Necessity as documented in Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization and Re-Authorization. The CSA authorizes the number of hours that are authorized for each client (determined by the Service Intensity Guidelines), and the dates of authorized services. To provide oversight to the Continuous Quality Improvement system and ensure compliance with all documentation requirements, the Quality Assurance Specialist position was established in FY 14-15, and continues to be a part-time position

Medical records are reviewed within two months of opening and then once again at the annual anniversary date. Feedback is given to each clinician whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline of two weeks is

provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

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

Client Satisfaction:

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

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

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

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

9. Required Language:

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-4b
July 1, 2018

1. Identifiers:

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

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Juanita Mena
Telephone: 415-229-0500
Email Address: Juanita.mena@ifrsf.org
Program Code(s): 3818-5

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

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

4. Target Population:

Services will be provided for Chicano/Latino children/youth under the age of 21 who meet medical necessity for specialty behavioral health services. We serve children, youth, and families who are residents in San Francisco; specifically, those who live in the Mission District and have full scope medical.

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

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

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

Modalities and Definition of Billable Services

Billable services include Mental Health Services in the following forms:

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

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

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

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

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

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

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

See exhibit B for Units of Service.

6. Methodology:

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

A. Outreach, recruitment, promotion, and advertisement

IFR has a 37 year presence in the Latino community of San Francisco thus; current and past clients refer their family and friends. IFR is recognized as a culturally competent agency serving Latinos and receives many referrals from organizations and agencies in San Francisco. IFR has long standing relationships with agencies and institutions that serve Latino youth and who provide linkages to

mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency).

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

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

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

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

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

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

C. Service Delivery Model

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

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

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

public health system for families with children who are in need of comprehensive behavioral health services.

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

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

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

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

Adjunct Services:

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

D. Exit Criteria and Process

Because of limited and shrinking behavioral health and substance abuse resources, coupled with the need to immediately serve many new acute clients coming in the front door, IFR will consistently

apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure and to prioritize services to those most in need. Behavioral Health Specialist will use CANS as a tool to measure clients' progress and consider such factors as: risk of harm, compliance, progress and status of Care Plan objectives and the client's overall environment, to determine which clients can be discharged from MHSA/CBHS services. CANS profiles and case reevaluations by the PURQC committee are integrated into the exit process.

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

E. Program Staffing

See Appendix B.

Indirect Services

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

7. Objectives and Measurements:

A. Required Objectives

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled BHS Child Youth and Families Performance Objectives FY 18-19.

B. Individualized Program Objectives

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

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

Evaluation of Individualized Objectives:

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

8. Continuous Quality Improvement:

Achievement of contract performance objectives:

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

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

Documentation quality, including a description of internal audits:

IFR has developed a comprehensive system for Continuous Quality Improvement that includes a part-time Quality Assurance Lean and Utilization Committee, individual and group supervision for all Behavioral Health staff, as well as continuous training. All staff are given bi-monthly group supervision and weekly individual supervision to discuss client progress, treatment issues, and enhance skills in the areas of assessment, treatment development and clinical interventions. In addition to clinic-based training on documentation standards, clinical staff also have access to trainings provided by CBHS that involve education on documentation guidelines as mandated by CBHS and the state of California as well as training on assessment instruments used as standard practice of care.

The outpatient clinic has a Program Utilization Review and Quality Committee (PURQC) that convenes weekly to review charts for all documentation requirements; Medical Necessity as documented in Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Cases are submitted to PURQC for initial Authorization and Re-Authorization. The CSA authorizes the number of hours that are authorized for each client (determined by the Service Intensity Guidelines), and the dates of authorized services. To provide oversight to the Continuous Quality Improvement system and ensure compliance with all documentation requirements, the Quality Assurance Specialist position was established in FY 14-15, and continues to be a part-time position

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

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

Periodic Review of documentation is performed manually by support staff.

Cultural competency of staff and services:

The staffing pattern and collaborative efforts directly aim at being representative and reflective of the groups within the community IFR serves. IFR staff represents a multidisciplinary, multi-ethnic cadre

of people who demonstrate high levels of immersion in the cultural values of the community, their life experiences (as immigrants, women, gay and lesbian, transgender, etc.) as well as a high level of professional training. Retention of qualified staff is enhanced by ongoing quality professional staff development and by a responsive Human Resources department.

Client Satisfaction:

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

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

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

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

9. Required Language:

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-5, A-8 and A-10
July 1, 2018

1. Identifiers:

Program Name: Early Intervention Program (EIP) Child Care MH Consultation Initiative Program
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500
Website Address: www.ifrsf.org

Executive Director/Program Director: Cassandra Coe, Program Director
Telephone: 415-229-0500
Email Address: cassandra.coe@ifrsf.org
Program Code(s): 3818(2)

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

The IFR Early Intervention Program (EIP) will provide comprehensive mental health consultation services to 24 center-based childcare sites (including one MHSA funded childcare center), two family resource centers, and approximately 50 Latina family childcare providers for the period July 1st, to December 31st, 2018. The program will also open EPSDT charts on 6 children, ages 0-5 years old.

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

4. Target Population:

Describe the target population to be served by the program. Specify if this contract targets a specific problem, geographic area, group, age, etc.

The target population is at-risk children and families enrolled in 24 center-based preschool childcare site, 50 Latina family child care providers who are part of the FCCQN, and two family resource centers in the Mission, Bay View, and Outer Mission Districts. Centers to be served include all ten Mission Neighborhood Center Head Start sites: Valencia Gardens, Women's Building, Stevenson, Capp Street, 24th Street, Bernal Dwellings, Mission Bay, Jean Jacobs. Southeast Families United Center, and Alemany Center and consultation to their Early Head Start Home Visiting Program that serves 20 families; 4 SFUSD child development centers: Theresa Mahler Center, Zaida Rodriguez Center, Juniper Sierra EEC, Brett Harte EEC, and Bryant EEC; and 4 pre-K SFUSD sites: Cesar Chavez, Sanchez, John Muir and Paul Revere; and three private nonprofit sites: Mission YMCA, FSA

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
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Appendix A-5, A-8 and A-10
July 1, 2018

Developmental Center and Martha Hills Learning Center. These programs serve primarily low-income, at-risk Latino children and Cal Works families in part-day and full-day programs.

The 40 Latina family child care providers are part of the Family Child Care Quality Network (FCCQN) and are facing the demands and stressors becoming part of a new Network. They serve some of our most vulnerable families. One of these providers contracts with Wu Yee Children's Services' Early Head Start Program. The program will also open EPSDT charts on 6 children, ages 0-5 years; children who might not typically access mental health services due to linguistic and cultural barriers.

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

Contractor: Instituto Familiar de la Raza, Inc.

Appendix A-5, A-8 and A-10

City Fiscal Year: 2018-2019

July 1, 2018

Contract ID #: 1000011456

#	Center	# of Class-rooms	# of Children	# of Teachers	# of hrs per week	Funding	Site Type
1	MNC-Capp	4	64	6	10	HSA	ECE
2	MNC-Jean Jacobs	1	24	4	7	HSA	ECE
3	MNC-Stevenson	1	24	3	7	HSA	ECE
4	MNC-Valencia Gardens	2	48	7	7	HSA	ECE
5	MNC Bernal Dwellings	4	48	12	12	HSA	ECE
6	MNC Centro de Alegria (24 th)	5	90	10	14	HSA	ECE
7	MNC-Women's Bldg	1	24	4	5	HSA	ECE
8	MNC Mission Bay	2	44	7	7	HSA	ECE
9	MNC Alemany	1	24	4	7	HSA	ECE
10	MNC Early Head Start Home Visiting	1	32	2	5	HSA	EHS
11	SFUSD Paul Revere Pre-K	1	24	3	5	HSA	ECE
12	Family Childcare Providers (FCCQN)	Up to 25	TBD	31	14	HSA	FCC
13	SFUSD - Zaida Rodriguez	4	68	7	12	First 5 PFA	ECE
14	SFUSD - Cesar Chavez Pre-K	1	24	2	5	First 5 PFA	ECE
15	SFUSD - Sanchez PreK EEC	1	24	3	5	First 5 PFA	ECE
16	Mission YMCA	3	60	6	7	First 5 PFA	ECE
17	SFUSD - Bryant CDC	2	48	6	7	First 5 PFA	ECE
18	SFUSD - Theresa S. Mahler EEC	3	72	9	10	First 5 PFA	ECE
19	Family Child Care Providers FCCQN	Up to 25	TBD	Up to 50	10	PFA	FCC
20	IFR Family Resource Center	1	20	4	5	First 5 SRI	FRC
21	Chicano-Latino FRC	1	20	4	3	First 5 SRI	FRC
22	Southeast Families United (MNC) PreK Classroom	1	24	4	7	MHSA	ECE
23	Southeast Families United (MNC)/Infant/Toddler Classroom	2	16	4	5	MHSA	ECE
24	SFUSD - Brett Harte EEC	4	72	6	7	HSA	ECE
25	SFUSD - Juniper Sierra EEC	5	100	12	7	First 5 PFA	ECE
26	SFUSD - John Muir EEC	1	18	2	5	First 5 PFA	ECE

27	Family Service Agency Developmental Center	8	120	20	14	HSA	ECE
28	SFUSD McLaren	5	90	5	14	First 5 PFA	ECE
29	SFUSD Fairmount	1	24	3	7	First 5 PFA	ECE

5. Modality(s)/Intervention(s)

- **Consultation – Individual:** Discussions with a staff member on an individual basis about a child or a group of children, including possible strategies for intervention. It can also include discussions with a staff member on an individual basis about mental health and child development in general.
- **Consultation -Group:** Talking/working with a group of two or more providers at the same time about their interactions with a particular child, group of children and/or families.
- **Consultation – Class/Child Observation:** Observing a child or group of children within a defined setting.
- **Staff Training:** Providing structured, formal in-service training to a group of four or more individuals comprised of staff/teachers, and/or family care providers on a specific topic.
- **Parent Support Group:** Providing structured, formal in-service training to a group of four or more parents, on a specific topic. Can also include leading a parent support group or conducting a parent training class or providing a consultation to a parent.
- **Early Referral/Linkage:** refer children and families for community services such as multi-disciplinary assessment; special education; occupational, speech, and physical therapy; family resource center services; or individual child or parent-child mental health services.
- **Consultant Training/Supervision:** individual and group supervision to consultants and participation in the Training Institute for new consultants.
- **Evaluation:** Activities conducted to assess the progress of any agency towards meeting the stated goals and objectives for the Early Childhood Mental Health Consultation Initiative. Can also include time spent complying with the CBHS-initiated evaluation efforts.
- **Systems Work:** coordination efforts and collaboration with other quality improvement efforts at individual sites to enhance the quality of care and alignment of efforts - includes participation in trans disciplinary teams that are part of the Center for Inclusive Early Education, coaching and consultant collaborative meetings, SF Quality Partnership meetings, etc.
- **Early Intervention – Individual:** Activities directed to a specific child, parent, or caregiver that are not considered to be planned mental health services. Meeting with a parent/caregiver to discuss specific concerns they may have about their child’s development, and/or helping them explore and

implement new and specific parenting practices that would improve their child's social-emotional and behavioral functioning.

- **Early Intervention – Group:** Conducting playgroups/socialization groups involving at least three children. The groups occur on site and are led by the mental health consultant, and in some instances can be co-facilitated by a member of the site staff.
- **Mental Health Services – Individual/Family:** Activities directed to a child, parent, or caregiver. Activities may include, but are not limited to individual child interventions, collaterals with parents/caregivers, developmental assessment, referrals to other agencies. Can also include talking on an ongoing basis to a parent/caregiver about their child and any concerns they may have about their child's development. Clinical charts are open in these cases.
- **Mental Health Services – Group:** Conducting therapeutic playgroups/play therapy/socialization groups involving at least three children. Clinical charts are maintained.
- **Training-Institute:** IFR will deliver 9 session training for newly hired mental health consultants city-wide who have less than one year of experience providing consultation services through the ECMHC. Consultants will meet once a month for a didactic seminar that will provide an overview of the mental health consultation model outlined in the most recent CBHS RFP. Further topics will explore the role of the mental health consultant, how to begin consultation, understanding childcare culture, aligning efforts with First Five Initiatives, working with parents and developing inclusive practices. A strong cultural perspective and emphasis on relationship based, strength based interventions will frame the seminar.

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

6. Methodology:

A. Outreach efforts:

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

B. Admission, Enrollment and/or intake criteria:

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

C. Program Service Delivery Model:

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

The IFR-EIP model establishes a multi-disciplinary group consisting of site-specific childcare staff; other involved site-based caregivers and a bilingual/bicultural Mental Health Consultant. Depending upon the scope of the problem, outside caregivers may be invited to participate in an individual child's review including pediatricians, speech therapists, and other caregivers. We will provide 4-14 hours per week of bilingual child care mental health consultation services to 28 early education childcare sites and monthly charla and individual consultations as requested to up to 50 predominantly Spanish speaking family childcare providers participating in the FCCQN in the Mission, Bay View and Outer Mission Districts of San Francisco.

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

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

For the 50 family childcare providers, mental health consultation will be individualized and based upon the needs of the provider, the age of the children and their relationships to a center-based program. Partnership meetings with parents will be established at the providers request and will be conducted with the provider and parent/guardian based on observations and discussions with the family child care provider. Program and environmental consultation including developing learning activities and modeling age-appropriate interactions will be tailored to each home. The program may provide parent groups (Charlas) at family child care provider homes to explore aspects of parenting and child development.

The Professional Development Day is the linchpin of all the efforts with the Family Child Care Providers as it brings together the community of Latina Family Child Care Providers to reflect on the connections they have to their work as well as explore self-care. This Retreat is in its 17th year- and the growth and depth of reflection by the group has gone deeper and deeper every year. Modeling self-care is essential for our providers to then model and promote health with the families they work with.

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

For Early Intervention Services, the mental health consultant will develop in collaboration with the parents and teachers - a behavior support plan/goals for the individual child. Individualized services will only be delivered with signed consent from parents. The ASQ will be included in the chart and goals monitored by the home-school team.

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

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

D. Exit Criteria and Process:

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

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

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

E. Program's staffing: See Appendix B.

7. Objectives and Measures

A. Required Objectives:

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled **CBHS Performance Objectives FY 18-19**.

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

8. Continuous Quality Improvement:

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

9. Required Language:

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-6a and A-6b
July 1, 2018

1. Identifiers:

Program Name: La Cultura Cura ISCS/EPSDT Services and Family F.I.R.S.T.

Program Address: 5128 Mission Street

City, State, ZIP: San Francisco, CA 94112

Telephone/FAX: 415-229-0500 FAX: 415-647-3662

Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street

City, State, ZIP: San Francisco, CA 94112

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager

Telephone: 415-229-0500

Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org

Program Code(s): 3818-10/3818-2/38LA-2/38LA-10

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

Instituto Familiar de la Raza's (IFR) La Cultura Cura Program (LCC) will provide intensive case management and mental health services to Latino youth who meet criteria for Intensive Supervision and Clinical Services (ISCS)/Family F.I.R.S.T. and/or are prioritized by the Department of Juvenile Probation, DCYF, and CBHS to respond to the cultural and linguistic needs of youth in-risk and/or involved in the juvenile justice system.

4. Target Population:

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

Family F.I.R.S.T. (F.F.): The target population for this contract is post-adjudicated Chicano/Latino youth between the ages of 12-24 years old, including transitional aged youth (18-24), who have come into contact with the juvenile justice system in San Francisco, who are currently placed in or recently returned home from Juvenile Justice Center detention facility or any other out-of-home-placement facility commitment within a 90 mile radius of San Francisco. An emphasis will be placed on addressing the needs of monolingual Spanish or limited English speaking clients who are residents of the Mission District and adjacent areas with high-density populations of Latino youth. Eligible clients include those who are Medi-Cal eligible, uninsured or underinsured. Referrals for this service will be made through San Francisco Juvenile Probation Department (JPD), Intensive Case Review (ICR), Presiding Judge, the SF Public Defender, SF District Attorney, or Special Programs for Youth-(SPY).

Family F.I.R.S.T. referrals will include only youth who have at most a 90-day release and/or Re-Entry date already confirmed by the Juvenile Probation Department or placement facility in order for IFR to open an episode and initiate engagement and assessment efforts with the youth at out-of-home placement facilities and with family in their community.

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

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

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

5. Modality(s)/Intervention(s)

Billable services include Mental Health and Clinical Case Management Services in the following forms:

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

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

• Plan Development - means a services activity which includes the collaborative development and approval of client plan and monitoring of client progress toward goal attainment, evaluating if the plan needs modification, consultation/collaboration with mental health staff/other professionals involved in a client's treatment plan to assist, develop, and modify plan.

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

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

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

Intensive Care Coordination (ICC) - means a service that facilitates the implementation of a comprehensive assessment of needs, individual and family care planning and coordination of support services including time-sensitive linkages for beneficiaries with intensive needs. ICC services are intended to link clients to services provided by other child serving systems, facilitate Child Family Team meetings, and coordinate mental health care in conjunction with system's partners. If a client is involved in two or more child serving systems, ICC is used to facilitate cross-system communication and planning. ICC is essential to the Child Family Team (CFT) process in order to ensure that the needs are identified by the youth and their family; support service partners are identified by the family and brought to the table to support client success, and to effectively meet additional resourcing needs that may arise.

Intensive Home Based Services (IHBS) are mental health rehabilitation services provided to Medi-Cal clients as medically necessary. IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a client's functioning and are aimed at helping the client build skills necessary for successful functioning in the home and community and improving the client's family ability to help the client successfully function in the home and community.

Rehabilitation- means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

Client Flexible Support Services (Mode 60)-means supplemental services which assist clients with supportive programs and activities that facilitate the provision of direct treatment services.

Medi-Cal Non-Billable (Family FIRST-only)

Used for any services provided by a clinical provider when the client is in a "service lock-out" situation such as an inpatient hospital setting; these services may not duplicate services provided by the lock-out facility and are not billable to Medi-Cal. This service code time is reflected in worker productivity.

6. Methodology:

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

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

A. Outreach & Recruitment:

IFR has long-standing relationships with agencies and institutions that serve Latino youth and who provide linkages to mental health services (e.g., Mission Neighborhood Health Center, San Francisco General Hospital, S.F.U.S.D., J.J.C., and the Human Services Agency). Outreach efforts are extended to families when there are circumstances that prevent them from enrolling into services at IFR prior to Episode Opening and could include meeting with families in their home or at a mutually agreed to "safe" location. Outreach is also utilized when mandated participants are out of compliance with scheduled meetings and the carrying provider has to extend support at school district sites while waiting for matters to be called into court, and during times when a socialization activity is offered to the youth based on merit.

B. Admission and Intake Criteria:

Intensive Supervision and Clinical Services (ISCS)

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

Intensive Case Management

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

Family F.I.R.S.T. (F.F.)

All referrals to Family F.I.R.S.T. are made through the San Francisco Juvenile Probation Department (JPD), Intensive Case Review (ICR), Presiding Judge, the SF Public Defender, SF District Attorney, or Special Programs for Youth (SPY). Contractor shall provide Family F.I.R.S.T. services for youth for an initial 90-day period. Provider will assess need for extended services with input from the carrying Probation Officer to determine whether or not to extend the program for an additional 90 days after the initial 90-day period. Should Contractor make a

clinical determination that a continuation of services are needed after successful probation termination, Family F.I.R.S.T. provider will extend the support to the youth for an additional 45-60-day period to determine a long-term triage plan. Contractor understands that a continuation of services is contingent upon available Family F.I.R.S.T slots. If no such slots exist, Contractor will refer client to another case management program and/or available mental health services with a different provider.

C. Service Delivery Model:

Intensive Supervision and Clinical Services (ISCS)

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

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

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

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

Intensive Case Management

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

- CANS Assessment
- Interview with client, family and probation officer

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

Family F.I.R.S.T Services (FF)

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

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

- Number of individual sessions during this period
- Number of caregiver sessions during this period
- Number of family sessions during this period
- Number of CFT planned meetings, participation and executed with client and family.
- Number of sessions missed by youth and/or family during this period
- Number of case management/linkage contacts
- Referral Process and Status
- Progress toward identified goals for services and treatment
- Identify the current phase of treatment and recovery
- Key Accomplishments.
- Challenges and Plan of Action
- Next Steps for Treatment

Contractor agrees to work cooperatively with the Juvenile Probation Department and the probation officer assigned to the case. Copies of all correspondence, reports or recommendations to the court will be submitted to the assigned Probation Officer at least two business days prior to the scheduled court hearing date and contractor will also submit copies to the County Clerk Office for Juvenile Court, the SF Public Defender and SF District Attorney's offices.

Mental Health Services: Comprehensive Needs Assessment: If not already completed within the past 30 days, Contractor shall conduct a comprehensive assessment of client needs, including the Child and Adolescent Needs and Strengths (CANS) or Adult Needs and Strengths Assessment

(ANSA), develop an individual treatment plan of care, coordinate and supervise service delivery. At a minimum, the assessment will include the following:

- CANS or ANSA Assessment
- Interview with client, family and probation officer
- Review of the dynamics of the case (nature of offense)
- Review of conditions of probation
- Review re-entry and reunification after care planning
- Individual and family history - family dynamics
- Need for individual and/or family counseling
- Educational skills, remedial needs
- Medical, psychiatric and health education referrals
- Vocational skills, job training
- Independent Living Skills Development for 16 year old and up
- Behavior dangerous to self or others
- Current use of alcohol or drugs
- Assessment of Safety in Community and for Safe Passages

Intensive Supervision and Clinical Services (ISCS) and Family F.I.R.S.T Services (FF)

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

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

D. Discharge Planning and Exit Criteria:

Client Discharge occurs when a youth has successfully completed their probation term or advanced their treatment goals. Termination may also occur when a youth has moved out of the area, sent to an out-of-home placement, or has been out of contact with probation or program staff for an extended period of time. At the point of termination, there will be a CANS closing Discharge summary submitted into the client's chart and an Episode closing form which needs to be inputted into AVATAR.

E. Program Staffing:

Please refer to Exhibit B.

No Indirect Services for this component.

7. Objectives and Measurements:

a. Standardized Objectives

All objectives and descriptions of how objectives will be measured are contained in the CBHS document entitled Performance Objectives FY 17-18.

8. Continuous Quality Improvement:

a. Achievement of contract performance objectives:

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

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

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

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

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

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

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

Periodic Review of documentation is performed manually by support staff.

c. Cultural competency of staff and services:

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

d. Client Satisfaction:

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

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

All clients will receive a CANS or ANSA at re-entry to services based on age appropriateness. CANS will be re-assessed at 6-months and annually; ANSA will be re-assessed within one year, and on departure CANS or ANSA Closing Summary will be completed.

IFR will use CANS or ANSA data to inform the focus of Treatment Plans of Care and mental health interventions.

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

9. Required Language:

CBHS CYF-ECMHCI Required Language:

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

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-7
July 1, 2018

1. Identifiers:

Program Name: Early Intervention Program (EIP) Consultation, Affirmation, Resources, Education & Empowerment Program (CARE) James Lick Middle School and Hillcrest Elementary School
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500
Website Address: www.ifrsf.org

Executive Director/Program Director: Cassandra Coe, Program Director
Telephone: 415-229-0500
Email Address: cassandra.coe@ifrsf.org
Program Code(s): 3818-X

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

The IFR CARE Program (housed under the IFR Early Intervention Program-EIP) will provide comprehensive mental health consultation services including prevention and early intervention services for fiscal year 2018-2019. The CARE Program will serve as an integrative bridge between teachers, out-of-school time providers, students, and parents in order to facilitate the building of positive, esteem building relationships for students in the classroom, at home, and during after school programming.

The goals of the program are to 1) Improve and enhance the quality of relationships between care providers (teachers, support staff, OST providers, families and children) thus improving the overall school climate 2) Early identification of mental health risk, and 3) Increase teachers' and care providers' capacity to respond to- and support the mental health, behavioral, and developmental issues of their students, as well as creating culturally and developmentally appropriate environments for them. Long-term goals include removing barriers to learning, improving school readiness through increased school functioning and increased family functioning and engagement.

4. Target Population:

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

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

Mental Health Consultation

- At Hillcrest, the mental health consultant will provide 450 hours of consultation to identified teachers - facilitating monthly consultation meetings as well addressing weekly needs in order to build teacher capacity to respond to and identify emerging mental health issues and foster positive teacher-student relationships. Consultation efforts will also help foster coordination of care for identified clients, creating a seamless experience for clients.
- At Hillcrest, 200 hours of mental health consultation support will be provided to the afterschool staff with information bridged back to the school day team. Support will increase the ASP staff's capacity to identify and respond to emerging mental health needs and develop skills to respond to these needs.
- At Hillcrest 200 hours of Inclusion Consultation will be provided weekly by Support for Families with Children with Disabilities. The support will increase staff's capacity to create inclusive environments, develop skills to respond to learning and behavioral challenges of at-risk students.
- At James Lick Middle School, the mental health consultant will provide 400 hours of consultation services to support staff, administration and teachers. Consultation efforts will also help foster coordination of care for identified clients, creating a seamless experience for clients.
- At James Lick Middle School, 200 hours of Inclusion Consultation Services will be provided weekly by Support for Families with Children with Disabilities. The support will increase staff's capacity to create inclusive environments, develop skills to respond to learning and behavioral challenges of at-risk students.

Systems Work

- At Hillcrest, The Mental Health Consultant will facilitate a bimonthly Mental Health Collaborative meeting with Leadership, support staff and other mental health providers to ensure the alignment of services and support deepening a shared vision regarding student support, family engagement and teacher capacity building. At minimum, we will provide 40 hours of systems work to site.
- At James Lick Middle School, the Mental Health Consultant will facilitate a bimonthly counselor/CARE Team meeting with Leadership, support staff and other mental health providers to ensure the alignment of services and support deepening a shared vision regarding student support, family engagement and teacher capacity building. At minimum, we will provide 40 hours of systems work to site.

Outreach and Engagement

- At Hillcrest, IFR mental health consultant will provide 270 hours of outreach and linkage services about community resources, early identification of mental health issues, and linkage to school community including staff, parents and youth
- At James Lick Middle School, IFR mental health consultant will provide 180 hours of outreach to parents at two school-wide community events providing referrals and information about all programs at IFR.

Individual Therapeutic Services

- At Hillcrest, Mental Health Consultant will provide face-to-face assessments and brief early intervention services to at least 7 to 8 individuals and/or families suffering from or at risk for trauma. On average families will receive 4-6 sessions (typically 1 hour each). At least 30 hours of this service will be provided.
- At James Lick Middle School, the mental health consultant will provide face-to-face assessments and brief early intervention services to at least 7 to 8 individuals and/or families suffering from or at risk for trauma. On average families will receive 4-6 sessions (typically 1 hour each). At least 30 hours of this service will be provided.

Group Therapeutic Services

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

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

#	Center	Consultant	# of hrs per week	# of Children	# of Classrooms	# of Teachers
1	Prevention Services Hillcrest	Karen Navarro Rocsana Ribeiro	14/7	330	15	15
2	Inclusion Consultation Services Hillcrest	Alison Stewart (SFF)	7	INC		8
3	Early Intervention Services	Karen Navarro	7 7	40	6	6
4	Prevention Services James Lick MS	Jasmine Alvarez	28	570	32	32
5	Inclusion Consultation Services James Lick	Alison Stewart (SFF)	7	INC		6

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

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

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

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement

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

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

B. Admission/Intake Criteria

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

C. Service Delivery Model

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

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

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

Parent Training and Support Groups/Family Workshops will be offered on-site and topics determined in collaboration with everyone. Parents will also be invited to IFR cultural activities throughout the year. Workshops will occur monthly. In order to effectively engage the African-American community

at the school, IFR is committed to working collaboratively with other organizations providing support to the school sites as well as utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families where they are).

Frequency of Services/Hours/Location:

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

Services are delivered at each school community. There are an array of partnerships and collaborations that help to ensure students' educational opportunities. The following description outlines the primary vehicle for achieving our goals: The Mental Health Consultant provides an array of services to the child, parent and teachers with the service goal of building upon the strengths of the child, parent and teacher. Partnership meetings include the staff person closest to the child and parent, the Mental Health Consultant and the parent/guardian.

D. Exit Criteria:

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

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

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

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements:

MHSA SMART GOAL #1:

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

Performance Objective #1:

Participation in Consultation Services: During academic year 2018-2019, a minimum of 50% of staff at James Lick Hillcrest (including Afterschool staff) will receive at least one consultation from the Mental Health Consultant to support them to respond to stressors in their classroom. The percentage of staff receiving at least one consultation will be based on the unduplicated count for teachers performed through the EIP monthly tracking log vs. the # of teachers at the school (32).

Performance Objective #2:

During academic year 2018-2019, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that they are satisfied with the services they've received from the consultant. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2019.

Performance Objective #3:

During academic year 2018-2019, of those staff who received consultation services and responded to the survey, a minimum of 75% will report that the consultant helped them to respond more effectively to children's behavior. This will be measured by a teacher report captured in a client satisfaction survey administered in May 2019.

MHSA SMART GOAL #2

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

Performance Objective #1

During academic year 2018-2019, the mental health consultant will participate in SAP and SST meetings and assist in identifying those students with emerging mental health needs and make appropriate linkages. This will be measured by weekly tracking logs as well as documentation regarding successful linkages to mental health resources.

Performance Objective #2

During academic year 2018-2019, a minimum of 15 students/families total at both schools sites will receive either pull-out or push-in support and will show a reduction in the frequency of behavioral or emotional outbursts in the classroom as measured by self-report, counselor and teacher observation and collateral information when available and documented in the program records and individual student charts.

Performance Objective #3

During academic year 2018-2019, IFR staff will attend all planning and collaborative meetings requested by MHSA Program demonstrating increased knowledge and alignment with MHSA goals as measured by their participation in meetings and documented in sign-in sheets.

MHSA SMART GOAL #3

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

Performance Objective #1

During academic year 2018-2019, the mental health consultant will co-facilitate biweekly Mental Health Collaborative meetings at Hillcrest Elementary and support development of a trauma-informed school profile as documented in sign-in sheets. Mental health specialist will participate in bi-weekly counseling team meetings and emphasize collaboration with all relevant community partners at school site in order to align and integrate care for identified CFF.

8. Continuous Quality Improvement:

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

A primary goal of the Early Intervention Program and our consultative efforts is to support providers (teachers/administrators) to first recognize and then develop the skills needed to understand, communicate with, and effectively serve people across cultures. By being nonjudgmental and creating spaces for teachers to explore their biases and assumptions about their students and bridging those back to our deep understanding of the community and the Latino experience, we can help providers deepen their understanding and value the cultural backgrounds of their students. The EIP deepens their knowledge of working with multicultural students and their family through ongoing weekly group supervision, which emphasizes the provision of consultation through a cultural lens and utilizes a reflective case presentation model where clinicians can reflect on the complexities of working with diverse populations and improve their practice.

9. Required Language:

N/A.

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-9a
July 1, 2018

1. Identifiers:

Program Name: Transitional Aged Youth Services
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 38LA-X

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

Instituto Familiar de la Raza will provide trauma recovery and healing services through its Cultura Cura Program to youth ages 16 to 24 and their families, with an emphasis on Mission District youth and Latinos citywide. Services will include both prevention and intervention modalities to individuals, agencies, and the community. The goal of IFR's TAY Services is to 1) reduce the incidence and prevalence of trauma-related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further victimization of community violence and 2) Increase violence prevention providers' understanding of mental health issues in the context of service provision to violence and trauma impacted TAY. 3) Mitigate risk factors associated with vicarious trauma among providers who work with TAY and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for the period of July 2018 through June 2019.

4. Target Population:

TR&HS will provide youth ages 16 to 24 and their families who reside in the Mission District and Latinos city wide with trauma recovery services for the period of July 2018 through June 2019. The target population will be youth and their families affected by street and community violence. This program will have a primary focus on 94110, 94112, 94102, and 94103.

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

In addition, to individual and family-centered interventions to address trauma-related conditions, mental health consultation will be provided to violence prevention staff of The RoadMap to Peace Initiative, and Justice services providers that impact on the TAY population including case managers and peer advocates who provide violence intervention services at Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face a serious risk for multiple health and social problems including physical injury, post-traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers, constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis, and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crisis intervention, family support, case management, and behavioral change within the cultural values, beliefs, and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

5. Modality(s)/Intervention(s)

OUTREACH AND ENGAGEMENT:

- i. TAY staff will provide 60 hours of outreach; basic information about the services at various sites including safe havens, community events, collaborative meetings, and school settings.

INDIVIDUAL THERAPY

- i. The Behavioral Health Specialists in this program will conduct a minimum of twenty (20) risk assessments of youth referred for individual intervention. Direct services, which result in an open chart for clients, will include a CANS or ANSA assessment and correlating treatment plan of care. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals.
- ii. Services with or on behalf of an individual or family are designed to support their stabilization. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and families, crisis response, and collateral intervention.

- iii. Short-term interventions assist individuals and families in the stabilization of traumatic conditions due to interpersonal and community violence to which they may have been exposed. The services are offered as individual services for 3 sessions or up to 3 weeks before re-assessment then up to 3 to 6 months depending on the severity and the needs of the individual/family.

GROUP THERAPY

- i. Psycho-educational Groups: During July 2018 through June 2019, staff will develop culturally and socially relevant curriculum addressing trauma and family reunification. A psycho-education group for teens and parents/guardians will be provided to the target population in the SPRING of 2018 and Fall of 2019. Up to 5 parents and 6 youth (or a total of 11 TAY) will be served through these interventions.
- ii. School Based Drumming Groups: IFR's TAY Behavioral Health Specialists will facilitate cultural affirmation therapeutic school-based drumming groups and introduce the use of traditional herbs and medicine to strengthen youth's knowledge of community defined best practices that develop healthy coping strategies and create community for TAY youth. The 10-session gender-neutral groups will be offered at Balboa high school during the Fall 2018 and Spring 2019 semesters. Drumming groups will assist TAY identify alternative coping strategies and access healthy alternatives to express their feelings, build positive healthy peer relationships, and relieve stress. As a result of participating in the group youth will also increase their access to safe spaces at school and learn about resources to access for those that would benefit from individualized treatment services to address their trauma needs.

PROGRAM SPECIFIC SERVICES

Trauma Capacity Building

- i. IFR will continue providing mental health consultation to staff providing criminal justice and violence intervention services, with emphasis on those serving the Mission District. Mental health consultation includes One-time or ongoing efforts to increase the capacity of outreach and case management staff to respond appropriately to trauma-related conditions among youth and parents.

Care Development & Capacity Building Consultation

- ii. Care Development Meetings follow a methodology that includes check-in, referrals to service, assignment, service plan development, resource mapping, and schedules in-services. Meetings are co-facilitated by IFR La Cultura Cura Program Manager and an LCC Behavioral Health Specialist that support skills development and integration of a multidisciplinary approach to care.

Community Response

- iii. We intend to continue community-wide interventions that raise awareness about the harmful effects of violence and increase knowledge of integrative healing approaches. Community interventions will include planned and unplanned interventions.
- iv. Debriefing: We will support The Roadmap to Peace Initiative efforts to provide treatment access to disconnected youth in-risk for or previously involved with street violence. TAY staff

will continue to be the tertiary response support to San Francisco Violence Intervention Program (SFVIP) staff when there are incidents that require consultation in the Mission District. The full-time Behavioral Health Specialists assigned to this contract may provide crisis debriefing and grief & bereavement counseling to staff who have been affected by street and/or community violence in order to support staff with addressing the vicarious impacts of trauma in their work. Interventions are part of a coordinated effort to protect the public in general and the individuals/families targeted with violence through MH consultation to direct service staff. In addition, the Behavioral Health Specialists will work closely with the Mission Peace Collaborative, HealthRight360's Street Violence Response Team (SVRT) staff (with an emphasis upon the Mission District) and RoadMap to Peace Initiative partners to support containment and de-escalation efforts and prevent retaliations among the target population.

- v. Ceremonies and Drumming For Peace: IFR has a well-established history of integrating cultural and spiritual practices as part of our approach to intervention. We strongly believe that preserving traditional knowledge and practices is healthy and healing. In keeping with this philosophy, we propose to convene (1) community ceremonies to support the public at large in addressing the aftermath of street and gang-related violence. Community ceremonies serve as a means to raise public awareness about the harmful effects of community violence and how and where to receive help. IFR will leverage resources from the Indígena Health and Wellness Collaborative, funded by DPH, to work closely with leaders in the indigenous community to integrate messages of peace, forgiveness, and reconciliation in the community. Ceremonies will include Día de Los Muertos, Xilonen, and Cuauhtemoc. We will also offer at least (1) Drumming for Peace sessions during the period of July 2018 through June 2019. Youth and families impacted by street violence will be encouraged to participate in these Healing ceremonies and Drumming for Peace sessions. IFR expects to reach at least 12 unduplicated participants per session under this modality (considering both activities ceremonies and drumming for peace).

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Community Engagement <i>Outreach & Engagement:</i> 0.04 FTE will provide 60 hours of outreach & engagement	60	30
Individual Therapy <i>General Funds covered services:</i> 1.19 FTE x 65% LOE x 35 hours x 46 wks	1,248	20
Group Therapy <i>Psycho-educational Groups:</i> 0.024 FTE will facilitate 3 sessions of 4 hours (prep &		

session time) for 2 cohorts: 0.024 FTE x 35 hrs x 46wks x 65% LOE	24	11 (included)
<i>School Based Drumming Group:</i> 0.048 FTE will provide 2 cohorts x 10 sessions x 2.5 hrs (prep & drumming) 0.048FTE x 35 hrs x 46 wks x 64% LOE	50	12
Program Specific Services		
<i>Trauma Capacity Building</i> 0.023 FTE will provide 4 sessions of 3hrs (prep & session time) for 2 cohorts 0.023 FTE x 35hrs x 46 wks x 65% LOE	24	10 (included)
<i>Care Development & Capacity Building Consultation</i> 0.455 FTE will provide 470 hours of care development and consultation 0.455 FTE x 35hrs x 46 wks x 65% LOE	470	10 (included)
<i>Community Response</i> Includes debriefing, ceremonies and drumming for peace circles 0.08 FTE will provide 84 hours of Community Response interventions. 0.08FTE x 35 hrs/wk x 46 wk x 65% level of effort	84	30
	1,960	Up to 92

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement:

La Cultura Cura-TAY Services will receive its referrals from the RoadMap to Peace Initiative, HR360 SVRT, Mission Peace Collaborative (MPC), SFUSD, as well as self-referrals. The Behavioral Health Specialists in this contract are responsible for outreach and client recruitment activities. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

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

B. Admission, Enrollment, and Intake:

Clients referred for individual therapeutic services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; we will create an Episode Opening in the AVATAR system for a minimum of 4 program participants. The client receives an orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of CBHS with regard to the treatment of clients. All clients are informed of their rights as consumers, are given linguistically accurate documentation of their client rights and their right to privacy in regards to HIPPA.

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

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

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

C. Delivery Model:

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

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

Direct Services will be provided at IFR as well as the partner agencies including but not limited to RoadMap to Peace Initiative Partners, HealthRight 360, SFUSD sites, Mission Neighborhood Centers, and additional partners in response to the needs as determined by the target population. Co-location of the Behavioral Health Specialist creates accessibility for youth who are gang affiliated and have a risk of conflict if they enter into areas that are "run" by an opposing neighborhood gang. When safe and appropriate, home visits are offered to engage the youth and his/her family. Outreach/Consultation

services may be provided at a number of settings including schools, youth centers, and other settings, including the streets, where the target population congregates.

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

IFR and its co-located site for services at Mission Neighborhood Health Centers are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th street BART. IFR hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with backup from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair-bound clients.

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with, Horizons' substance abuse program, HOMEY, Mission Neighborhood Health Center, Mission Neighborhood Center, CARECEN and Bay Area Community Resources. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

D. Exit Criteria and Process:

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

E. Program Staffing:

Two (2) full-time Mental Health Specialists will provide Individual Therapeutic Services to at least 25 unduplicated clients, facilitate Group Interventions, and provide a minimum of 20 Care Manager Development capacity building consultations to providers in a group setting in addition to individual capacity building sessions to individual providers. The La Cultura Cura Program Manager (LCC Program Manager) is responsible for the administration, implementation, and supervision of the program as well as the staff. The Associate Director supervises the LCC Program Manager.

F. Systems Transformation:

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

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

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

7. Objectives and Measurements:

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

Services Access through Outreach & Engagement

- i. By the end of FY 18-19, 30 community participants will attend 1 community ceremonies and/or 1 Drumming For Peace sessions as recorded in headcount forms.

- ii. By the end of FY 18-19, 85% of youth and families referred for TAY will receive follow-up as recorded by client referral and disposition log maintained at the program.

Treatment & Healing

- i. By the end of FY 18-19, 20 UDC youth receiving MH services, will decrease MH symptoms as measured by observations in client's Closing Summary.
- ii. By the end of FY 18-19, a minimum of 8 participants that complete the TAY youth and parent psycho-educational groups will report an increased understanding of TAY psychological and emotional needs in relation to trauma as demonstrated by evaluation tests.
- iii. By the end of FY 18-19, 75% of youth that participate in 5 school-based drumming sessions will be able to identify at least 1 new healthy alternative coping strategy as measured by self-evaluation surveys.

Goal #3: Improved capacity among program staff and parents to provide appropriate responses to children and youth's behavior.

Training & Capacity Building

- i. By the end of FY 18-19, 75% of service delivery partners that participate in the multi-session capacity building workshops will be able to identify signs of vicarious trauma in their practice and/or access trauma informed intervention strategies to address burnout when working with TAY youth as measured by evaluation surveys.
- ii. By the end of FY 18-19, 75 % of providers that receive capacity building consultation will increase their ability to assess for TAY's needs related to trauma and/or link them to appropriate resources as measured by an evaluation survey.

8. Continuous Quality Improvement:

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

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

TAY is a component of La Cultura Cura (LCC), and as such, the full-time behavioral health specialists are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the Roadmap to Peace and the Mission Peace Collaborative. In addition, the Behavioral Health Specialists (BHSs) in partnership with Roadmap to Peace Service Connector convene the Care Management Development Meetings with Network providers in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination of services to the target population. BHSs also oversee case management service plans and provide

weekly supervision for up to 2 Case Managers. The IFR Program Director dedicates 5% to CQI activities while the BHS dedicates 15% to quality assurance activities.

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

- a. Program staff will attend a minimum of three hours of training on trauma-informed approaches including CBT, Psycho-educational interventions, and crisis response.
- b. Program staff will attend training on the provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPAA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in three hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during July 1st, 2018 through June 30th of 2019.

HIPAA Compliance Procedures:

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

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
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Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

9. Required Language:
N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-9b
July 1, 2018

1. Identifiers:

Program Name: Transitional Aged Youth Services
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94110

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 38LA-X

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

Instituto Familiar de la Raza will provide trauma recovery and healing services through its Cultura Cura Program to youth ages 18 to 24 and their families, with an emphasis on Mission District youth and Latinos citywide. Services will include both prevention and intervention modalities to individuals, agencies, and the community. The goal of IFR's TAY Services is to 1) reduce the incidence and prevalence of trauma-related conditions in children, youth, and families, including risk for retaliation among youth engaged in negative street activity further victimization of community violence and 2) Increase violence prevention providers' understanding of mental health issues in the context of service provision to violence and trauma impacted TAY. 3) Mitigate risk factors associated with vicarious trauma among providers who work with TAY and 4) Decrease Stigma among youth and families in accessing public health services. This is a cost reimbursement contract with CBHS - MHSA for the period of July 2018 through June 2019.

4. Target Population:

TR&HS will provide youth ages 18 to 24 and their families who reside in the Mission District and Latinos city wide with trauma recovery services for the period of July 2018 through June 2019. The target population will be youth and their families affected by street and community violence. This program will have a primary focus on 94110, 94112, 94102, and 94103.

The Mission District has been home to Latino Families for the past 4 decades with an estimated 75% of all households identified as Spanish Speaking. While the Mission District continues to be the cultural hub for Latino families, there are a growing number of youth and families residing in other neighborhoods such as Excelsior, Tenderloin, SOMA, and Bayview for whom these services are critical.

In addition, to individual and family-centered interventions to address trauma-related conditions, mental health consultation will be provided to violence prevention staff of The RoadMap to Peace Initiative, and

Justice services providers that impact on the TAY population including case managers and peer advocates who provide violence intervention services at Instituto Familiar de la Raza.

Chicano/Latino youth and their families face unique social, cultural, and linguistic barriers in accessing behavioral healthcare services. Latino children and youth, in particular, face disproportionate levels of poverty coupled with a lack of healthcare benefits. They are more likely than their white counterparts to drop out of school, exhibit more symptoms of depression and anxiety, and likely to consider suicide. Language barriers, unstable housing and homelessness, cultural and racial discrimination, and issues related to legal status and the re-emergence of anti-immigrant sentiment create severe and persistent stressors for Latino youth and their families.

Latino children and youth who engage in negative street activity and violence face a serious risk for multiple health and social problems including physical injury, post-traumatic stress syndromes, incarceration, and social isolation. These youth and their families are often stereotyped within our public healthcare system as unmotivated, untreatable and undesirable, resulting in attitudinal barriers to serving their advocacy, health, and behavioral healthcare needs.

These attitudinal barriers, coupled with the lack of bilingual/bicultural behavioral healthcare providers, constitute major obstacles to providing effective interventions once services are sought. Cultural, linguistic, and socially relevant services serve as critical factors in the assessment, engagement, differential diagnosis, and recidivism of Latino youth and their families engaged in and affected by violence. Services that integrate multiple interventions including crisis intervention, family support, case management, and behavioral change within the cultural values, beliefs, and norms of the community served have been well documented and underscore the importance of providing culturally proficient models of service.

5. Modality(s)/Intervention(s)

INDIVIDUAL THERAPY

- i. The Behavioral Health Specialists in this program will conduct risk assessments of youth referred for individual intervention. Direct services, which result in an open chart for clients, will include an ANSA assessment and correlating treatment plan of care. Psychosocial assessment means a service activity which may include a psychosocial, clinical and cultural formulation of the client, including history, mental and behavioral status, relevant cultural issues and history, diagnosis, and treatment goals.
- ii. Services with or on behalf of an individual or family are designed to support their stabilization. The goal of this intervention is to enhance self-sufficiency and community functioning. Services may include but are not limited to, assessment, plan development, grief, and bereavement counseling to individuals and families, crisis response, and collateral intervention.

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
Individual Therapy <i>General Funds covered services:</i> 0.139 FTE x 65% LOE x 35 hours x 46 wks 1 UOS = 1 Hour	145	4
	145	4

6. Methodology:

A. Outreach, Recruitment, Promotion, and Advertisement:

La Cultura Cura-TAY Services will receive its referrals from the RoadMap to Peace Initiative, HR360 SVRT, Mission Peace Collaborative (MPC), SFUSD, as well as self-referrals. The Behavioral Health Specialists in this contract are responsible for outreach and client recruitment activities. Outreach and recruitment will be done at schools, community agencies, areas where youth congregate, and at community events.

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

B. Admission, Enrollment, and Intake:

Clients referred for individual therapeutic services, including crisis intervention and grief counseling, will be registered at IFR and a chart will be opened; we will create an Episode Opening in the AVATAR system for a minimum of 4 program participants. The client receives an orientation to the agency and the public health system as part of the admission and intake process. IFR will adhere to prevailing guidelines of CBHS with regard to the treatment of clients. All clients are informed of their rights as consumers, are given linguistically accurate documentation of their client rights and their right to privacy in regards to HIPPA.

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

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

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

C. Delivery Model:

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

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

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

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

IFR and its co-located site for services at Mission Neighborhood Health Centers are geographically and physically accessible to clients by MUNI and BART public transportation. IFR is located at 2919 Mission Street (one block from the 24th street BART). IFR hours of operation are Monday through Friday, 9 a.m. to 7 p.m., and Saturdays by appointment. Clients' emergencies will be managed by staff in this contract with backup from the on-duty staff at IFR's Outpatient Clinic. IFR meets ADA requirements including wheelchair accessibility, TDD, and confidential office space that are fully accessible to wheelchair-bound clients.

The target population served by this program who have substance abuse conditions or exhibit co-occurring conditions will benefit from harm reduction counseling services provided by the mental health specialist in this program. In addition, IFR has linkage agreements with adolescent and adult programs citywide to link clients to the services that they are motivated to utilize. IFR has formal agreements with, Horizons' substance abuse program, HOMEY, Mission Neighborhood Health Center, Mission Neighborhood Center, CARECEN and Bay Area Community Resources. Youth and their family members who meet criteria for substance abuse services will have access to treatment options through these existing MOUs.

D. Exit Criteria and Process:

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

E. Program Staffing:

0.139 Full-time Mental Health Specialist will provide Individual Therapeutic Services to at least 4 unduplicated clients. The La Cultura Cura Program Manager (LCC Program Manager) is responsible for the administration, implementation, and supervision of the program as well as the staff. The Associate Director supervises the LCC Program Manager.

F. Systems Transformation:

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

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

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

7. Objectives and Measurements:

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

Treatment & Healing

- i. By the end of FY 18-19, 4 UDC youth receiving MH services, will decrease MH symptoms as measured by observations in client's Closing Summary.

8. Continuous Quality Improvement:

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

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

TAY is a component of La Cultura Cura (LCC), and as such, the full-time behavioral health specialists are part of the program team and attend a biweekly administrative meeting with the Program Manager who is the liaison to the Roadmap to Peace and the Mission Peace Collaborative. In addition, the Behavioral Health Specialists (BHSs) in partnership with Roadmap to Peace Service Connector convene the Care Management Development Meetings with Network providers in the system. The Care Development Meetings ensure quality and standards of care in case management services and improve the coordination

of services to the target population. BHSs also oversee case management service plans and provide weekly supervision for up to 2 Case Managers. The IFR Program Director dedicates 5% to CQI activities while the BHS dedicates 15% to quality assurance activities:

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

- a. Program staff will attend a minimum of three hours of training on trauma-informed approaches including CBT, Psycho-educational interventions, and crisis response.
- b. Program staff will attend training on the provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPAA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in three hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during July 1st, 2018 through June 30th of 2019.

HIPAA Compliance Procedures:

- a. DPH Privacy Policy is integrated into the contractor's governing policies and procedures regarding patient privacy and confidentiality. The IFR Program Director will ensure that the policy and procedures as outlined in the DPH Privacy Policy have been adopted, approved, and implemented.
- b. All staff who handles patient health information are trained (including new hires) and annually updated in the agency privacy/confidentiality policies and procedures. The LCC Program Manager will ensure that documentation shows that all staff has been trained.
- c. The contractor's Privacy Notice is written and provided to all clients served by the organization in their native language. If the document is not available in the client's relevant language, verbal translation is provided. The LCC Program Manager will ensure that documentation is in the patient's chart, at the time of the chart review, that the patient was "notified."
- d. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the organization. The LCC Program Manager will ensure the presence and visibility of posting in said areas.
- e. Each disclosure of a client's health information for the purposes other than treatment, payment, or operations is documented. The LCC Program Manager will ensure that documentation is in the client's chart, at the time of the chart review.

Contractor: Instituto Familiar de la Raza, Inc.

City Fiscal Year: 2018-2019

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- f. Authorization for disclosure of a client's health information is obtained prior to release: (1) to a provider outside the DPH Safety Net; or (2) from a substance abuse program. The LCC Program Manager will ensure that an authorization form that meets the requirements of HIPAA is signed and in the client's chart during the next chart review.

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-11
July 1, 2018

1. Identifiers:

Program Name: Semillas de Paz
Program Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94112
Telephone/FAX: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 5128 Mission Street
City, State, ZIP: San Francisco, CA 94112

Executive Director/Program Director: Estela Garcia/ Jesús Yañez, Program Manager
Telephone: 415-229-0500
Email Address: estela.garcia@ifrsf.org/ jesus.yanez@ifrsf.org
Program Code(s): 38LA-X

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

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

4. Target Population:

Semillas de Paz will provide timely mobile mental health, trauma support, and case management services during FY 18-19. The target population will be Latino children and youth, primarily between the ages of 12 to 24. This program will have a primary focus on serving youth and young adults impacted by varying levels of trauma as a result of violence due to migration, street affiliation, intimate partner, and bullying. The project will also emphasize services to recently arrived immigrant minors. Services will focus on addressing the service gaps to serve Latin@ immigrant and native born minors and transitional aged youth including ensuring that there is access to treatment, legal, and educational support services to this highly traumatized and vulnerable population.

5. Modality(s)/Intervention(s)

Clinical Case Management

One Mental Health Rehabilitation Specialist (MHRS) will screen clients referred for services and will coordinate the access with the referral sources including Child Crisis and providers in SF's system of care. Eligible clients will be assigned a MHRS in the program as deemed appropriate after an initial assessment

of needs and readiness for services. The MHRS assigned to a case will identify relevant community linkages and follow-up support.

MHRS will implement and update the care plan, including 1) identifying service needs, 2) brokerage of services with other providers (intra and inter-agency), 3) client advocacy, 4) coordination of services, and 5) follow-up and monitoring of the goals, objectives, and activities involved in serving the client's needs. Progress notes maintained by MHRS will address goals and objectives from the service plan. They will indicate any change in the client's overall health and identify obstacles or problems faced by the client, which may require modifications to the Care Plan.

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

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

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

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

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

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

Rehabilitation- means a recovery or resiliency focused service activity identified to address a mental health need in the client plan. This service activity provides assistance in restoring, improving, and/or preserving a beneficiary's functional, social, communication, or daily living skills to enhance self-sufficiency or self-regulation in multiple life domains relevant to the developmental age and needs of the beneficiary. Rehabilitation also includes support resources, and/or medication education. Rehabilitation may be provided to a beneficiary or a group of beneficiaries.

Individual/Family Mental Health Services

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

MHS will determine an appropriate transfer or termination of support, and coordinate after-care services as needed.

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

Group Therapeutic Services

During FY 18-19, a team of Mental Health Specialists (MHS) and the Mental Health Rehabilitation Specialist (MHRS) will facilitate 4 school-based groups of up to 12 weeks each with up to 40 youth for the full school year. Group interventions will be provided at 2 school's each during the fall 2018 and spring of 2019 semester's.

Case Conferencing

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

Units of Service (UOS) Description	Units of Service (UOS)	Unduplicated Clients (UDC)
<p>Clinical Case Management MHRS and/or MHS will provide services at school settings and community agencies: 1.015 FTE x 35 hrs/wk x 46 weeks x 65% level of effort 1 UOS = 1 hour</p>	<p>1,062 (63,720)</p>	<p>20 (included)</p>
<p>Individual/Family Mental Health Services Individual therapeutic services at school settings and community agencies might include drop-in clients: 1.409 FTE x 35 hrs/wk x 46 weeks x 65% level of effort 1UOS = 1 hour</p>	<p>1,475 (88,517 min)</p>	<p>20 (included)</p>

<p>Community Client Services Include services to individuals and groups as well as training to agencies as follows:</p> <p><u>Group/Family Services-Mode 4522</u> 482 hours will be assigned to group sessions for students at school settings 1 UOS = 1 hour</p>	482	Up to 40
<p>Total UOS Delivered</p>	3,019	
<p>Total UDC Served</p>		Up to 40

6. Methodology:

A. Outreach and Engagement:

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

IFR will develop formal collaborations with key Mission District and Citywide youth-serving organizations to offer the service to the target population and will delve into further discussions with organizations such as CARECEN, Mission Neighborhood Centers, and other community organizations to enhance outreach efforts. Information describing the array of services of Semillas de Paz will be distributed to the target population in these community venues, SFUSD sites, CBO’s and other locations in and around the Mission District, as well as Citywide, where youth and families congregate.

B. Admission, Enrollment, and Intake:

Referrals will be received from the Mobile Crisis Treatment Team, Child Crisis Team, and Crisis Response Team, SFUSD providers, partner CBO’s, SFVIP, and may also be self-referred individuals that meet criteria for services. If medical necessity is met the client will be registered in the system of care through AVATAR. Semillas de Paz will offer low-threshold services for youth to enroll into school-based group activities and assign UOS billing for those efforts under Mode-45 utilizing the General Funds assigned to this exhibit.

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

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

C. Delivery Model:

Mental Health Specialist (MHS) or Mental Health Rehabilitation Specialist (MHRS) will meet with the client to conduct a criteria and eligibility screening, ensure that the youth meets medical necessity for treatment, assess for service access readiness, safety, and implement an initial needs assessment.

Clients who meet criteria for Semillas de Paz care management or therapeutic services will meet with MHS to conduct a CANS-clinical assessment and a treatment plan of care will be developed. Clients presenting medical necessity will be enrolled in the system of care, and a full re-assessment will be performed 60 days from the episode opening following CBHS standards for treatment. Based on needs identified through the initial CANS assessment process and in dialogue with the youth a determination will be made about whether to offer CM-only services or if capacity permits introduce treatment and CM support services. Plans of Care will be updated as informed by re-assessment scores and as required by client-driven developments including crisis, hospitalization, or incarceration. The assessment will help identify whether other family members might also warrant support or intervention. In such cases, a family service plan will be developed by the assigned provider to identify the additional services, including case management and therapy, needed to address the issues contributing to the initial incident while also addressing contributing or preventive issues.

All other direct services not opened in AVATAR will follow standards for Mode 45. Detailed documentation of referrals will be kept updated. Semillas de Paz will also coordinate secondary services (i.e. support services from other providers), and determine an appropriate transfer or termination of support.

Semillas de Paz staff will coordinate and work with Mobile Crisis Treatment Team, Child Crisis Team, and Crisis Response Team to identify emerging problem areas and issues throughout the Mission District and citywide. The team will be responsible for maintaining an active caseload, data collection, and reporting requirements.

The MHS or MHRS will provide initial and ongoing assessments and identify additional relevant community linkages and follow-up support. The MHS will provide ongoing mental health assessments, support, and related referrals. The Clinical Supervisor will review cases to ensure appropriate treatment and standards of care are in place and adhered to.

D. Exit Criteria and Process:

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

E. Program Staffing:

Please refer to Appendix B.

F. Systems Transformation:

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

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

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

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

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

7. Objectives and Measurements:

Individualized Objectives:

- By the end of FY 18-19, at least 50% of clients receiving Case Management and/or Mental Health Services will have completed at least one treatment goal as stated in Plan of Care as documented in clients' chart. **Data Source:** Program will prepare an annual report IFR will prepare a report by 8/1/2019.
- By the end of FY 18-19, at least 50% of clients receiving Mental Health Services will demonstrate improvements in symptoms. **Data Source:** CANS re-assessment.
- By the end of FY 18-19, up to 40 youth will participate and benefit from Psycho-educational Group interventions (four school-based groups of up to 12 weeks) led by or co-facilitated by a Mental Health Specialist and Mental Health Rehabilitation Specialist. **Data Source:** The program will keep a "group chart" for centralizing intake forms and contact information; sign-in sheets will be kept for tracking attendance. In addition, a pre- and post-test and/or client satisfaction survey will be conducted among participants. IFR will prepare a report by 8/1/2019.

8. Continuous Quality Improvement:

CQI is supported through supervision, administrative reviews, and training. The MH Specialists are supervised on a weekly basis by a licensed clinician. The Mental Health Rehabilitation Services are supervised by a La Cultura Cura Mental Health Specialist. All Semillas de Paz staff also receives Administrative supervision from the Program Manager to advance contract specific outcomes. During weekly meetings, the status of new and continuing cases is reviewed for quality control and to identify areas for improvement.

In addition to weekly supervision, bi-monthly program PURCQ and CM Q&A will provide systematic oversight of service documentation to ensure standards of care and compliance for chart maintenance. Program PURQC will chart for all documentation requirements; Assessments, Plans of Care and the Client Service Authorization (CSA) Request. Medical records are reviewed within 45-days of Episode Opening and then once again at 3 months from opening date. Feedback is given to each Mental Health Specialist whose chart is up for review. Feedback includes items that are out of compliance and need immediate action. A deadline is provided as to when feedback must be addressed. The medical record is then reviewed once again to ensure compliance. Feedback is stored in the PURQC binder.

Case Conferences will be held to ensure quality and standards of care in case management services and improve the coordination of services to the target population.

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

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

- a. Program staff will attend a minimum of six hours of training on trauma-informed approaches including CBT, Psycho-educational interventions, and crisis response.
- b. Program staff will attend training on the provision of services to the designated target population of the program, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.

- c. Program staff will participate in meetings or training necessary for the implementation and maintenance of the System of Care.
- d. Program staff will participate in an ongoing series of HIPPA trainings to increase their ability to maintain compliance.
- e. Program staff will participate in six hours of training in Groups facilitation.
- f. Program staff will attend trainings to increase knowledge, skills, and approaches to violence prevention and trauma recovery to the target population of youth and families served.
- g. Program staff under this exhibit will attend a minimum of one annual cultural event sponsored by the agency during FY 18-19.

HIPAA Compliance Procedures:

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

9. Required Language:

N/A

Contractor: Instituto Familiar de la Raza, Inc.
City Fiscal Year: 2018-2019
Contract ID #: 1000011456

Appendix A-12
July 1, 2018

1. Identifiers:

Program Name: Early Intervention Program (EIP) Full Service Partnership 0-5
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone: 415-229-0500 FAX: 415-647-0740
Website Address: www.ifrsf.org

Contractor Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Person Completing this Narrative: Cassandra Coe
Telephone: 415-229-0500
Email Address: Cassandra.coe@ifrsf.org
Program Code(s): 3818-FSP

2. Nature of Document:

New Renewal Modification

3. Goal Statement:

IFR's Early Intervention Program - Full Service Partnership for children 0-5 (FSP) will provide a comprehensive wrap around service delivery model that enhances child and family functioning for fiscal year 2018-2019. By addressing both external factors such as housing, employment, financial stressors as well as internal factors such as psychological, psychiatric and systemic barriers to health and wellness, the strengths and resilience of families will be enhanced. The comprehensive wrap around model will include targeted case management coupled with an intensive attachment focused trauma informed family treatment model addressing and improving the relationship between the caregiver(s) and the child / children. The goal is to enhance child and family functioning towards helping them lead independent, meaningful, and productive lives. The model embraces a philosophy of "do whatever" it takes and service priorities will be determined by the client in collaboration with the FSP staff. Services will predominantly be delivered at the home in order to tailor and individualize support and reduce barriers to access.

The goals of the program are to 1) Restore safety in parent-child relationships 2) Normalize traumatic responses for both parents and children 3) Encouraging pro-social behavior 4) Foster healthy, developmentally responsive, and safe environments 5) Enhance and build healthy community attachments.

4. Target Population:

The target population for the IFR FSP program is Families/caregivers living in Sunnydale Public Housing who are caring for at least one child who is aged 0-5 years old. Child or family must be underserved or underserved by the current mental health system and child is highly at-risk for a serious emotional disorder and/or developmental delay. Family members must meet at least one of the following priority criteria: exposure to violence, discrimination, dual-diagnosis, poverty or belong to another disadvantaged cultural group, or unable to attend school.

As well as, children who have involvement in the Foster Care System with children who are connected to Hope SF, being the priority. These cases will be referred by Foster Care Mental Health and referrals will be coordinated by efforts with HSA.

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

Community Engagement: Intentional relationship building activities to Wellness Center staff and residents of SF Hope sites that may include consultation regarding an area of concern; participation in community activities and events; support to peer leaders; response and support when a traumatic community event occurs; outreach to CBO partners and Early Education partners where residents send their children. Community efforts are essential in building trust and identifying portals of entry for service delivery.

Targeted Case Management: Client and family-centered approach of doing “whatever it takes” and focusing on strengths and resources to assist children and families to address medical, educational, social, financial, employment stressors that contribute to family functioning. Wrap-around services focused on family engagement and participation will be practiced within a flexible delivery system ensuring the family/caregivers greatest possibility of participating and benefiting from the services with the purpose is to address the adults’ challenges that impact attachment and increase risk to their children at risk such as substance abuse, domestic and community violence, and history of mental illness and psychiatric hospitalizations. The goal is to enhance child and family functioning toward helping them lead independent, meaningful, and productive lives. Case management services will work in deep partnership with clinical staff and other community based supports to ensure communication, coordination and integrated efforts to address both internal and external stressors.

Mental Health Services: Targeted individual, family and parent-child therapies and interventions that are designed to provide reduction of mental disability, trauma exposure and related symptoms, and improvement or maintenance of functioning consistent with the goals of learning, development, 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, and collateral.

- **Assessment:** “Assessment” means a service activity which may include a clinical analysis of history and current status of a beneficiary’s mental, emotional, or behavioral disorder; relevant cultural issues and history, relevant community issues and other psychosocial stressors; screening for trauma (TESI, LSC-r); and diagnosis.
- **Plan Development:** “Plan Development” means a service activity which consists of development of client plans, integration of case management goals and clinical goals and approval of client plans, and or monitoring of a beneficiary’s progress.
- **Therapy:** “Therapy” means a service activity, which is a therapeutic intervention that focuses primarily on symptom reduction and enhancing quality of parent-child relationship as a means to improve family functioning and strengthen safety nets for care givers and their children. Child-Parent Psychotherapy (CPP) is the methodology that all staff will be trained to deliver. Holistic interventions will incorporate the needs and resources of the child, family, extended family as well as the community within a culturally and linguistically reflective model.
- **Collateral:** “Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

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.

Indirect Services: In addition to the above direct services, the program conducts staff training and community outreach (promotion) activities as indirect services. Efforts will include community building activities to engage residents of SF Hope sites as well as significant collaborative efforts to enlist the support of other community based agencies working with residents to identify clients and coordinate efforts and assess readiness for CPP services. Mental health consultation service to Wellness Staff at SF Hope sites will be provided to build staff's capacity to respond to the social-emotional and behavioral needs of their clients and support referrals to more intensive therapeutic services if needed.

Evaluation services: In addition to the indirect and direct services, the program will work in collaboration with DPH to develop an evaluation plan to assess the efficacy of services and to document the activities that lead to the implementation of a comprehensive wrap-around service delivery model for 0-5 year olds and their families living in SF Hope sites and children placed out of home, including out-of-county, through CPS. Outcome data and client's key events will be tracked using the DCR database. In addition, the CANS and ANSA assessment tools as well as the TESI and LSC-r (trauma screening tools) will be utilized to assist in the development of goals and treatments plans for the families. Alicia Leiberman and the Child Trauma Research Project staff, and the DPH Office of Quality Management will identify additional tools to evaluate the key goals on this unique family FSP program.

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

6. Methodology:

Outreach, Recruitment, Referrals and Promotion

Outreach efforts include the following: Orientation to services to Wellness Staff at SF Hope sites will occur at a designated staff meeting and will be reinforced with a written description of the program, which will include the referral process. Similar efforts will occur with key community based agencies working with the SF Hope residents. Case managers will work in conjunction with clinical staff to engage first the community and then individual clients and begin to build a therapeutic relationship. Engagement with clients will include careful, culturally responsive and systematic approaches to engage the most difficult or mistrustful residents. In addition to community outreach efforts, referrals for the 0-5 FSP will additionally come from various sources including the following: Foster care system, Maternal and Child Health, Head Start, Family Resource Centers, Perinatal substance abuse programs, Child Crisis, other crisis programs within HSA.

B. Admission/Intake Criteria

Once the client is engaged in services, the comprehensive wrap-around services will be the family as a unit and there must be a child in the household between the ages of 0-5. Adult and children's services will be provided together when clinically indicated. Much of the work will be dyadic, but can include individual therapeutic work to occur when necessary. Clinical staff will support the parents in their mental health and substance abuse needs, while also holding and advocating for the unique needs of the child. The treatment plan is a collaborative effort between the client, the primary case manager, and the rest of the multidisciplinary team. The plan follows a strength based, client centered approach, in which the client is the primary driver of the treatment goals.

C. Service Delivery Model

The FSP program design is based upon a cultural, psychosocial, attachment and mental health framework that affirms and builds upon the strengths of the child, their caregivers and the community in

which they identify; and in collaboration with other service providers, services are tailored to address both the external and internal needs of the resident. The comprehensive model of case management coupled with an intensive attachment focused trauma informed family treatment model addressing and improving the relationship between the caregiver(s) and the child / children will help translate the meaning of the parents and child's behavior in order to foster mutual understanding. Further, they will reframe those meanings in order to promote protectiveness, empathy, trust, and connectedness. The goal is to enhance child and family functioning towards helping them lead independent, meaningful, and productive lives. Community engagement and trust building will be a key area to focus throughout all stages of service delivery and is best accomplished through non judgment, cultural sensitivity, understanding of historical trauma, persistence, accountability, patience, and humility. Core program activities will be delivered in the setting the client chooses-(i.e. at their home, the Wellness Center, a community office, IFR).

Community and resident/client engagement phase and meeting basic needs is the first phase of program development. During this phase, case managers, mental health clinicians and peer advocates will work to build trusting relationships with residents, assessing their needs and strengths, and creating action plans around making sure those needs are met. Interventions may include:

- Relationship building with other community partners working with residents
- Consultation to Wellness Staff
- Creating food plans
- Linkage to primary care clinic and regular child wellness visits
- Creating safety plans for stabilizing mental health crisis or a response to community violence
- Medication evaluation and management
- Engagement strategies such as taking client to lunch, offering parent-child community activities, field trips to activities that promote young children's development
- Workshops at the Wellness Center or other Community based Organizations
- Consultation to Early Education sites if a crisis or risk of expulsion is occurring

In addition to in-kind services that are purchased out of the program's flex fund budget, flex spending may be used for basic needs and other items to assist participants to stabilize and remain engaged in the program.

Treatment Phase: During this phase of treatment, residents who have young children in the home who are presenting with social-emotional, self-regulatory and developmental red flags are identified and referred for therapeutic services. The goal is to support parents to build nurturing, empathic, attuned relationships with their young children in order to enhance the child's resilience, emotional and physical safety and security. This is achieved through the delivery of Child-Parent Psychotherapy strategies that address the needs of parent and child and foster emotional regulation, trauma narrative, relational needs, and developmental issues. Services will predominantly be offered at the resident's home to address the needs of at-risk families with young children by offering services and supports in an environment in which they are comfortable and feel safe.

IFR's FSP program will serve up to 32 families, all of whom have a child between the ages of 0-5. Caseloads will be 7:8 families per clinician with multiple interactions among residents and treatment team every week. Services will be delivered as a multidisciplinary team (case manager, outreach workers, CBO partners, Wellness staff, resident mentors/liason, and clinical therapeutic staff) and the team is committed to a community treatment, client-centered model. The program has actively recruited staff to fulfill the cultural and linguistic needs of the population.

In addition to the above direct services Parent Training and Support Groups/Family Workshops will be offered on-site at the Wellness Center and topics determined in collaboration with the community. IFR is committed to working collaboratively with other organizations providing support to the SF Hope site utilizing our proven strategies engaging communities of color (e.g. relationship building, nonjudgmental attitudes, patience, and meeting families/community where they are).

Frequency of Services/Hours/Location:

Services will be delivered in the community either at the client's home or client's chosen location (i.e. Wellness Center, Community Office, and IFR). We will offer flexible hours Monday through Saturday including early evening hours to respond to client needs. We do not provide 24-7 crisis response services. Families are referred to child crisis if a crisis emerges outside of program hours.

For referrals from HSA and Foster Care Mental Health – services will be delivered at the home where the child has been placed. Hours of service will be established in coordination with the foster care parent and CPS worker.

D. Exit Criteria:

Client's progress will be monitored through regular review of client's goals and treatment plan. Typical guidelines for discharge by CBHS includes stabilization of debilitating psychiatric symptoms, resolving of problems on plan of care, and successfully linking clients to resources to address basic needs. Clients can receive up to 6 months of aftercare services post discharge for support and cases may be reopened if additional stressors present themselves after discharge (i.e. community violence or other traumatic event).

E. Program Staffing:

Please see Appendix B.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured will be contained in the CBHS document entitled Performance Objectives FY 18-19.

8. Continuous Quality Improvement:

Instituto Familiar de La Raza has an extensive continuous quality improvement program to ensure compliance with local, state, and federal requirements. IFR has developed the Program Utilization Review and Quality Committee (PURQC); through this system IFR monitors performance objectives as established by the Department of Public Health-Community Behavioral Health Services. The team 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. Additionally, CQI activities include weekly Team meetings utilizing a reflection Case Presentation model that supports and deepens the clinician's work and methodology. Individual supervision and team meetings include administrative check-ins to review and reflect on the achievement of contract performance objectives and fidelity to treatment and program methodology.

A. Achievement of Contract Performance Objectives

Contract performance objectives are monitored closely by both program leadership and PURQC team 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 IFR staff, monthly PURQ review committee, and Avatar monitoring for those cases opened through that system. Specifically, service units are monitored on a monthly basis by the Program Manager to ensure timely and adequate billing as a reflection of quantity of service provided. Reports are provided monthly 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 the Program Manager and accounting to ensure timely claiming in Avatar. Additionally, all clinical staff members receive CANS training annually. This training is tracked closely and monitored by program supervisors and PURQC Committee to ensure compliance. Also, IFR's QA lead, attend all CANS SuperUser calls and county provider meetings. Lastly, timely CANS and Plan of Care documentation is monitored closely through IFR's internal audit process (see below) and also via Avatar reports. The PURQC Committee is composed of a multi-disciplinary staff that includes Marriage and Family Therapists, Social Workers, Psychologists and other agency support staff. The committee keeps a record of PURQC meetings.

B. Documentation Quality, including internal audits

Program leaders work with the PURQC Committee to ensure compliance with all documentation standards. The PURQC Committee facilitates monthly Utilization Review meetings that include a review of charts to monitor the clinical utility of services as well as the thorough completion of clinical documentation. A PURQ 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 PURQ meetings monthly until the corrections are made. All charts in a program are reviewed within 30 days from opening and every 6 months thereafter, in a timeline that coincides with the due dates for updated clinical documentation.

C. Cultural competency of staff and services

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

D. Client satisfaction

Client and caregiver satisfaction surveys are distributed annually at the direction of IFR. Distribution of surveys is managed by Program Manager 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. In addition, an annual client satisfaction is performed every year as per CBHS requirements. In both cases, results are analyzed and changes are implemented if necessary.

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

For situations where formal assessments are required for IFR charts, a CANS Initial Assessment is conducted to inform the focus of Treatment Plans of Care and mental health interventions. CANS Assessments are updated every six or twelve months to track client progress over time, and on departure (Closing Summary).

AVATAR reports and data provided by CBHS will be used for measurement and analysis of client services and effectiveness of treatment.

9. Required Language (if applicable):

Not applicable.

1. Identifiers:

Program Name: San Francisco Day Labor Program
Program Address: 2919 Mission Street
City, State, ZIP: San Francisco, CA 94110
Telephone/FAX: 415-229-0500 FAX: 415-647-3662
Website Address: www.ifrsf.org

Executive Director/Program Director: Juanita Mena
Telephone: 415-229-0500
Email Address: Juanita.mena@ifrsf.org

Program Code(s): 3818-X

2. Nature of Document:

Original Contract Amendment Internal Contract Revision

3. Goal Statement:

Day laborers and domestic workers are extremely vulnerable to exploitation and abuse and have weak links to informal and formal support systems. Their precarious situation is lived out on a daily basis at the San Francisco Day Labor Program/Women's Collective (DLP/WC), where individuals often manifest their trauma in violent outbursts, distrust towards their peers, and the inability, sometimes, to work in groups on job assignments. These behaviors have tremendously negative impacts in the worker's mental, emotional, and physical health, and they are encountered with no clear path for entering the system of care. The San Francisco Labor Day Program will provide access to behavioral health services and psycho-education to day laborers at DLP/WC's Worker Empowerment Center.

4. Target Population:

Day laborers face a uniquely difficult set of challenges that create barriers to achieving self-sufficiency, relating positively to others, and correlate to high incidents of trauma, anger, and addiction. About eighty percent of day laborers are undocumented, and on average this population has only had seven years of schooling. The vast majority suffer from a weak or absent social support network. Day laborers in San Francisco experience high rates of homelessness. National studies show that the average day laborer receives near minimum wage and only about 23 hours of work per week, amounting to less than \$300 in weekly earnings. Because of language barriers, lack of documentation, and little formal education, they are extremely vulnerable to being exploited by their employers. As part of California's low-wage workforce, 66% have experienced a pay-related violation in the previous work week; and only 17% have been able to recover unpaid wages even after winning an official judgment.

5. Modality(s)/Intervention(s)

The program will use the following interventions to identify and engage day laborers in services:

Outreach & Engagement: The Mental Health Specialist will outreach to day laborers attending the center while waiting for a job assignment. More time will be devoted to this activity during the first months of this pilot project.

Linkage & Referral: The Mental Health Specialist will provide linkage and referral to needed services to day laborers attending the center. Day laborers will be identified through outreach and engagement activities and/or through the group interventions.

Support Groups – Circulo de Amistad: The Circulo de Amistad has been established by DLP/WC as a support group for day laborers. Between five to six participants attend the sessions on a weekly basis. The Mental Health Specialist will co-facilitate the sessions and provide mental health support to this group. These sessions will also offer a space for the Mental Health Specialist to identify day laborers who could benefit from behavioral health and wrap around services.

Psycho-Social Training for Day Laborers: Called “El Jornalero Profesional” (“The Professional Day Laborer”) will use popular education pedagogy to explore social tendencies and anger management in the context of how to communicate professionally with employers and co-workers while on the job. Training will be offered to cohorts of a minimum of 3 participants to meet for 3 sessions over the course of two months. This space will also serve to identify day laborers who could benefit from behavioral health and wrap around services.

Individualized Support Services:

- **Mediation/De-escalation:** The MHS will provide mediation and de-escalation support to clients referred by the DLP/WC staff to address problematic behavior, resolve interagency conflicts and reintegrate into services.
- **Individual Brief Support:** The Mental Health Specialist will provide individual brief support to day laborers identified through any of the other interventions (Support Groups, Psycho-social Training, Outreach & Engagement, Linkage & Referral), including self-referrals and who are ready to engage in individual behavioral health support.

Staff Capacity Building: A series of up to 16 training sessions will be provided to DLP/WC staff, by the Mental Health Specialist, on trauma informed systems and related trauma informed interventions. A strong cultural perspective will frame the training.

This is a Cost Reimbursement program, services are billed under Low Threshold Services.

Units of Service (UOS) Description	Units of Service	Unduplicated Clients (UDC)
Outreach & Engagement 0.19 FTE will provide 200 hours of outreach and client engagement into program activities 1 UOS = 1 hour	200	n/a
Linkage & Referral 0.05 FTE will provide 50 hours of L&R to clients 0.05 FTE x 65% LOE x 35 hrs/week x 46 weeks	50	30

Support Groups - "Círculo de Amistad" 2 hrs x 30 sessions = 60 UOS 1 UOS = 1 hour	60	Up to 10 UDC
Psycho-social Training - "El Jornalero Profesional" 15 cohorts of 3-training sessions 15 cohorts x 3 sessions x 3 hrs = 135 UOS (Includes preparation and delivery time) 1 UOS = 1 hour	135	Up to 15 UDC
Individualized Support Sessions 0.115 FTE X 65% LOE x 35hrs/week x 33 weeks	120	Up to 10
Staff Capacity Building 3 hrs x 16 sessions = 54 UOS (Includes preparation time) 1 UOS = 1 hour	48	Up to 6 staff members
Total UOS Delivered	613	
Total UDC Delivered		Up to 30

6. Methodology:

Mental Health Specialist will dedicate 17.5 hours per week to the program. He will engage in a collaborative training with staff around mental health issues faced by day laborers and how to best support this population. The Mental Health Specialist will also participate in existing support groups, such as the Circulo de Amistad, and other activities at the Day Labor Program. He will have the opportunity to assess for individual needs and do outreach within the day laborer community to provide linkage and/or direct services.

After each group activity (Support Groups-Circulo de Amistad and the Psycho-social training sessions-"El Jornalero Profesional"); the Mental Health Specialist will be available for face to face sessions where the day laborers can ask questions, consult, seek psycho-education, or seek counsel for an existing mental health or behavioral issue. Furthermore, the Mental Health Specialist will provide mental health interventions and will offer the opportunity of ongoing sessions. Ongoing sessions will also provide for enough time to determine level of care and provide referrals to other services in our System of Care. The Mental Health Specialist will monitor clients' progress through individual notes.

The Mental Health Specialist and client will determine the amount of sessions they will meet for individual sessions.

Program staffing: Please refer to Appendix B.

7. Objectives and Measurements:

a. Standardized Objectives: N/A

b. Individualized Objectives:

- By the end of FY 18-19, DLP/WC staff members trained on Trauma Informed Systems, will report increased knowledge on Trauma Informed practices as demonstrated by survey administered at the end of the fiscal year.
- By the end of FY 18-19, Mental Health Specialist will provide linkage to needed services to at least unduplicated 30 clients identified through outreach and/or group activities (Support Groups, Psycho-Social Training) as documented on progress notes.
- By the end of FY 18-19, up to 10 day laborers will engage in Individualized Support Sessions as documented in clients' notes.

8. Continuous Quality Improvement:

IFR is committed to maintain continuous Quality Improvement practices by implementing these procedures:

1. Mental Health Specialist will provide Program Manager with a Monthly Report where he will track deliverables.
2. Mental Health Specialist will meet once per week with clinical supervisor to discuss best practices and quality of care. They will also work on the development and implementation of trainings.
3. Mental Health Specialist will participate in IFR's cultural competency trainings.
4. Mental Health Specialist and Supervisor will provide Day Labor Program staff with Pre and Post training questionnaires to determine capacity improvements.
5. Mental Health Specialist will track referrals made to behavioral health services on a monthly basis.
6. Mental Health Specialist will monitor clients' progress through individual notes following the PIRP format.

9. Required Language:

N/A

**Appendix B
Calculation of Charges**

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only

those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Mental Health Service Act (Prop 63) portions 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 are listed below:

Appendix B-1	Adult Outpatient Behavioral Health Clinic
Appendix B-2	Behavioral Health Primary Care Integration
Appendix B-3	Indigena Health and Wellness Collaborative
Appendix B-4a	Child Outpatient Behavioral Health Services
Appendix B-4b	Child Outpatient Behavioral Health Clinic – EPSDT
Appendix B-5	Early Intervention Program (EIP) Child Care Mental Health Consultation Initiative Program
Appendix B-6a	ISCS/EPSDT Services La Cultura Cura
Appendix B-6b	ISCS/EPSDT Services Family F.I.R.S.T.
Appendix B-7	MHSA PEI-School-Based Youth-Centered Wellness / Early Intervention Program (EIP) Consultation, Affirmation, Resources, Education and Empowerment Program (CARE)
Appendix B-8	MHSA Early Childhood Mental Health Consultation (ECMHC)
Appendix B-9a	Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
Appendix B-9b	Transitional Aged Youth (TAY) Engagement and Treatment Services – Latino
Appendix B-10	MHSA PEI Early Childhood Mental Health Consultation (ECMHC) Training
Appendix B-11	Semillas de Paz
Appendix B-12	Early Intervention Program (EIP) Full Service Partnership (FSP) 0-5
Appendix B-13	San Francisco Day Labor Program

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million Eight Hundred Eighty Three Thousand Three Hundred Fifty Dollars (\$9,883,350)** for the period of **July 1, 2018 through June 30, 2020**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$1,058,930)** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and 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, 2018 through June 30, 2019	\$	3,987,683
July 1, 2019 through June 30, 2020	\$	4,836,737
Subtotal - July 1, 2018 through June 30, 2020	\$	8,824,420
Contingency	\$	1,058,930
TOTAL - July 1, 2018 through June 30, 2020	\$	9,883,350

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.

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Instituto Familiar de la Raza, Inc., FSP Contract ID #1000007163 for the same services and for a contract term which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new agreement.

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

A. 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.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

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.

Appendix B -DPH 6: Contract-Wide Indirect Detail

Contractor Name: Instituto Familiar de la Raza
 Contract ID #: 1000011456

Appendix: B
 Page #: 6
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

1. SALARIES & BENEFITS

Position Title	FTE	Amount
Executive Director	0.50	\$ 63,963
Executive Assistant	0.65	\$ 32,346
HR Director	0.60	\$ 40,102
Fiscal Director	0.65	\$ 64,350
Contract Staff Accountant	0.65	\$ 38,410
Staff Accountant/Payroll	0.65	\$ 35,750
Receptionists	0.60	\$ 23,400
Support Staff	0.30	\$ 12,365
Subtotal:	4.60	\$ 310,686
Employee Fringe Benefits:	25.9%	\$ 80,468
Total Salaries and Benefits:		\$ 391,154

2. OPERATING COSTS

Expense line item:	Amount
Audit Fees	\$ 8,000
Payroll Service Fees	\$ 9,500
Meetings	\$ 10,500
General Staff Training Activities	\$ 2,097
IT Services	\$ 6,000
Total Operating Costs	\$ 36,097
Total Indirect Costs (Salaries & Benefits + Operating Costs)	\$ 427,251

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336							Appendix #:
Provider Name: 1000011456							Page #:
Provider Number: 3818							Fiscal Year:
							Document Date:
Program Name	Adult Outpatient-Behavioral Health Clinic						
Program Code	38183	38183	38183	38183	38183	38183	
Mode/SFC (MH) or Modality (SA)	15/10-56	15/60-69	15/70-79	15/01-09	45/20-29		
Service Description	MH Svcs	Medication Support	Crisis Intervention-OP	Case Mgt Brokerage	Cmmly Client Svcs		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL	
FUNDING USES							
Salaries & Employee Benefits	338,257	68,817	4,771	7,091	42,140	461,075	
Operating Expenses	66,922	13,615	944	1,403	8,337	91,221	
Capital Expenses							
Subtotal Direct Expenses	405,179	82,432	5,714	8,493	50,478	552,296	
Indirect Expenses	48,621	9,892	686	1,019	6,057	66,275	
TOTAL FUNDING USES	453,800	92,324	6,400	9,513	56,535	618,571	
BHS MENTAL HEALTH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
MH FED - SDMC Regular FFP (50%)	251984-10000-10001792-0001	170,522	34,692	2,405	3,574	211,194	
MH STATE - PSR EPSDT						0	
MH WORK ORDER - Dept. Children, Youth & Families						0	
MH WORK ORDER - Dept. Children, Youth & Families						0	
MH WORK ORDER - First Five (SF Children & Family Commission)						0	
MH WORK ORDER - First Five (SF Children & Family Commission)						0	
MH STATE - MHSA						0	
MH STATE - MH Realignment	251984-10000-10001792-0001	76,621	15,588	1,081	1,606	9,546	104,442
MH COUNTY - General Fund	251984-10000-10001792-0001	206,656	42,043	2,914	4,333	46,989	302,935
MH COUNTY - General Fund WO CODB						0	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		453,800	92,324	6,400	9,513	56,535	618,571
OTHER DPH FUNDING SOURCES							
	Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		453,800	92,324	6,400	9,513	56,535	618,571
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		453,800	92,324	6,400	9,513	56,535	618,571
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Fee-For-Service (FFS)						
DPH Units of Service	148,301	16,197	1,400	3,997	400		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 3.06	\$ 5.70	\$ 4.57	\$ 2.38	\$ 141.34		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 5.70	\$ 4.57	\$ 2.38	\$ 141.34		
Published Rate (Medi-Cal Providers Only)	3.18	5.91	4.67	2.50	150.01		
Unduplicated Clients (UDC)	86	86	86	86	86		Total UDC

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Adult Outpatient-Behavioral Health Clinic
 Program Code: 38183

Appendix #: B-1
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		GF 251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)						
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries						
			07/01/18-6/30/19											
Program Director	0.14	\$ 14,723	0.14	14,723										
Program Manager	0.75	\$ 62,556	0.75	62,556										
Program Coordinator	0.39	\$ 27,619	0.39	27,619										
Psychologist/Clinical Supervisor	1.10	\$ 78,259	1.10	78,259										
Behavioral Health Specialist	0.30	\$ 18,000	0.30	18,000										
Behavioral Health Specialist	0.22	\$ 13,699	0.22	13,699										
Behavioral Health Specialist	0.35	\$ 25,364	0.35	25,364										
Behavioral Health Specialist	0.50	\$ 30,934	0.50	30,934										
Behavioral Health Specialist	0.20	\$ 12,598	0.20	12,598										
Eligibility Worker/BH Specialist	0.40	\$ 26,391	0.40	26,391										
Program Assistant	0.37	\$ 15,153	0.37	15,153										
Program Assistant	0.37	\$ 17,547	0.37	17,547										
Program Assistant	0.43	\$ 25,449	0.43	25,449										
Totals:	5.52	\$ 368,292	5.52	\$ 368,292	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	25%	\$92,783	25%	\$92,783	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 461,075		\$ 461,075		\$ -		\$ -		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Adult Outpatient-Behavioral Health Clinic
 Program Code: 38183

Appendix #: B-1
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

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Expense Categories & Line Items	TOTAL	GF 251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					
Rent	\$ 5,523	\$ 5,523					
Utilities(telephone, electricity, water, gas)	\$ 2,762	\$ 2,762					
Building Repair/Maintenance	\$ 4,142	\$ 4,142					
Occupancy Total:	\$ 12,427	\$ 12,427	\$ -				
Office Supplies	\$ 2,071	\$ 2,071					
Photocopying	\$ -						
Printing	\$ 414	\$ 414					
Program Supplies	\$ 600	\$ 600					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 3,085	\$ 3,085	\$ -				
Training/Staff Development	\$ 2,250	\$ 2,250					
Insurance	\$ 2,899	\$ 2,899					
Professional License	\$ -						
Permits	\$ 300	\$ 300					
Equipment Lease & Maintenance	\$ 1,035	\$ 1,035					
General Operating Total:	\$ 6,484	\$ 6,484	\$ -				
Local Travel	\$ 400	\$ 400					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 400	\$ 400	\$ -				
Consultant/Subcontracting Agency Name,							
Internship Trainer Fee at \$150/hr. with 17.33 total hours (Concepcion Saucedo)	\$ 2,600	\$ 2,600					
Contract Supervisor Fee at \$75/hr. with 10 hours/wk. for 13.50 wks. (Ingrid Zimmermann)	\$ 10,125	\$ 10,125					
Psychiatrist at \$120/hr with 10 hrs/week for 46 wks (Benjamin Barreras, M.D.)	\$ 55,200	\$ 55,200					
Consultant/Subcontractor Total:	\$ 67,925	\$ 67,925	\$ -				
Other (provide detail):	\$ -						
Client Related Expenses (food)	\$ 900	\$ 900					
	\$ -						
Other Total:	\$ 900	\$ 900	\$ -				
TOTAL OPERATING EXPENSE	\$ 91,221.00	\$ 91,221.00	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336		Appendix #: B-2				
Provider Name: Instituto Familiar de la Raza, Inc.		Page #: 1				
Provider Number: 3818		Fiscal Year: 2018-2019				
		Document Date: 11/21/18				
Program Name	Behavioral Health					
Program Code	Primary Care Integration					
Mode/SFC (MH) or Modality (SA)	NONE					
Service Description	45/20-29					
Funding Term (mm/dd/yy - mm/dd/yy)	OS-Cmnty Client Svcs					
	07/01/18-6/30/19					TOTAL
FUNDING USES						
Salaries & Employee Benefits	84,310					84,310
Operating Expenses	3,608					3,608
Capital Expenses						-
Subtotal Direct Expenses	87,918	-	-	-	-	87,918
Indirect Expenses	10,550					10,550
TOTAL FUNDING USES	98,468	-	-	-	-	98,468
BHS MENTAL HEALTH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
MH FED - SDMC Regular FFP (60%)						-
MH STATE - PSR EPSDT						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH STATE - MHSA						-
MH STATE - MH Realignment						-
MH COUNTY - General Fund	251984-10000-10001792-0001	98,468				98,468
MH COUNTY - General Fund.WO CODB						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		98,468	-	-	-	98,468
OTHER DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		98,468	-	-	-	98,468
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		98,468	-	-	-	98,468
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
	Payment Method	Cost Reimbursement (CR)				
	DPH Units of Service	1,001				
	Unit Type	Staff Hour	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 98.37	\$ -	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 98.37	\$ -	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 101.76				
Unduplicated Clients (UDC)		70				Total UDC 35

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Behavioral Health Primary Care Integration
 Program Code: NONE

Appendix #: B-2
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251984-10000- 10001792-0001	Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	07/01/18-6/30/19	FTE	Salaries								
Position Title													
Program Director	0.01	\$ 1,553	0.01	1,553									
Behavioral Health Specialists	1.00	\$ 61,868	1.00	61,868									
Program Assistants	0.03	\$ 1,350	0.03	1,350									
Program Coordinator	0.01	\$ 1,004	0.01	1,004									
Totals:	1.06	\$ 65,775	1.06	\$ 65,775	\$ -	\$ -	0.00						
Employee Fringe Benefits:	28%	\$18,535	28%	\$18,535	0.00%		0.00%		0.00%		0.00%		0.00%
TOTAL SALARIES & BENEFITS		\$ 84,310		\$ 84,310	\$ -		\$ -		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Behavioral Health Primary Care Integration
 Program Code: NONE

Appendix #: B-2
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

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Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19					
Rent	\$ 1,057	\$ 1,057					
Utilities(telephone, electricity, water, gas)	\$ 529	\$ 529					
Building Repair/Maintenance	\$ 793	\$ 793					
Occupancy Total:	\$ 2,379	\$ 2,379		\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 396	\$ 396					
Photocopying	\$ -						
Printing	\$ 79	\$ 79					
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 475	\$ 475	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ 556	\$ 556					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 198	\$ 198					
General Operating Total:	\$ 754	\$ 754	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 3,608	\$ 3,608	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336						Appendix #:	B-3
Provider Name: 1000011456						Page #:	1
Provider Number: 3818						Fiscal Year:	2018-2019
						Document Date:	11/21/18
Program Name		Indigena Health & Wellness Collaborative					
Program Code		NONE					
Mode/SFC (MH) or Modality (SA)		45/10-19					
Service Description		MH Promotion for Maya Community					
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					TOTAL
FUNDING USES							
Salaries & Employee Benefits		170,174					170,174
Operating Expenses		75,618					75,618
Capital Expenses							-
Subtotal Direct Expenses		245,792	-	-	-	-	245,792
Indirect Expenses		29,495					29,495
TOTAL FUNDING USES		275,287	-	-	-	-	275,287
BHS: MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH STATE - MHSA (PEI)		251984-17156-10031199-0020	275,287				275,287
This row left blank for funding sources not in drop-down list							-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES			275,287	-	-	-	275,287
BHS: SUBSTANCE ABUSE FUNDING SOURCES		Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list							-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list							-
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
TOTAL DPH FUNDING SOURCES			275,287	-	-	-	275,287
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							-
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			275,287	-	-	-	275,287
BHS: UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method		Cost Reimbursement (CR)					
DPH Units of Service		2,874					
Unit Type		Staff Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 95.79	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 95.79	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)							Total UDC
Unduplicated Clients (UDC)		293					283

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Indigena Health & Wellness Collaborative
 Program Code: NONE

Appendix #: B-3
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251984-17156-10031199-0020		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Position Title														
Program Director	0.06	\$ 6,302	0.06	6,302										
Health & Wellness Manager	0.50	\$ 32,059	0.50	32,059										
Mental Health Specialists	1.00	\$ 47,050	1.00	47,050										
Case Manager	0.50	\$ 19,774	0.50	19,774										
Health Promoters	0.92	\$ 23,448	0.92	23,448										
Program Assistants	0.06	\$ 2,399	0.06	2,399										
Totals:	3.04	\$ 133,032	3.04	133,032	\$ -	\$ -	0.00	\$ -						
Employee Fringe Benefits:	28%	\$37,142	27.92%	\$37,142	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 170,174		\$ 170,174		\$ -								

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Indigena Health & Wellness Collaborative
 Program Code: NONE

Appendix #: B-3
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251984-17156- 10031199-0020	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					
Rent	\$ 51,078	\$ 51,078					
Utilities(telephone, electricity, water, gas)	\$ 4,589	\$ 4,589					
Building Repair/Maintenance	\$ 4,247	\$ 4,247					
Occupancy Total:	\$ 59,914	\$ 59,914	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 639	\$ 639					
Photocopying	\$ -						
Printing	\$ 189	\$ 189					
Program Supplies	\$ 2,500	\$ 2,500					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 3,328	\$ 3,328	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,000	\$ 2,000					
Insurance	\$ 1,514	\$ 1,514					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ 386	\$ 386					
General Operating Total:	\$ 3,900	\$ 3,900	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 100	\$ 100					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 100	\$ 100	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor - IT Consultant at \$50/hr at 15.32 hours to support IT related issue.	\$ 766.00	\$ 766.00					
(add more Consultant/Subcontractor lines as necessary)	\$ -						
Consultant/Subcontractor Total:	\$ 766.00	\$ 766.00	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Client Related Exp (food)	\$ 3,960.00	\$ 3,960.00					
Client Related Exp (stipends)	\$ 3,350.00	\$ 3,350.00					
Client Related Exp (childwatch)	\$ 300.00	\$ 300.00					
Other Total:	\$ 7,610.00	\$ 7,610.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 75,618.00	\$ 75,618.00	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336						Appendix #:	B-4a
Provider Name: Instituto Familiar de la Raza, Inc.						Page #:	1
Provider Number: 3818						Fiscal Year:	2018-2019
						Document Date:	11/21/18
Program Name	Child Outpatient Behavioral Health Services						
Program Code	38186	38186	38186	38186	38186		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79	15/01-09	45/20-29	45/10-19		
Service Description	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Outreach	Parent-Engagement Education		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL	
FUNDING USES							
Salaries & Employee Benefits	45,332	1,120	1,553	8,535	25,264	81,803	
Operating Expenses	4,242	105	145	799	19,379	24,670	
Capital Expenses	0						
Subtotal Direct Expenses	49,574	1,225	1,699	9,333	44,643	106,473	
Indirect Expenses	5,949	147	204	1,120	5,357	12,777	
TOTAL FUNDING USES	55,523	1,371	1,902	10,453	50,000	119,250	
BHS: MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH FED - SDMC Regular FFP (50%)							
MH STATE - MH Realignment		0	0	0	0		
MH Wellness Center General Fund	251962-10000-10001795-0001	0	0	0	50,000	50,000	
MH CYF COUNTY General Fund	251962-10000-10001670-0001	55,523	1,371	1,902	10,453	69,250	
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		55,523	1,371	1,902	10,453	50,000	119,250
BHS: SUBSTANCE ABUSE FUNDING SOURCES	Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES		55,523	1,371	1,902	10,453	50,000	119,250
NON-DPH FUNDING SOURCES							
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		55,523	1,371	1,902	10,453	50,000	119,250
BHS: UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased (if applicable)							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Payment Method	Fee-For-Service (FFS)						
DPH Units of Service	18,145	300	799	130	354		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.06	\$ 4.57	\$ 2.38	\$ 80.45	\$ 141.34		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 4.57	\$ 2.38	\$ 80.45	\$ 141.34		
Published Rate (Medi-Cal Providers Only)	\$ 3.18	\$ 4.67	\$ 2.50	\$ 82.48	\$ 150.01		
Unduplicated Clients (UDC)	16	16	16	16	40		16

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Child Outpatient Behavioral Health Services
 Program Code: 38186

Appendix #: B-4a
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Position Title	TOTAL		251962-10000-10001670-0001		251962-10000-10001795-0001		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.03	\$ 3,106	0.03	3,106										
Program Manager	0.05	\$ 4,407	0.03	2,379	0.02	\$ 2,028.00								
Program Coordinator	0.03	\$ 2,008			0.03	\$ 2,008.00								
Psychologist/Clinical Supervisor	0.01	\$ 1,322	0.01	1,322										
Behavioral Health Specialists	0.52	\$ 33,873	0.52	33,873										
Eligibility Worker/BH Specialist	0.05	\$ 3,299	0.05	3,299										
Family Service Specialists	0.63	\$ 15,254			0.63	\$ 15,254.00								
Program Assistants	0.06	\$ 2,625	0.03	1,275	0.03	\$ 1,350.00								
Totals:	1.38	\$ 65,894	0.67	\$ 45,254	0.71	\$ 20,640.00	0.00	\$ -						
Employee Fringe Benefits:	24%	\$ 15,909	25%	\$11,285	22.4%	\$ 4,624.00	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 81,803		\$ 56,539		\$ 25,264.00		\$ -		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Child Outpatient Behavioral Health Services
 Program Code: 38186

Appendix #: B-4a
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251962-10000-10001795-0001	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Term		07/01/18-6/30/19	07/01/18-6/30/19				
Rent	\$ 4,420	\$ 664.00	\$ 3,756				
Utilities(telephone, electricity, water, gas)	\$ 710	\$ 332.00	\$ 378				
Building Repair/Maintenance	\$ 1,065	\$ 498.00	\$ 567				
Occupancy Total:	\$ 6,195	\$ 1,494	\$ 4,701	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 1,032	\$ 249.00	\$ 783				
Photocopying	\$ -						
Printing	\$ 607	\$ 50.00	\$ 557				
Program Supplies	\$ 2,200	\$ 200.00	\$ 2,000				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 3,839	\$ 499	\$ 3,340	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,374	\$ 874.00	\$ 500				
Insurance	\$ 745	\$ 349.00	\$ 396				
Professional License	\$ -						
Permits	\$ 150.00	\$ 150.00					
Equipment Lease & Maintenance	\$ 267	\$ 125.00	\$ 142.00				
General Operating Total:	\$ 2,536	\$ 1,498	\$ 1,038.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 300.00		\$ 300.00				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 300.00	\$ -	\$ 300.00	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Internship Trainer Fee at \$150 per hour with total of 10 hours	\$ 1,500.00	1,500.00					
Prof.Consultant & Wrokshop at \$100/h x 10 hrs	\$ 1,000.00		\$ 1,000.00				
Graphic Design	\$ 1,000.00		\$ 1,000.00				
Child Watch at \$20/hr x 100 hours	\$ 2,000.00		\$ 2,000.00				
Guest Artist/Speakers at \$50/h x 20 hrs	\$ 1,000.00		\$ 1,000.00				
Consultant/Subcontractor Total:	\$ 6,500.00	\$ 1,500.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Parent Stipends	\$ 1,000.00		\$ 1,000.00				
Parent Incentives	\$ 1,000.00		\$ 1,000.00				
Group Activities	\$ 3,000.00		\$ 3,000.00				
Client Related Expenses (food)	\$ 300.00	\$ 300.00					
Other Total:	\$ 5,300.00	\$ 300.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 24,670	\$ 5,291	\$ 19,379.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336				Appendix #: B-4b	
Provider Name: Instituto Familiar de la Raza, Inc.				Page #: 1	
Provider Number: 3818				Fiscal Year: 2018-2019	
				Document Date: 11/21/18	
Program Name	Child Outpatient Behavioral Health Clinic-EPSDT	Child Outpatient Behavioral Health Clinic-EPSDT	Child Outpatient Behavioral Health Clinic-EPSDT		
Program Code	38185	38185	38185		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/70-79	15/01-09		
Service Description	MH Svcs	Intervention-OP Crisis	Case Mgt Brokerage		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		TOTAL
FUNDING USES					
Salaries & Employee Benefits	322,817	777	5,054		328,648
Operating Expenses	16,238	39	254		16,531
Capital Expenses					-
Subtotal Direct Expenses	339,055	816	5,308		345,179
Indirect Expenses	40,687	98	637		41,422
TOTAL FUNDING USES	379,742	914	5,945		386,601
BHS MENTAL HEALTH FUNDING SOURCES					
	Dept-Auth-Proj-Activity				
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	166,972	402	2,614	169,988
MH STATE - PSR EPSDT	251962-10000-10001670-0001	166,972	402	2,614	169,988
MH STATE - MH Reallgnment					
MH COUNTY - General Fund	251962-10000-10001670-0001	45,798	110	717	46,625
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		379,742	914	5,945	386,601
BHS SUBSTANCE ABUSE FUNDING SOURCES					
	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES					
OTHER DPH FUNDING SOURCES					
	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES		379,742	914	5,945	386,601
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					
TOTAL NON-DPH FUNDING SOURCES					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		379,742	914	5,945	386,601
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	124,099	200	2,498		
Unit Type	Staff Minute	Staff Minute	Staff Minute	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 3.06	\$ 4.57	\$ 2.38	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 4.57	\$ 2.38	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 3.18	\$ 4.67	\$ 2.50		
Unduplicated Clients (UDC)	49	49	49		49

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Child Outpatient Behavioral Health Clinic-EPSTD
 Program Code: 38185

Appendix #: B-4b
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Position Title	TOTAL		251962-10000-10001670-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19													
Program Director	0.08	\$ 8,697	0.08	\$ 8,697										
Program Manager	0.19	\$ 15,461	0.19	\$ 15,461										
Program Coordinator	0.26	\$ 18,078	0.26	\$ 18,078										
Psychologist/Clinical Supervisor	0.20	\$ 18,506	0.20	\$ 18,506										
Behavioral Health Specialists	2.29	\$ 144,678	2.29	\$ 144,678										
Eligibility Worker/BH Specialist	0.55	\$ 36,288	0.55	\$ 36,288										
Program Assistants	0.43	\$ 21,229	0.43	\$ 21,229										
Totals:	3.99	\$ 262,937	3.99	\$ 262,937	0.00	\$ -								
Employee Fringe Benefits:	25%	\$ 65,711	25%	\$ 65,711	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 328,648		\$ 328,648		\$ -								

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Child Outpatient Behavioral Health Clinic-EPSDT
 Program Code: 38185

Appendix #: B-4b
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

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Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19					
Rent	\$ 3,987	\$ 3,987					
Utilities(telephone, electricity, water, gas)	\$ 1,994	\$ 1,994					
Building Repair/Maintenance	\$ 2,990	\$ 2,990					
Occupancy Total:	\$ 8,971	\$ 8,971	\$ -				
Office Supplies	\$ 1,495	\$ 1,495					
Photocopying	\$ -						
Printing	\$ 299	\$ 299					
Program Supplies	\$ 100	\$ 100					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 1,894	\$ 1,894	\$ -				
Training/Staff Development	\$ 875	\$ 875					
Insurance	\$ 2,093	\$ 2,093					
Professional License	\$ -						
Permits	\$ 150	\$ 150					
Equipment Lease & Maintenance	\$ 748	\$ 748					
General Operating Total:	\$ 3,866	\$ 3,866	\$ -				
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Internship Trainer Fee at \$150 per hour with total of 10 hours	\$ 1,500	\$ 1,500					
Consultant/Subcontractor Total:	\$ 1,500	\$ 1,500	\$ -				
Other (provide detail):	\$ -						
Client Related Expenses (food)	\$ 300	\$ 300					
Other Total:	\$ 300	\$ 300	\$ -				
TOTAL OPERATING EXPENSE	\$ 16,531	\$ 16,531	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00338
 Provider Name Instituto Familiar de la Raza, Inc.
 Provider Number 3818

Appendix #: B-5
 Page #: 1
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Program Name	El - Childcare MH Consultation Initiative		El - Childcare MH Consultation Initiative		El - Childcare MH Consultation Initiative		El - Childcare MH Consultation Initiative		El - Childcare MH Consultation Initiative		El - Childcare MH Consultation Initiative		El - Childcare MH Consultation Initiative		TOTAL								
	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	
Model(SFC (MH) or Modality (SA))	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	38182	45/10-18	
Service Description	Consultation (Individual)	Consultation (Group)	Consultation (Observation)	Staff Training	Training/Support Group	Early Ref/Linkage	Consultant Train/Supv	Evaluation	System Work	Intervention (Individual)	Intervention (Group)	MH Services Ind/Family	EPBDT - MH Services	EPBDT - Crisis Intervention	EPBDT - Case Mgt/Brokerage								
Funding Term	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	
FUNDING USES																							
Salaries & Employee Benefits	83,514	79,177	76,840	6,360	24,604	34,705	40,732	16,313	15,313	3,363	3,408	88	1,235	47	18	15	415,238						
Operating Expenses	6,996	5,924	5,748	625	1,841	2,597	3,047	1,221	1,221	252	255	88	1,235	4	15		31,057						
Capital Expenses																							
Subtotal Direct Expenses	100,610	85,101	82,588	6,985	26,445	37,302	43,779	17,534	17,534	3,614	3,663	1,237	17,747	51	212		446,305						
Indirect Expenses	12,061	10,212	9,911	1,078	3,173	4,476	5,253	2,104	2,104	434	440	148	2,130	6	25		53,558						
TOTAL FUNDING USES	112,671	95,313	92,500	10,064	29,618	41,778	49,033	19,638	19,638	4,048	4,103	1,386	19,877	57	238		499,861						
BHS MENTAL HEALTH FUNDING SOURCES																							
Dept Auth-Proj-Activty																							
MH FED - SDMC Regular FFP (50%)	251962-10000-10001870-0001																5,696	28	116			9,840	
MH STATE - PSR EPBDT	251962-10000-10001870-0001																5,696	28	116			9,840	
MH WO H.S.A. OMSF CH DHS Childcare	251962-10002-10001803-0001	47,466	40,189	39,003	4,243	12,489	17,616	20,675	8,280	8,280	1,707	1,730	584				202,264						
MH WO DCYF Child Care	251962-10002-10001799-0007	3,728	7,388	7,170	780	2,296	3,238	3,801	1,522	1,522	314	318	107				37,164						
MH WO CFC School Readiness	251962-10002-10001800-0003	5,592	4,768	4,628	504	1,482	2,080	2,453	983	983	203	205	69				24,000						
MH WO H.S.A. MH Pre-School	251962-10002-10001803-0008	46,909	41,411	40,188	4,372	12,698	16,151	21,303	8,532	8,532	1,759	1,763	602				206,411						
MH WORK ORDER - First Five (SF Children & Family Commission)																							
MH COUNTY - General Fund	251962-10000-10001780-0001	1,619	1,371	1,351	146	426	601	705	282	282	58	58	20				7,392						
MH COUNTY - General Fund WO CODE		218	185	179	20	57	81	95	36	36	8	8	3				950						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	112,671	95,313	92,500	10,064	29,618	41,778	49,033	19,638	19,638	4,048	4,103	1,386	19,877	57	238		499,861						
BHS SUBSTANCE ABUSE FUNDING SOURCES																							
Dept Auth-Proj-Activty																							
This row left blank for funding sources not in drop-down list																							
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES																							
OTHER DPH FUNDING SOURCES																							
Dept Auth-Proj-Activty																							
This row left blank for funding sources not in drop-down list																							
TOTAL OTHER DPH FUNDING SOURCES																							
NON-DPH FUNDING SOURCES																							
This row left blank for funding sources not in drop-down list																							
TOTAL NON-DPH FUNDING SOURCES																							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	112,671	95,313	92,500	10,064	29,618	41,778	49,033	19,638	19,638	4,048	4,103	1,386	19,877	57	238		499,861						
BHS UNITS OF SERVICE AND UNIT COST																							
Number of Beds Purchased (if applicable)																							
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)																							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program																							
Fee-For-Service (FFS)	1,251	1,059	1,026	112	329	464	545	218	218	45	36	15	6,496	13	100								
Payment Method	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service	DPH Units of Service
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour								
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 3.06	\$ 4.57	\$ 2.38									
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00	\$ 3.06	\$ 4.57	\$ 2.38							
Published Rate (Medi-Cal Providers Only)	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 120.00	\$ 98.80	\$ 3.18	\$ 4.67	\$ 2.50						
Unduplicated Clients (UDC)	935	935	935	935	935	935	935	935	935	935	935	935	935	935	935	935	941						

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: EI - Childcare MH Consultation Initiative
 Program Code: 38182

Appendix #: B-5
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Term	TOTAL		251962-10000-10001670-0001 EPSDT		DCYF 251962-10002-10001799-0007		251962-10000-10001670-0001 non-EPSDT	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.34	\$ 18,404	0.01	\$ 725	0.14	\$ 7,447	0.03	\$ 1,369
Program Manager	0.14	\$ 7,057	0.01	\$ 270	0.06	\$ 2,856	0.01	\$ 525
Program Coordinator	0.21	\$ 7,232	0.01	\$ 285	0.08	\$ 2,926	0.02	\$ 538
Mental Health Specialists	8.97	\$ 285,494	0.35	\$ 11,240	3.63	\$ 115,522	0.67	\$ 21,238
Program Assistants	0.41	\$ 11,032	0.02	\$ 434	0.16	\$ 4,464	0.03	\$ 821
Supervising Clinical Psychologist	0.06	\$ 2,644	0.00	\$ 104	0.02	\$ 1,070	0.00	\$ 197
Totals:	10.12	\$ 331,863	0.40	\$ 12,962	4.07	\$ 133,215	0.75	\$ 24,490
Employee Fringe Benefits:	25%	\$ 83,375	25%	\$ 3,283	25%	\$ 33,737	25%	\$ 6,202
TOTAL SALARIES & BENEFITS		\$ 415,238		\$ 16,244		\$ 166,952		\$ 30,692

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: EI - Childcare MH Consultation Initiative
 Program Code: 38182

Appendix #: B-5
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/16

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Expense Categories & Line Items	TOTAL	General Fund (251962-10000-10001670-0001) EPSDT		DCYF Work Order (251962-10002-10001799-0007)	SFCFC/SRI WO (251962-1000210001800-0003)	SFCFC/PFA WO (251962-10002-10001803-0008)	Funding Term (mm/dd/yy - mm/dd/yy)	General Fund (251962-10000-10001670-0001) non-EPSDT	
		7/1/18-12/31/18	7/1/18-12/31/18					7/1/18-12/31/18	7/1/18-12/31/18
Rent	\$ 7,559	\$ 298	\$ 3,059	\$ 562	\$ 363	\$ 3,152		\$ -	\$ 125.85
Utilities(telephone, electricity, water, gas)	\$ 2,529	\$ 100	\$ 1,023	\$ 188	\$ 121	\$ 1,054		\$ -	\$ 42.10
Building Repair/Maintenance	\$ 3,794	\$ 149	\$ 1,535	\$ 282	\$ 182	\$ 1,582		\$ -	\$ 63.16
Occupancy Total:	\$ 13,882	\$ 547	\$ 5,817	\$ 1,033	\$ 667	\$ 5,788		\$ -	\$ 231.12
Office Supplies	\$ 1,897	\$ 75	\$ 768	\$ 141	\$ 91	\$ 791		\$ -	\$ 31.58
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Printing	\$ 380	\$ 15	\$ 154	\$ 28	\$ 18	\$ 158		\$ -	\$ 6.33
Program Supplies	\$ 920	\$ 36	\$ 372	\$ 68	\$ 44	\$ 384		\$ -	\$ 15.32
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Materials & Supplies Total:	\$ 3,197	\$ 126	\$ 1,294	\$ 238	\$ 153	\$ 1,333		\$ -	\$ 53.23
Training/Staff Development	\$ 3,250	\$ 128	\$ 1,315	\$ 242	\$ 156	\$ 1,355		\$ -	\$ 54.11
Insurance	\$ 2,656	\$ 105	\$ 1,075	\$ 198	\$ 128	\$ 1,107		\$ -	\$ 44.22
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Equipment Lease & Maintenance	\$ 949	\$ 37	\$ 384	\$ 71	\$ 46	\$ 396		\$ -	\$ 15.80
General Operating Total:	\$ 6,855	\$ 270	\$ 2,774	\$ 510	\$ 329	\$ 2,858		\$ -	\$ 114.13
Local Travel	\$ 2,883	\$ 114	\$ 1,167	\$ 214	\$ 138	\$ 1,202		\$ -	\$ 48.00
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Staff Travel Total:	\$ 2,883	\$ 114	\$ 1,167	\$ 214	\$ 138	\$ 1,202		\$ -	\$ 48.00
Consultant/Subcontracting Agency Name,									
Internship Trainer Fee at \$150 per hour with total of 7 hours	\$ 1,000	\$ 39	\$ 405	\$ 74	\$ 48	\$ 417		\$ -	\$ 16.65
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Consultant/Subcontractor Total:	\$ 1,000	\$ 39	\$ 405	\$ 74	\$ 48	\$ 417		\$ -	\$ 16.65
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Client Related Expenses (food)	\$ 1,500	\$ 59	\$ 607	\$ 112	\$ 72	\$ 625		\$ -	\$ 24.97
Family Childcare Providers Annual Meeting	\$ 1,750	\$ 69	\$ 708	\$ 130	\$ 84	\$ 730		\$ -	\$ 29.14
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -	\$ -
Other Total:	\$ 3,250	\$ 128	\$ 1,315	\$ 242	\$ 156	\$ 1,355		\$ -	\$ 54.11
TOTAL OPERATING EXPENSE	\$ 31,067	\$ 1,223	\$ 12,572	\$ 2,311	\$ 1,492	\$ 12,953		\$ -	\$ 517.00

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00336							Appendix #:	B-6a
Provider Name Instituto Familiar de la Raza, Inc.							Page #:	1
Provider Number 3818							Fiscal Year:	2018-2019
							Document Date:	11/21/18
Program Name	ISCS/EPST Services	ISCS/EPST Services	ISCS/EPST Services	ISCS/EPST Services	ISCS/EPST Services	ISCS/EPST Services		
Program Code	381810-38LA-2	381810-38LA-2	381810-38LA-2	381810-38LA-2	381810-38LA-2	381810-38LA-2		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/07	15/10-56	15/57	45/10-19	60/72		
Service Description	Case Mgt Brokerage	Intensive Care Coordination	MH Svcs	Intensive Home Based Services	Commlty Client Svcs	Client Flexible Support		
Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	TOTAL	
FUNDING USES								
Salaries & Employee Benefits	60,269	1,574	73,785	1,574	3,543	22,043	162,788	
Operating Expenses	8,086	211	9,899	211	475	2,957	21,840	
Capital Expenses								
Subtotal Direct Expenses	68,355	1,786	83,684	1,786	4,018	25,000	184,628	
Indirect Expenses	8,202	214	10,042	214	482	3,000	22,155	
TOTAL FUNDING USES	76,558	2,000	93,726	2,000	4,500	28,000	206,783	
BHS MENTAL HEALTH FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	25,989	822	21,039	822		48,673	
MH STATE - PSR EPSDT	251962-10000-10001670-0001	24,149	764	19,549	764		45,226	
MH WO DCFY Violence Prev Prog	251962-10002-10001799-0003	11,751		37,450		3,960	24,638	
MH COUNTY - General Fund	251962-10000-10001670-0001	14,376	413	14,751	413	442	33,141	
MH COUNTY - General Fund WO CODE	251962-10000-10001670-0001	294		936		99	616	
This row left blank for funding sources not in drop-down list								
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		76,558	2,000	93,726	2,000	4,500	28,000	
BHS SUBSTANCE ABUSE FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES								
OTHER DPH FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								
TOTAL OTHER DPH FUNDING SOURCES								
TOTAL DPH FUNDING SOURCES		76,558	2,000	93,726	2,000	4,500	28,000	
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								
TOTAL NON-DPH FUNDING SOURCES								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		76,558	2,000	93,726	2,000	4,500	28,000	
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	32,167	840	30,629	654	56	11,765		
Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 80.45	\$ 2.38		
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 80.45	\$ 2.38		
Published Rate (Medi-Cal Providers Only)	\$ 2.50	\$ 2.50	\$ 3.18	\$ 3.18	\$ 82.48	\$ 2.50	Total UDC	
Unduplicated Clients (UDC)	16	16	16	16	16	16	16	

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ISCS/EPSDT Services
 Program Code: 381810 & 381A2

Appendix #: B-6a
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251962-10000-10001670-0001		251962-10002-10001799-0003		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
7/1/18-12/31/18	7/1/18-12/31/18		7/1/18-12/31/18		7/1/18-12/31/18									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.13	\$ 6,989	0.08	\$ 4,359	0.05	\$ 2,630								
Program Manager	0.27	\$ 9,481	0.17	\$ 5,914	0.10	\$ 3,567								
Program Coordinator	0.29	\$ 10,043	0.18	\$ 6,264	0.11	\$ 3,779								
Clinical Supervisor	0.15	\$ 6,327	0.09	\$ 3,947	0.06	\$ 2,380								
Case Manager	1.00	\$ 27,437	0.62	\$ 17,114	0.38	\$ 10,323								
MH Specialist	1.00	\$ 30,000	0.62	\$ 18,713	0.38	\$ 11,287								
In Take	0.30	\$ 14,000	0.19	\$ 8,733	0.11	\$ 5,267								
Program Assistants	1.00	\$ 21,704	0.62	\$ 13,538	0.38	\$ 8,166								
Family Therapy	0.00	\$ -	0.00	\$ -	0.00	\$ -								
Totals:	4.14	\$ 125,981	2.58	\$ 78,583	1.56	\$ 47,398	0.00	\$ -						
Employee Fringe Benefits:	29%	\$ 36,807	29%	\$ 22,959	29.22%	\$ 13,848	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 162,788		\$ 101,542		\$ 61,246		\$ -		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: ISCS/EPSTDT Services
 Program Code: 381810 & 38LA-2

Appendix #: B-6a
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001		251962-10002-10001799-0003	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
		7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18			
Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-12/31/18	7/1/18-12/31/18		7/1/18-12/31/18			
Rent	\$ 7,561	\$ 4,716		\$ 2,845			
Utilities(telephone, electricity, water, gas)	\$ 1,059	\$ 661		\$ 398			
Building Repair/Maintenance	\$ 3,332	\$ 2,078		\$ 1,254			
Occupancy Total:	\$ 11,952	\$ 7,455	\$ -	\$ 4,497	\$ -	\$ -	\$ -
Office Supplies	\$ 2,018	\$ 1,259		\$ 759			
Photocopying	\$ -	\$ -		\$ -			
Printing	\$ 155	\$ 97		\$ 58			
Program Supplies	\$ 1,375	\$ 858		\$ 517			
Computer Hardware/Software	\$ -	\$ -		\$ -			
Materials & Supplies Total:	\$ 3,548	\$ 2,213	\$ -	\$ 1,335	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,500	\$ 936		\$ 564			
Insurance	\$ 1,085	\$ 677		\$ 408			
Professional License	\$ -	\$ -		\$ -			
Permits	\$ -	\$ -		\$ -			
Equipment Lease & Maintenance	\$ 305	\$ 190		\$ 115			
General Operating Total:	\$ 2,890	\$ 1,803	\$ -	\$ 1,087	\$ -	\$ -	\$ -
Local Travel	\$ 900	\$ 561		\$ 339			
Out-of-Town Travel	\$ -	\$ -		\$ -			
Field Expenses	\$ -	\$ -		\$ -			
Staff Travel Total:	\$ 900	\$ 561	\$ -	\$ 339	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Related Expenses (food)	\$ 1,800	\$ 1,123		\$ 677			
Client Related Expenses (Stipends)	\$ 500	\$ 312		\$ 188			
Client Related Expenses (safe passage)	\$ 250	\$ 156		\$ 94			
	\$ -	\$ -		\$ -			
Other Total:	\$ 2,550	\$ 1,591	\$ -	\$ 959	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 21,840	\$ 13,623	\$ -	\$ 8,217	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336							Appendix #:	B-6b
Provider Name: Instituto Familiar de la Raza, Inc.							Page #:	1
Provider Number: 3818							Fiscal Year:	2018-2019
							Document Date:	11/21/18
Program Name	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First	ISCS/Family First		
Program Code	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20	38LA-10 & 3818-20		
Mode/SFC (MH) or Modality (SA)	15/01-09	15/07	15/10-56	15/57	45/20-29	60/72		
Service Description	Case Mgt Brokerage	Intensive Care Coordination	MH Svcs	Intensive Home Based Services	Commy Client Svcs	Client Flexible Support		
Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18		TOTAL
FUNDING USES:								
Salaries & Employee Benefits	11,958	3,694	21,199	2,538	14,948	3,466		57,802
Operating Expenses	1,595	493	2,828	339	1,994	462		7,711
Capital Expenses								-
Subtotal Direct Expenses	13,553	4,187	24,027	2,876	16,942	3,928		65,513
Indirect Expenses	1,626	502	2,883	345	2,033	471		7,861
TOTAL FUNDING USES	15,179	4,690	26,910	3,222	18,975	4,400		73,374
BHS MENTAL HEALTH FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001	2,030	2,345	4,807	1,611			10,792
MH STATE - PSR EPSDT	251962-10000-10001670-0001	2,030	2,345	4,807	1,611			10,792
MH WORK ORDER - Dept. Children, Youth & Families								-
MH COUNTY - General Fund	251962-10000-10001670-0001	11,119		17,296		18,975	4,400	51,790
MH COUNTY - General Fund WO CODB								-
This row left blank for funding sources not in drop-down list								
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		15,179	4,690	26,910	3,222	18,975	4,400	73,374
BHS SUBSTANCE ABUSE FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		-	-	-	-	-	-	-
OTHER DPH FUNDING SOURCES								
	Dept-Auth-Proj-Activity							
This row left blank for funding sources not in drop-down list								
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		15,179	4,690	26,910	3,222	18,975	4,400	73,374
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list								
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		15,179	4,690	26,910	3,222	18,975	4,400	73,374
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)		
Payment Method	6,378	1,970	8,794	1,053	85	1,849		
DPH Units of Service	Staff Minute	Staff Minute	Staff Minute	Staff Minute	Staff Hour	Staff Minute		
Unit Type								
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 223.47	\$ 2.38		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.38	\$ 2.38	\$ 3.06	\$ 3.06	\$ 223.47	\$ 2.38		
Published Rate (Medi-Cal Providers Only)	\$ 2.50	\$ 2.50	\$ 3.18	\$ 3.18	N/A	\$ 2.50		Total UDC
Unduplicated Clients (UDC)	16	16	16	16	16	16		16

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: ISCS/Families First
 Program Code: 38LA-10 & 3818-2

Appendix #: B-6b
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251962-10000-10001670-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
7/1/18-12/31/18														
Position Title														
Program Director	0.09	\$ 6,553	0.09	\$ 6,553										
Program Manager	0.25	\$ 15,268	0.25	\$ 15,268										
Clinical Supervisor	0.13	\$ 5,484	0.13	\$ 5,484										
Family Therapy	1.00	\$ 16,500	1.00	\$ 16,500										
Program Assistants	0.06	\$ 1,237	0.06	\$ 1,237										
Totals:	1.53	\$ 45,042	1.53	\$ 45,042	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	28%	\$ 12,760	28%	\$ 12,760	0%		0.00%		0.00%		-0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 57,802		\$ 57,802		\$ -		\$ -		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: ISCS/Families First
 Program Code: 38LA-10 & 3818-2

Appendix #: B-6b
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-12/31/18	7/1/18-12/31/18					
Rent	\$ 2,092	\$ 2,092					
Utilities (telephone, electricity, water, gas)	\$ 500	\$ 500					
Building Repair/Maintenance	\$ 1,607	\$ 1,607					
Occupancy Total:	\$ 4,199	\$ 4,199	\$ -				
Office Supplies	\$ 600	\$ 600					
Photocopying	\$ -	\$ -					
Printing	\$ 50	\$ 50					
Program Supplies	\$ 285	\$ 285					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 935	\$ 935	\$ -				
Training/Staff Development	\$ 150	\$ 150					
Insurance	\$ 550	\$ 550					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 102	\$ 102					
General Operating Total:	\$ 802	\$ 802	\$ -				
Local Travel	\$ 600	\$ 600					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 600	\$ 600	\$ -				
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):							
Client Related Expenses (Food)	\$ 225	\$ 225					
Client Related Expenses (Award/Incentive)	\$ 450	\$ 450					
Client Related Expenses (Stipends)	\$ 500	\$ 500					
Other Total:	\$ 1,175	\$ 1,175	\$ -				
TOTAL OPERATING EXPENSE	\$ 7,711	\$ 7,711	\$ -				

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00336
 Provider Name Instituto Familiar de la Raza, Inc.
 Provider Number 3818

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Program Name	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	MHSA PEI-School-Based Youth-Centered Wellness	
Program Code	None	None	None	None	None	None	None	None	None	None	None	
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	45/20-29	
Service Description	Consultation (Group)/Cmmtly Client Svcs	Consultation (Individuals)/Cmmtly Client Svcs	Consultation (Class/Observation)/Cmmtly Client Svcs	Training/Parent Support (Group)/Cmmtly Client Svcs	Direct Services (Group)/Cmmtly Client Svcs	Parental Engagement/Cmmtly Client Svcs	Early Intervention/(Individuals)	Early Ref/Linkage	Evaluation Services	MH Services Indv/Family		
Funding Term	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL
FUNDING USES												
Salaries & Employee Benefits	48,654	44,197	11,466	5,241	1,806	9,029	3,612	7,225	803	1,310		133,343
Operating Expenses	14,672	13,328	3,458	1,581	545	2,723	1,089	2,179	242	395		40,211
Capital Expenses												
Subtotal Direct Expenses	63,326	57,525	14,923	6,822	2,350	11,752	4,701	9,403	1,045	1,706		173,554
Indirect Expenses	7,599	6,903	1,791	819	282	1,410	564	1,128	125	205		20,877
TOTAL FUNDING USES	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910		194,380
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity											
MH STATE - MHSA	251984-17156-10031199-0020	70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910	194,380
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910	194,380
BHS SUBSTANCE ABUSE FUNDING SOURCES	Dept-Auth-Proj-Activity											
This row left blank for funding sources not in drop-down list												
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES												
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity											
This row left blank for funding sources not in drop-down list												
TOTAL OTHER DPH FUNDING SOURCES												
TOTAL DPH FUNDING SOURCES		70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910	194,380
NON-DPH FUNDING SOURCES												
This row left blank for funding sources not in drop-down list												
TOTAL NON-DPH FUNDING SOURCES												
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		70,925	64,428	16,714	7,641	2,633	13,163	5,265	10,532	1,171	1,910	194,380
BHS UNITS OF SERVICE AND UNIT COST												
Number of Beds Purchased (if applicable)												
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)												
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program												
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
DPH Units of Service	742/59	675	175	80	15	150	60	300	33	20		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 95.51	\$ 95.51	\$ 95.51	\$ 95.51	\$ 175.50	\$ 87.75	\$ 87.75	\$ 35.11	\$ 35.11	\$ 95.51		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 95.51	\$ 95.51	\$ 95.51	\$ 95.51	\$ 175.50	\$ 87.75	\$ 87.75	\$ 35.11	\$ 35.11	\$ 95.51		
Published Rate (Medi-Cal Providers Only)	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 182.00	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80		Total UDC
Unduplicated Clients (UDC)	570	570	570	570	570	570	570	570	570	570		570

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI-School-Based Youth-Centered Wellness
 Program Code: None

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 Page #: 2
 Fiscal Year: 2018-2019
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Position Title	TOTAL		Accounting Code 1 (Index Code or Detail)		251984-17156- 10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19							
Program Director	0.03	\$ 3,106	0.00	\$ -	0.03	\$ 3,106	0.00	\$ -	0.00	\$ -	0.00	\$ -
Program Manager	0.11	\$ 11,292	0.00	\$ -	0.11	\$ 11,292	0.00	\$ -	0.00	\$ -	0.00	\$ -
Program Coordinator	0.13	\$ 9,039	0.00	\$ -	0.13	\$ 9,039	0.00	\$ -	0.00	\$ -	0.00	\$ -
Mental Health Specialists	1.00	\$ 64,471	0.00	\$ -	1.00	\$ 64,471	0.00	\$ -	0.00	\$ -	0.00	\$ -
Program Assistants	0.29	\$ 12,709	0.00	\$ -	0.29	\$ 12,709	0.00	\$ -	0.00	\$ -	0.00	\$ -
Supervising Clinical Psychologist	0.06	\$ 5,288	0.00	\$ -	0.06	\$ 5,288	0.00	\$ -	0.00	\$ -	0.00	\$ -
Totals:	1.62	\$ 105,905	0.00	\$ -	1.62	\$ 105,905	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	26%	\$ 27,438	0%	\$ -	26%	\$ 27,438	0%	\$ -	0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 133,343		\$ -		\$ 133,343		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI-School-Based Youth-Centered Wellness
 Program Code: None

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 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	Accounting Code 1 (Index Code or Detail)	251984-17156- 10031199-0020	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19		07/01/18-6/30/19			-
Rent	\$ 1,623	\$ -	\$ 1,623	\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 811	\$ -	\$ 811	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 1,217	\$ -	\$ 1,217	\$ -	\$ -	\$ -
Occupancy Total:	\$ 3,651	\$ -	\$ 3,651	\$ -	\$ -	\$ -
Office Supplies	\$ 610	\$ -	\$ 610	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 122	\$ -	\$ 122	\$ -	\$ -	\$ -
Program Supplies	\$ 200	\$ -	\$ 200	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 932	\$ -	\$ 932	\$ -	\$ -	\$ -
Training/Staff Development	\$ 500	\$ -	\$ 500	\$ -	\$ -	\$ -
Insurance	\$ 852	\$ -	\$ 852	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 304	\$ -	\$ 304	\$ -	\$ -	\$ -
General Operating Total:	\$ 1,656	\$ -	\$ 1,656	\$ -	\$ -	\$ -
Local Travel	\$ 600	\$ -	\$ 600	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 600	\$ -	\$ 600	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
Internship Trainer Fee at \$150 per hour with total of 3.50 hours	\$ 500	\$ -	\$ 500	\$ -	\$ -	\$ -
Support for Family of Children w Disabilities at \$2572.67/month	\$ 30,872	\$ -	\$ 30,872	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ 31,372	\$ -	\$ 31,372	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ -	\$ -
Family Childcare Providers Annual Meeting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ 2,000	\$ -	\$ 2,000	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 40,211	\$ -	\$ 40,211	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA) 00336
 Provider Name Instituto Familiar de la Raza, Inc.
 Provider Number 3618

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 Fiscal Year: 2018-2019
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Program Name	MHSA -Early Childhood Mental Health Consultation	TOTAL												
Program Code	None													
Mode/SFC (MH) or Modality (SA)	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	45/10-19	
Service Description	Consultation (Individuals)	Consultation (Group)	Consultation (Observation)	Staff Training	Parent Training/Support Group	Early Ref/Linkage	Consultant Train/Supv	Evaluation	System Work	Early Intervention/(Individuals)	Early Intervention (Group)	Direct Services (Individuals)		
Funding Term	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	7/1/18-12/31/18	
FUNDING USES														
Salaries & Employee Benefits	9,807	6,265	6,953	695	2,086	1,922	1,922	769	3,843	164	196	154	34,765	
Operating Expenses	445	285	316	32	95	87	87	35	175	7	9	7	1,579	
Capital Expenses														
Subtotal Direct Expenses	10,252	6,549	7,269	727	2,181	2,009	2,009	804	4,018	161	205	161	36,344	
Indirect Expenses	1,230	786	872	87	282	241	241	96	482	19	25	19	4,361	
TOTAL FUNDING USES	11,483	7,335	8,141	814	2,442	2,250	2,250	900	4,500	180	230	180	40,705	
BHS MENTAL HEALTH FUNDING SOURCES														
Dept-Auth-Proj-Activity														
MH STATE - MHSA	11,483	7,335	8,141	814	2,442	2,250	2,250	900	4,500	180	230	180	40,705	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	11,483	7,335	8,141	814	2,442	2,250	2,250	900	4,500	180	230	180	40,705	
BHS SUBSTANCE ABUSE FUNDING SOURCES														
Dept-Auth-Proj-Activity														
This row left blank for funding sources not in drop-down list														
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES														
OTHER DPH FUNDING SOURCES														
Dept-Auth-Proj-Activity														
This row left blank for funding sources not in drop-down list														
TOTAL OTHER DPH FUNDING SOURCES														
TOTAL DPH FUNDING SOURCES	11,483	7,335	8,141	814	2,442	2,250	2,250	900	4,500	180	230	180	40,705	
NON-DPH FUNDING SOURCES														
This row left blank for funding sources not in drop-down list														
TOTAL NON-DPH FUNDING SOURCES														
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	11,483	7,335	8,141	814	2,442	2,250	2,250	900	4,500	180	230	180	40,705	
BHS UNITS OF SERVICE AND UNIT COST														
Number of Beds Purchased (if applicable)														
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)														
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program														
Payment Method	Fee-For-Service (FFS)													
DPH Units of Service	128	82	90	9	27	25	25	10	50	2	2	2		
Unit Type	Staff Hour													
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 90.00	\$ 115.00	\$ 90.00		
Published Rate (Medi-Cal Providers Only)	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 98.80	\$ 120.00	\$ 98.80	Total UDC	
Unduplicated Clients (UDC)	106	106	106	106	106	106	106	106	106	106	106	106	106	

Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA Early Childhood Mental Health Consultation
 Program Code: None

Appendix #: B-8
 Page #: 2
 Fiscal Year: 2018-2019
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Position Title	TOTAL		Accounting Code 1 (Index Code or Detail)		251984-17156- 10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	0.16	\$ 7,763			0.16	7,763						
Program Coordinator	0.04	\$ 1,306			0.04	1,306						
Mental Health Specialists	0.46	\$ 15,782			0.46	15,782						
Program Assistants	0.13	\$ 3,137			0.13	3,137						
Totals:	0.78	\$ 27,988	0.00	\$ -	0.78	\$ 27,988	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	24%	\$ 6,777	0%		24%	\$ 6,777	0%	\$ -	0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 34,765		\$ -		\$ 34,765		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA Early Childhood Mental Health Consultation
 Program Code: None

Appendix #: B-8
 Page #: 3
 Fiscal Year: 2018-2019
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Expense Categories & Line Items	TOTAL	Accounting Code 1 (Index Code or Detail)	251984-17156- 10031199-0020	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)			7/1/18-12/31/18			-
Rent	\$ 393	\$ -	\$ 393	\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 196	\$ -	\$ 196	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 295	\$ -	\$ 295	\$ -	\$ -	\$ -
Occupancy Total:	\$ 884	\$ -	\$ 884	\$ -	\$ -	\$ -
Office Supplies	\$ 147	\$ -	\$ 147	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 30	\$ -	\$ 30	\$ -	\$ -	\$ -
Program Supplies	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 177	\$ -	\$ 177	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 206	\$ -	\$ 206	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 74	\$ -	\$ 74	\$ -	\$ -	\$ -
General Operating Total:	\$ 280	\$ -	\$ 280	\$ -	\$ -	\$ -
Local Travel	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 138	\$ -	\$ 138	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ 100	\$ -	\$ 100	\$ -	\$ -	\$ -
Family Childcare Providers Annual Meeting	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ 100	\$ -	\$ 100	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 1,579	\$ -	\$ 1,579	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336		Provider Name: Instituto Familiar de la Raza, Inc.			Appendix #: B-9a	
Provider Number: 3818					Page #: 1	
					Fiscal Year: 2018-2019	
					Document Date: 11/21/18	
Program Name	TAY Engagement & Treatment - Latino	TAY Engagement & Treatment - Latino	TAY Engagement & Treatment - Latino			
Program Code	NONE	TBD	TBD			
Mode/SFC (MH) or Modality (SA)	45/10-19	15/10-57, 59	15/01-09			
Service Description	OS-MH Promotion	OP-MH Svcs	OP-Case Mgt Brokerage			
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19			TOTAL
FUNDING USES						
Salaries & Employee Benefits	169,744	14,551	4,309			188,604
Operating Expenses	31,149	2,670	791			34,610
Capital Expenses						-
Subtotal Direct Expenses	200,893	17,221	5,100			223,214
Indirect Expenses	24,107	2,067	612			26,786
TOTAL FUNDING USES	225,000	19,288	5,712			250,000
BHS MENTAL HEALTH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
MH FED - SDMC Regular FFP (50%)	251962-10000-10001670-0001		9,644	2,856		12,500
MH STATE - PSR EPSDT						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH STATE - MHSA match	251984-17156-10031199-0020		9,644	2,856		12,500
MH STATE - MHSA	251984-17156-10031199-0020	225,000				225,000
MH STATE - MH Realignment						-
MH COUNTY - General Fund						-
MH COUNTY - General Fund WO CODB						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		225,000	19,288	5,712		250,000
OTHER DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-		-
TOTAL DPH FUNDING SOURCES		225,000	19,288	5,712		250,000
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						-
TOTAL NON-DPH FUNDING SOURCES		-	-	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		225,000	19,288	5,712		250,000
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	1,815	6,303	2,400			
Unit Type	Staff Hour	Staff Minute	Staff Minute	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 109.86	\$ 3.06	\$ 2.38	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 123.97	\$ 3.06	\$ 2.38	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 3.18	\$ 2.50			
Unduplicated Clients (UDC)	92	92	92			116

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

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 Fiscal Year: 2018-2019
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Position Title	TOTAL		251962-10000-10001670-0001		251984-17156-10031199-0020		251984-17156-10031199-0020 Match		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	Term	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	FTE	Salaries	FTE	Salaries
Program Director		0.14 \$ 22,950	0.01 1,148	0.13 20,655	0.01 1,148							
Program Manager		0.08 \$ 4,880	0.00 244	0.07 4,392	0.00 244							
Clinical Supervisor		0.20 \$ 16,873	0.01 844	0.18 15,186	0.01 844							
Mental Health Specialists		1.65 \$ 89,224	0.08 4,461	1.49 80,302	0.08 4,461							
In Take		0.25 \$ 13,000	0.01 650	0.23 11,700	0.01 650							
Program Assistants		0.11 \$ 4,223	0.01 211	0.10 3,801	0.01 211							
Totals:		2.43 \$ 151,150	0.12 7,558	2.19 \$ 136,035	0.12 \$ 7,558	0.00 \$ -	0.00 \$ -					
Employee Fringe Benefits:		25% \$ 37,454	25% 1,873	25% 33,709	25% 1,873	0% \$ -	0% \$ -					
TOTAL SALARIES & BENEFITS		\$ 188,604	\$ 9,430	\$ 169,744	\$ 9,430	\$ -	\$ -					

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9a
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

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Expense Categories & Line Items	TOTAL	251962-10000-10001670-0001	251984-17156-10031199-0020	251984-17156-10031199-0020 match	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		-
Rent	\$ 7,428	\$ 371	\$ 6,685	\$ 371	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 1,246	\$ 62	\$ 1,121	\$ 62	\$ -	\$ -
Building Repair/Maintenance	\$ 2,156	\$ 108	\$ 1,940	\$ 108	\$ -	\$ -
Occupancy Total:	\$ 10,830	\$ 542	\$ 9,747	\$ 542	\$ -	\$ -
Office Supplies	\$ 1,198	\$ 60	\$ 1,078	\$ 60	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 182	\$ 9	\$ 164	\$ 9	\$ -	\$ -
Program Supplies	\$ 6,580	\$ 329	\$ 5,922	\$ 329	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 7,960	\$ 398	\$ 7,164	\$ 398	\$ -	\$ -
Training/Staff Development	\$ 1,583	\$ 79	\$ 1,425	\$ 79	\$ -	\$ -
Insurance	\$ 1,277	\$ 64	\$ 1,149	\$ 64	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 360	\$ 18	\$ 324	\$ 18	\$ -	\$ -
General Operating Total:	\$ 3,220	\$ 161	\$ 2,898	\$ 161	\$ -	\$ -
Local Travel	\$ 1,800	\$ 90	\$ 1,620	\$ 90	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 1,800	\$ 90	\$ 1,620	\$ 90	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
Consultant for 4 Events at \$75/hr for the total of 9 hours	\$ 2,700	\$ 135	\$ 2,430	\$ 135	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ 2,700	\$ 135	\$ 2,430	\$ 135	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ 2,900	\$ 145	\$ 2,610	\$ 145	\$ -	\$ -
Client Related Expenses (Award/Incentive)	\$ 3,000	\$ 150	\$ 2,700	\$ 150	\$ -	\$ -
Client Related Expenses (Stipends)	\$ 1,700	\$ 85	\$ 1,530	\$ 85	\$ -	\$ -
Client Related Expenses (Safe Passage)	\$ 500	\$ 25	\$ 450	\$ 25	\$ -	\$ -
Other Total:	\$ 8,100	\$ 405	\$ 7,290	\$ 405	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 34,610	\$ 1,730	\$ 31,149	\$ 1,731	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336						Appendix #: B-9b
Provider Name: Instituto Familiar de la Raza, Inc.						Page #: 1
Provider Number: 3818						Fiscal Year: 2018-2019
38LA-						Document Date: 11/21/18
Program Name	TAY Engagement & Treatment - Latino	TAY Engagement & Treatment - Latino				
Program Code	TBD	TBD				
Mode/SFC (MH) or Modality (SA)	15/10-57, 59	15/01-09				
Service Description	OP-MH Svcs	OP-Case Mgt Brokerage				
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19				TOTAL
FUNDING USES						
Salaries & Employee Benefits	14,848	4,397				19,245
Operating Expenses	2,373	703				3,076
Capital Expenses						-
Subtotal Direct Expenses	17,221	5,100	-	-	-	22,321
Indirect Expenses	2,067	612				2,679
TOTAL FUNDING USES	19,288	5,712	-	-	-	25,000
BHS-MENTAL HEALTH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
MH FED - SDMC Regular FFP (50%)	251984-10000-10001792-0001	9,644	2,856			12,500
MH STATE - PSR EPSDT						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH STATE - MHSA	251984-17156-10031199-0020	9,644	2,856			12,500
MH STATE - MH Realignment						-
MH COUNTY - General Fund						-
MH COUNTY - General Fund WO CODB						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		19,288	5,712	-	-	25,000
OTHER DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		19,288	5,712	-	-	25,000
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		19,288	5,712	-	-	25,000
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service	6,303	2,400				
Unit Type	Staff Minute	Staff Minute	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.06	\$ 2.38	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 2.38	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 3.18	\$ 2.50				
Unduplicated Clients (UDC)	4	4				Total UDC

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9b
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Position Title	TOTAL		251984-10000-10001792-0001		251984-17156-10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.02	\$ 1,646	0.01	823	0.01	823						
Program Manager	0.04	\$ 2,883	0.02	1,442	0.02	1,442						
Mental Health Specialists	0.10	\$ 6,489	0.05	3,245	0.05	3,245						
Program Assistants	0.10	\$ 4,331	0.05	2,166	0.05	2,166						
Totals:	0.26	\$ 15,349	0.13	7,675	0.13	\$ 7,675	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	25%	\$ 3,896	25%	1,948	25%	1,948	0%		0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 19,245		\$ 9,623		\$ 9,623		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: TAY Engagement & Treatment - Latino
 Program Code: None

Appendix #: B-9b
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001		251984-17156-10031199-0020		Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
		07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19			
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19			-
Rent	\$ 771	\$ 386	\$ 386	\$ -	\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 129	\$ 65	\$ 65	\$ -	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 224	\$ 112	\$ 112	\$ -	\$ -	\$ -	\$ -
Occupancy Total:	\$ 1,124	\$ 562	\$ 562	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 124	\$ 62	\$ 62	\$ -	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 19	\$ 10	\$ 10	\$ -	\$ -	\$ -	\$ -
Program Supplies	\$ 540	\$ 270	\$ 270	\$ -	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 683	\$ 342	\$ 342	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 200	\$ 100	\$ 100	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 132	\$ 66	\$ 66	\$ -	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 37	\$ 19	\$ 19	\$ -	\$ -	\$ -	\$ -
General Operating Total:	\$ 369	\$ 185	\$ 185	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 900	\$ 450	\$ 450	\$ -	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 900	\$ 450	\$ 450	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (food)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (Stipends)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (client travel)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 3,076	\$ 1,538	\$ 1,539	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336						Appendix #: B-10
Provider Name: Instituto Familiar de la Raza, Inc.						Page #: 1
Provider Number: 3818						Fiscal Year: 2018-2019
						Document Date: 11/21/18
Program Name	MHSA PEI ECMHC					
Program Code	Training					
Mode/SFC (MH) or Modality (SA)	NONE					
Service Description	6078					
Funding Term (mm/dd/yy - mm/dd/yy)	SS-Other Non-MediCal Client Support Exp					
	7/1/18-12/31/18					TOTAL
FUNDING USES						
Salaries & Employee Benefits	7,517					7,517
Operating Expenses	350					350
Capital Expenses						-
Subtotal Direct Expenses	7,867					7,867
Indirect Expenses	944					944
TOTAL FUNDING USES	8,811					8,811
BHS MENTAL HEALTH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
MH FED - SDMC Regular FFP (50%)						-
MH STATE - PSR EPSDT						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - Dept. Children, Youth & Families						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH WORK ORDER - First Five (SF Children & Family Commission)						-
MH STATE - MHSA	251984-17156-10031199-0020	8,811				8,811
MH STATE - MH Realignment						-
MH COUNTY - General Fund						-
MH COUNTY - General Fund WO CODB						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		8,811				8,811
OTHER DPH FUNDING SOURCES						
	Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES						
TOTAL DPH FUNDING SOURCES		8,811				8,811
NON-DPH FUNDING SOURCES						
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		8,811				8,811
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased (if applicable)						
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Payment Method	Cost Reimbursement (CR)					
DPH Units of Service	27					
Unit Type	Staff Hour or Client Day, depending on contract.	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 326.35	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 326.35	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)						
Unduplicated Clients (UDC)	10					Total UDC 10

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: MHSA PEI ECMHC Training
 Program Code: None

Appendix #: B-10
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Term	TOTAL		Accounting Code 1 (Index Code or Detail)		251984-17156- 10031199-0020		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	7/1/18-12/31/18		7/1/18-12/31/18		7/1/18-12/31/18		7/1/18-12/31/18		7/1/18-12/31/18		7/1/18-12/31/18	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.05	\$ 2,485			0.05	2,485						
Program Manager	0.06	\$ 2,964			0.06	2,964						
Program Assistants	0.03	\$ 682			0.03	682						
Totals:	0.14	\$ 6,131	0.00	\$ -	0.14	\$ 6,131	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	23%	\$ 1,386	0%		23%	\$ 1,386	0%		0%	\$ -	0%	\$ -
TOTAL SALARIES & BENEFITS		\$ 7,517		\$ -		\$ 7,517		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: MHSA PEI ECMHC Training
 Program Code: None

Appendix #: B-10
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	Accounting Code 1 (Index Code or Detail)	251984-17156- 10031199-0020	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-12/31/18		7/1/18-12/31/18			-
Rent	\$ -	\$ -		\$ -	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ -	\$ -		\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ -	\$ -		\$ -	\$ -	\$ -
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -	\$ -		\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ -	\$ -		\$ -	\$ -	\$ -
Program Supplies	\$ 150	\$ -	\$ 150	\$ -	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 150	\$ -	\$ 150	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -		\$ -	\$ -	\$ -
Insurance	\$ -	\$ -		\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ -	\$ -		\$ -	\$ -	\$ -
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -	\$ -		\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
	\$ -	\$ -		\$ -	\$ -	\$ -
	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -					
	\$ 200	\$ -	\$ 200	\$ -	\$ -	\$ -
	\$ -	\$ -		\$ -	\$ -	\$ -
Other Total:	\$ 200	\$ -	\$ 200	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 350	\$ -	\$ 350	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336				Appendix #:	B-11
Provider Name: Instituto Familiar de la Raza, Inc.				Page #:	1
Provider Number: 3818				Fiscal Year:	2018-2019
				Document Date:	11/21/18
Program Name	Semillas de Paz	Semillas de Paz	Semillas de Paz		
Program Code	3818C	3818C	3818C		
Mode/SFC (MH) or Modality (SA)	15/10-56	15/01-09	45/20-29		
Service Description	MH Svcs	Case Mgt Brokerage	Cmmly Client Svcs		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		TOTAL
FUNDING USES:					
Salaries & Employee Benefits	207,683	116,280	43,309		367,272
Operating Expenses	34,158	19,125	7,123		60,406
Capital Expenses					-
Subtotal Direct Expenses	241,841	135,405	50,432		427,678
Indirect Expenses	29,021	16,249	6,052		51,322
TOTAL FUNDING USES	270,862	151,654	56,484		479,000
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH FED - SDMC Regular FFP (60%)	251962-10000-10001670-0001	135,431	75,827		211,258
MH STATE - PSR EPSDT	251962-10000-10001670-0001	135,431	75,827		211,258
MH WORK ORDER - Dept. Children, Youth & Families					-
MH WORK ORDER - Dept. Children, Youth & Families					-
MH WORK ORDER - First Five (SF Children & Family Commission)					-
MH WORK ORDER - First Five (SF Children & Family Commission)					-
MH STATE - MHSA					-
MH STATE - MH Realignment					-
MH COUNTY - General Fund	251962-10000-10001670-0001			56,484	56,484
Triage Grant					-
MH COUNTY - General Fund WO CODB					-
This row left blank for funding sources not in drop-down list					-
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		270,862	151,654	56,484	479,000
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list					-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		270,862	151,654	56,484	479,000
NON-DPH FUNDING SOURCES					
This row left blank for funding sources not in drop-down list					-
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		270,862	151,654	56,484	479,000
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased (if applicable)					
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	88,517	63,720	482		
Unit Type	Staff Minute	Staff Minute	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.06	\$ 2.38	\$ 117.22		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.06	\$ 2.38	\$ 117.22		
Published Rate (Medi-Cal Providers Only)	\$ 3.09	\$ 2.43	\$ 120.00		
Unduplicated Clients (UDC)	40	40	40		Total UDC 46

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Semillas de Paz
 Program Code: 3818C

Appendix #: B-11
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Position Title	TOTAL		General Fund 251962-10000-10001670-0001		EPSDT 251962-10000-10001670-0001		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Managers	0.49	\$ 36,852	0.10	8,073	0.39	28,779						
Clinical Supervisor	0.49	\$ 41,678	0.10	8,437	0.39	33,241						
Mental Health Specialist (Clinician)	2.00	\$ 123,570	0.17	10,467	1.83	113,103						
MH Rehabilitation Specialist (case manager)	1.00	\$ 51,906	0.10	5,190	0.90	46,716						
In Take Specialist	0.30	\$ 18,000			0.30	18,000						
Program Support Assistants	0.47	\$ 20,717	0.10	4,207	0.37	16,510						
Totals:	4.75	\$ 292,723	0.57	\$ 36,374	4.18	\$ 256,349	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	25%	\$ 74,549	26%	\$ 9,327	25%	\$ 65,222	0%		0%		0%	
TOTAL SALARIES & BENEFITS		\$ 367,272		\$ 45,701		\$ 321,571		\$ -		\$ -		\$ -

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Semillas de Paz
 Program Code: 3818C

Appendix #: B-11
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	Funding Term (mm/dd/yy - mm/dd/yy)		Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
		07/01/18-6/30/19	07/01/18-6/30/19			
Rent	\$ 16,976	\$ 1,733	\$ 15,243		\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 2,428	\$ 290	\$ 2,138	\$ -	\$ -	\$ -
Building Repair/Maintenance	\$ 5,203	\$ 503	\$ 4,700	\$ -	\$ -	\$ -
Occupancy Total:	\$ 24,607	\$ 2,526	\$ 22,081	\$ -	\$ -	\$ -
Office Supplies	\$ 4,334	\$ 279	\$ 4,055	\$ -	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 356	\$ 43	\$ 313	\$ -	\$ -	\$ -
Program Supplies	\$ 5,960		\$ 5,960		\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 10,650	\$ 322	\$ 10,328	\$ -	\$ -	\$ -
Training/Staff Development	\$ 3,000	\$ 1,500	\$ 1,500	\$ -	\$ -	\$ -
Insurance	\$ 2,488	\$ 298	\$ 2,190	\$ -	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 701	\$ 84	\$ 617	\$ -	\$ -	\$ -
General Operating Total:	\$ 6,189	\$ 1,882	\$ 4,307	\$ -	\$ -	\$ -
Local Travel (Safe passage)	\$ 3,600		\$ 3,600	\$ -	\$ -	\$ -
Out-of-Town Travel	\$ -					
Field Expenses	\$ -					
Staff Travel Total:	\$ 3,600	\$ -	\$ 3,600	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,						
	\$ -	\$ -		\$ -	\$ -	\$ -
	\$ -					
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -					
Client Related Exp (Food)	\$ 4,800		\$ 4,800		\$ -	\$ -
Client Related Expenses (stipends)	\$ 4,800		\$ 4,800		\$ -	\$ -
Client Related Expenses (Awards & Incentives)	\$ 5,260		\$ 5,260			
Client Related Expenses (safe passage)	\$ 500		\$ 500			
	\$ -					
Other Total:	\$ 15,360	\$ -	\$ 15,360	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 60,406	\$ 4,730	\$ 55,676	\$ -	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336							Appendix #:	B-12
Provider Name: Instituto Familiar de la Raza, Inc.							Page #:	1
Provider Number: 3818							Fiscal Year:	2018-2019
							Document Date:	11/21/18
Program Name	FSP - SPARK	FSP - SPARK	FSP - SPARK	FSP - SPARK	FSP - SPARK	FSP - SPARK		
Program Code	3818-FSP	3818-FSP	3818-FSP	3818-FSP	3818-FSP	3818-FSP		
Mode/SFC (MH) or Modality (SA)	45/20-29	45/20-29	15/10-56	15/70-79	15/01-09	60/72		
Service Description	Cmnty Client Svcs	Cmnty Client Svcs	MH Svcs	Crisis Intervention-OP	Case Mgt Brokerage	Client Flexible Support		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	TOTAL	
FUNDING USES								
Salaries & Employee Benefits	326,746	126,614	70,706	11,438	1,587	4,166	541,257	
Operating Expenses	30,397	11,778	4,991	807	112	294	48,380	
Capital Expenses								
Subtotal Direct Expenses	357,143	138,392	75,698	12,245	1,699	4,461	589,637	
Indirect Expenses	42,857	16,608	9,084	1,469	204	535	70,756	
TOTAL FUNDING USES	400,000	155,000	84,781	13,715	1,902	4,996	660,393	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity							
MH FED - SDMC Regular-FFP (50%)	251962-10000-10001670-0001			42,222	6,830	947	50,000	
MH STATE - PSR EPSDT	251962-10000-10001670-0001			42,222	6,830	947	50,000	
MH WORK ORDER - Human Services Agency	251962-10002-10001803-0010	155,000					155,000	
MH WORK ORDER - Dept. Children, Youth & Families							-	
MH WORK ORDER - Dept. Children, Youth & Families							-	
MH WORK ORDER - First Five (SF Children & Family Commission)							-	
MH WORK ORDER - First Five (SF Children & Family Commission)							-	
MH STATE - MHSA	251984-17156-10031199-0017	400,000					400,000	
MH STATE - MH Realignment							-	
MH COUNTY - General Fund	251962-10000-10001670-0001			336	54	7	4,996	
MH COUNTY - General Fund WO CODB							-	
This row left blank for funding sources not in drop-down list							-	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		400,000	155,000	84,781	13,715	1,902	660,393	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity							
							-	
This row left blank for funding sources not in drop-down list							-	
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-	
TOTAL DPH FUNDING SOURCES		400,000	155,000	84,781	13,715	1,902	660,393	
NON-DPH FUNDING SOURCES								
This row left blank for funding sources not in drop-down list							-	
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		400,000	155,000	84,781	13,715	1,902	660,393	
BHS UNITS OF SERVICE AND UNIT COST								
Number of Beds Purchased (if applicable)								
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Payment Method	Cost Reimbursement (CR)	Cost Reimbursement (CR)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	1,257	487	27,706	3,001	799	2,099		
Unit Type	Staff Hour	Staff Hour	Staff Minute	Staff Minute	Staff Minute	Staff Minute		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 318.30	\$ 318.30	\$ 3.06	\$ 4.57	\$ 2.38	\$ 2.38		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 318.30	\$ 318.30	\$ 3.06	\$ 4.57	\$ 2.38	\$ 2.38		
Published Rate (Medi-Cal Providers Only)			\$ 3.18	\$ 4.67	\$ 2.50	\$ 2.50		
Unduplicated Clients (UDC)	20	20	20	20	20	20	20	

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: FSP - SPARK
 Program Code: None

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 Fiscal Year: 2018-2019
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Position Title	TOTAL		251962-10000-10001670-0001		251962-10002-10001803-0010		251984-17156-10031199-0017		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		
	Term	07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19		07/01/18-6/30/19	
		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.09	\$ 9,318	0.01	1,553	0.02	2,169	0.05	5,596					
Program Manager	0.29	\$ 28,935	0.04	4,234	0.07	6,898	0.18	17,803					
Clinical Supervisor	1.00	\$ 80,601	0.16	12,708	0.24	18,961	0.61	48,932					
MH Specialists	4.00	\$ 250,651	0.63	39,388	0.94	59,001	2.43	152,262					
Evaluator	0.23	\$ 16,069	0.03	2,217	0.06	3,869	0.14	9,983					
Program Support Assistant	0.91	\$ 41,373	0.17	7,557	0.21	9,444	0.54	24,372					
Totals:	6.52	\$ 426,947	1.04	\$ 67,657	1.53	\$ 100,342	3.95	258,948	0.00	\$ -	0.00	\$ -	
Employee Fringe Benefits:	27%	\$ 114,310	30%	20,240	26%	26,272	26%	67,798	0%	\$ -	0%	\$ -	
TOTAL SALARIES & BENEFITS		\$ 541,257		\$ 87,897		\$ 126,614		\$ 326,746		\$ -		\$ -	

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: FSP - SPARK
 Program Code: None

Appendix #: B-12
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251962-10000-	251962-10002-	251984-17156-	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)
		10001670-0001	10001803-0010	10031199-0017		
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19	07/01/18-6/30/19		-
Rent	\$ 14,699	\$ 1,242	\$ 3,758	\$ 9,699	\$ -	\$ -
Utilities(telephone, electricity, water, gas)	\$ 3,259	\$ 521	\$ 765	\$ 1,973	\$ -	\$ -
Building Repair/Maintenance	\$ 4,888	\$ 781	\$ 1,147	\$ 2,960	\$ -	\$ -
Occupancy Total:	\$ 22,846	\$ 2,544	\$ 5,670	\$ 14,632	\$ -	\$ -
Office Supplies	\$ 2,445	\$ 391	\$ 574	\$ 1,480	\$ -	\$ -
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Printing	\$ 490	\$ 78	\$ 115	\$ 297	\$ -	\$ -
Program Supplies	\$ 5,905	\$ 542	\$ 1,498	\$ 3,865	\$ -	\$ -
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Materials & Supplies Total:	\$ 8,840	\$ 1,011	\$ 2,186	\$ 5,643	\$ -	\$ -
Training/Staff Development	\$ 5,000	\$ 788	\$ 1,176	\$ 3,036	\$ -	\$ -
Insurance	\$ 3,422	\$ 547	\$ 803	\$ 2,072	\$ -	\$ -
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Permits	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Equipment Lease & Maintenance	\$ 1,222	\$ 195	\$ 287	\$ 740	\$ -	\$ -
General Operating Total:	\$ 9,644	\$ 1,530	\$ 2,266	\$ 5,848	\$ -	\$ -
Local Travel	\$ 3,600	\$ 568	\$ 847	\$ 2,185	\$ -	\$ -
Out-of-Town Travel	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Field Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Staff Travel Total:	\$ 3,600	\$ 568	\$ 847	\$ 2,185	\$ -	\$ -
Name, Service Detail w/Dates, Hourly Rate and Amounts)						
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Client Related Expenses (Award & Incentive)	\$ 1,200	\$ 192	\$ 282	\$ 726		
Client Related Expenses (Stipends)	\$ 250	\$ 40	\$ 59	\$ 151		
Client Related Expenses (foods)	\$ 1,000	\$ 160	\$ 235	\$ 605		
Client Related Expenses (childwatch)	\$ 500	\$ 80	\$ 117	\$ 303		
Client Related Expenses (client travel)	\$ 500	\$ 80	\$ 117	\$ 303		
Other Total:	\$ 3,450	\$ 552	\$ 809	\$ 2,089	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 48,380	\$ 6,205	\$ 11,778	\$ 30,397	\$ -	\$ -

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

DHCS Legal Entity Name (MH)/Contractor Name (SA): 00336
 Provider Name: Instituto Familiar de la Raza, Inc.
 Provider Number: 3818

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 Fiscal Year: 2018-2019
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Program Name	Day Laborer								
Program Code	NONE								
Mode/SFC (MH) or Modality (SA)	45/20-29								
Service Description	OS-Cmmty Client Svcs								
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19								TOTAL
FUNDING USES									
Salaries & Employee Benefits	45,428								45,428
Operating Expenses	285								285
Capital Expenses									-
Subtotal Direct Expenses	45,713								45,713
Indirect Expenses	5,486								5,486
TOTAL FUNDING USES	51,199								51,199
BHS MENTAL HEALTH FUNDING SOURCES									
	Dept-Auth-Proj-Activity								
MH FED - SDMC Regular FFP (50%)									-
MH STATE - PSR EPSDT									-
MH WORK ORDER - Dept. Children, Youth & Families									-
MH WORK ORDER - Dept. Children, Youth & Families									-
MH WORK ORDER - First Five (SF Children & Family Commission)									-
MH WORK ORDER - First Five (SF Children & Family Commission)									-
MH STATE - MHSA									-
MH STATE - MH Realignment									-
MH COUNTY - General Fund	251984-10000-10001792-0001	51,199							51,199
MH COUNTY - General Fund WO CODB									-
This row left blank for funding sources not in drop-down list									
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES		51,199							51,199
OTHER DPH FUNDING SOURCES									
	Dept-Auth-Proj-Activity								
This row left blank for funding sources not in drop-down list									
TOTAL OTHER DPH FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES		51,199							51,199
NON-DPH FUNDING SOURCES									
This row left blank for funding sources not in drop-down list									
TOTAL NON-DPH FUNDING SOURCES									
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		51,199							51,199
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased (if applicable)									
SA Only - Non-Res 33 - ODF # of Group Sessions (classes)									
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
Payment Method	Cost Reimbursement (CR)								
DPH Units of Service	613								
Unit Type	Staff Hour	0	0	0	0				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 83.52	\$ -	\$ -	\$ -	\$ -				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 83.52	\$ -	\$ -	\$ -	\$ -				
Published Rate (Medi-Cal Providers Only)	\$ 150.01								
Unduplicated Clients (UDC)	30								Total UDC

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Appendix B - DPH 3: Salaries & Benefits Detail

Program Name: Day Laborer
 Program Code: NONE

Appendix #: B-13
 Page #: 2
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Funding Term (mm/dd/yy - mm/dd/yy)	TOTAL		251984-10000-10001792-0001		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detail)	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-6/30/19														
Position Title														
Program Manager	0.04	\$ 3,568	0.04	3,568										
Behavioral Health Specialists	0.50	\$ 31,496	0.50	31,496										
		\$ -												
		\$ -												
Totals:	0.54	\$ 35,064	0.54	\$ 35,064	\$ -	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Fringe Benefits:	28%	\$10,364	30%	\$10,364	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 45,428		\$ 45,428	\$ -		\$ -		\$ -		\$ -		\$ -	

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Appendix B - DPH 4: Operating Expenses Detail

Program Name: Day Laborer
 Program Code: NONE

Appendix #: B-13
 Page #: 3
 Fiscal Year: 2018-2019
 Document Date: 11/21/18

Expense Categories & Line Items	TOTAL	251984-10000- 10001792-0001	Accounting Code 2 (Index Code or Detail)	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-6/30/19	07/01/18-6/30/19					
Rent	\$ -						
Utilities(telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Printing	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ 285	\$ 285					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 285	\$ 285	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontracting Agency Name,							
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Other Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 285	\$ 285	\$ -				

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**Appendix C
Insurance Waiver**

 INSTITUTO FAMILIAR DE LA RAZA, INC.

Annalie Eusebio
Contract Analyst
Office of Contract Management & Compliance
San Francisco Department of Public Health
1380 Howard Street, Room 420B
San Francisco, CA 94103

July 19, 2018

RE: Endorsement for Automobile Liability - Not Applicable

Dear Annalie Eusebio,

I am writing to you in regards to the endorsement for the Commercial Automobile Liability Insurance required by the San Francisco Department of Health, For the period of July 1st, 2018 to June 30, 2019, Instituto Familiar de la Raza does not own any vehicles, only a non-owned auto liability is in place. As a result, an endorsement for the Commercial Automobile Liability Insurance is not available.

If there is any additional information I could provide to you that would expedite the process of initial payment for the contract ID# 1000007163, please feel free to contact me at (415) 229-0500 or at estela.garcia@ifrsf.org. Thank you for your time and assistance in this matter.

Sincerely,



Estela Garcia, DMH
IFR Executive Director

Waiver of Automobile Liability insurance is hereby granted based on statement presented on this letter.



Elizabeth Fitzgerald
Risk Management

7/25/18

Appendix D
(formerly "Additional Terms")

Reserved

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement 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”).

D. 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 BAA.

E. 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 BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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, but other than in the capacity of a member of the workforce of such covered entity or arrangement, 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 BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. **Health Care Operations** 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 and 164.501. For the purposes of this BAA,

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

c. Permitted Uses. BA may use, access, and/or 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 Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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)].

d. 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 Agreement and BAA, 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 BAA 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 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, 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 Protected Information 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 Agreement.

f. 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 Agreement or this BAA, 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).

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

g. 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.f. 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.

h. 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 seven (7) 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 (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.

i. 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.

j. 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)].

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

k. 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.

l. 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.

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

n. 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 BAA; 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, 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)]

o. 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 BAA, 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 BAA 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.

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

3. Termination.

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

b. Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, 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 Agreement and this BAA 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 BAA 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.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, 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 Agreement or this BAA 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 BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act,

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA 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 access, 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 from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:	Instituto Familiar de la Raza, Inc.	Contractor City Vendor ID	0000018301
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PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...					Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?					
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?					
	If yes:	Name & Title:	Phone #	Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]					
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]					
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?					
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFDPH Information Security staff?					

II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...					Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?					
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)					
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?					
J	Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?					
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?					

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)	Signature	Date
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Contractor Name:	Instituto Familiar de la Raza, Inc.	Contractor City Vendor ID	0000018301
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DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...		Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]		
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?		
	Date of last Data Security Risk Assessment/Audit:		
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:		
C	Have a formal Data Security Awareness Program?		
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?		
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?		
	If yes: Name & Title: Phone # Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]		
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]		
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?		
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?		

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II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)	Signature	Date
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)	Signature	Date
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Appendix F

Invoice

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER : M22 JL 18
 Ct. Blanket No.: BPHM TBD
 User Cd.
 Ct. PO No.: POHM TBD
 Fund Source: MH Fed/ State/ Wellness Center/ General Fund
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St, San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Undelivered Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (HHS)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-4a Child Outpatient Behavioral Health Svcs PC# - 28188 (HMHMCP751594) 251962-10000-10001670-0001												
15/ 10 - 56 MH Svcs	18,145				\$ 3.06	\$ -	0.00%	0.00%			18,145,000	\$ 55,523.70
17/ 70 - 79 Crisis Intervention-OP	300				\$ 4.57	\$ -	0.00%	0.00%			300,000	1,371.00
15/ 01 - 09 Case Mgt Brokerage	799				\$ 2.38	\$ -	0.00%	0.00%			799,000	1,901.62
45/ 20 - 29 Outreach	130				\$ 80.45	\$ -	0.00%	0.00%			130,000	10,458.50
B-4b Child Outpatient Behavioral Health Clinic-EPSTD PC# - 38185 (HMHMCP751594) 251962-10000-10001670-0001												
15/ 10 - 56 MH Svcs	124,099				\$ 3.06	\$ -	0.00%	0.00%			124,099,000	379,742.84
15/ 70 - 79 Crisis Intervention-OP	200				\$ 4.57	\$ -	0.00%	0.00%			200,000	914.00
15/ 01 - 09 Case Mgt Brokerage	2,498				\$ 2.38	\$ -	0.00%	0.00%			2,498,000	5,945.24
TOTAL	146,171		0,000				0,000	0,00%			146,171,000	\$ 455,557.00
Budget Amount					\$ 455,850.00		Expenses To Date	% of Budget			Remaining Budget	
							\$ -	0.00%			\$ 455,850.00	

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (for bill us) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____ Date _____

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

Appendix F
 PAGE A

Control Number:

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

INVOICE NUMBER:
 Ct. Blanket No.: BPHM User Cd
 CL PO No.: POHM
 Fund Source:
 Invoice Period:
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 12/31/2018

PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted: Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 EI-Childcare MH Consultation Initiative PC# - 38182 - (HM)MCHDHSWO) 251962-10002-10001803-0001												
45/10 - 19 Consultation (Individuals)	527				\$ 90.00	\$ 0.000	0.00%				527,000	\$ 47,430.00
45/10 - 19 Consultation (Group)	447				\$ 90.00	\$ 0.000	0.00%				447,000	\$ 40,230.00
45/10 - 19 Consultation (Observation)	433				\$ 90.00	\$ 0.000	0.00%				433,000	\$ 38,970.00
45/10 - 19 Staff Training	47				\$ 90.00	\$ 0.000	0.00%				47,000	\$ 4,230.00
46/10 - 19 Parent Training / Support Group	139				\$ 90.00	\$ 0.000	0.00%				139,000	\$ 12,510.00
45/10 - 19 Early Ref/ Linkage	196				\$ 90.00	\$ 0.000	0.00%				196,000	\$ 17,640.00
45/10 - 19 Consultant Train/ Supv	230				\$ 90.00	\$ 0.000	0.00%				230,000	\$ 20,700.00
45/10 - 19 Evaluation	92				\$ 90.00	\$ 0.000	0.00%				92,000	\$ 8,280.00
45/10 - 19 System Work	92				\$ 90.00	\$ 0.000	0.00%				92,000	\$ 8,280.00
45/10 - 19 Early Intervention (Individuals)	19				\$ 90.00	\$ 0.000	0.00%				19,000	\$ 1,710.00
45/10 - 19 Early Intervention (Group)	15				\$ 115.00	\$ 0.000	0.00%				15,000	\$ 1,725.00
45/10 - 19 MH Service Inv/Family	6				\$ 90.00	\$ 0.000	0.00%				6,000	\$ 540.00
TOTAL	2,243		0.000			0.000	0.00%				2,243,000	\$ 202,245.00
	Budget Amount				\$ 202,264.00		Expenses To Date	% of Budget			Remaining Budget	
							\$ 0.000	0.00%			\$ 202,264.00	

NOTES:
SUBTOTAL AMOUNT DUE \$
Less: Initial Payment Recovery
(For BPH Use) Other Adjustments
NET REIMBURSEMENT \$

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory _____ Date: _____

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

Appendix F
 PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

INVOICE NUMBER: M28 JL 18
 Ct. Blanket No.: BPHM TBD
 Ct. PO No.: PPHM TBD
 Fund Source: MH WO DCYF Child Care
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number: _____

Funding Term: 07/01/2018 - 12/31/2018

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Repts. Unit Modality/Mode # - Svc. Func (initials)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-S EI-Childcare MH Consultation Initiative PC# - 38182 - (HMHMCHDCYF) 251962-10002-10001799-0007	99				\$ 90.00	\$ -	0.000		0.00%		99.000	\$ 8,910.00
45/10 - 19 Consultation (Individuals)	84				\$ 90.00	\$ -	0.000		0.00%		84.000	7,560.00
45/10 - 19 Consultation (Observation)	82				\$ 90.00	\$ -	0.000		0.00%		82.000	7,380.00
45/10 - 19 Staff Training	9				\$ 90.00	\$ -	0.000		0.00%		9.000	810.00
45/10 - 19 Parent Training / Support Group	26				\$ 90.00	\$ -	0.000		0.00%		26.000	2,340.00
45/10 - 19 Early Ref/ Linkage	37				\$ 90.00	\$ -	0.000		0.00%		37.000	3,330.00
45/10 - 19 Consultant Train/ Silv.	43				\$ 90.00	\$ -	0.000		0.00%		43.000	3,870.00
45/10 - 19 Evaluation	17				\$ 90.00	\$ -	0.000		0.00%		17.000	1,530.00
45/10 - 19 System Work	17				\$ 90.00	\$ -	0.000		0.00%		17.000	1,530.00
45/10 - 19 Early Intervention (Individuals)	4				\$ 90.00	\$ -	0.000		0.00%		4.000	360.00
45/10 - 19 Early Intervention (Group)	3				\$ 115.00	\$ -	0.000		0.00%		3.000	345.00
45/10 - 19 MH Services Indv/Family	1				\$ 90.00	\$ -	0.000		0.00%		1.000	90.00
TOTAL	422.00		0.000				0.000		0.00%		422.000	\$ 38,055.00

Budget Amount	\$	38,114.00	Expenses To Date	\$	0.000	% of Budget	0.00%	Remaining Budget	\$	38,114.00
SUBTOTAL AMOUNT DUE			\$			NOTES:				
Less: Initial Payment Recovery			\$			MH WO DCYF - 251962-10002-10001799-004 - \$37,184.00				
(For DPH Use) Other Adjustments			\$			MH County - GF 251962-10000-10001799-0001 - \$930.00				
NET REIMBURSEMENT			\$							

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory _____ Date _____

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500

BHS

INVOICE NUMBER : M29 - JL - 18
Cl. Blanket No.: BPHM TBD User Cd
Cl. PO No.: POHM: TBD
Fund Source: GF, SDMC Reg FFP, MH Realignment
Invoice Period : July 2018
Final Invoice: (Check if Yes)
ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Replg. Unit Modify/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1 Adult Outpatient - Behavioral Health Clinic PC# - 38183 - (HMHCC/30515) 251984-10000-10001792-0001												
15/ 10 - 56 MH Svcs	148,301				\$ 3.06	\$ -	0.000		0.00%		148,301.000	
15/ 60 - 69 Medication Support	16,197				\$ 6.70	\$ -	0.000		0.00%		16,197.000	
15/ 70 - 79 Crisis Intervention-OP	1,400				\$ 4.57	\$ -	0.000		0.00%		1,400.000	
15/ 01 - 09 Case Mgt Brokerage	3,997				\$ 2.38	\$ -	0.000		0.00%		3,997.000	
45/ 20 - 29 Cmnty Client Svcs	400				\$ 141.34	\$ -	0.000		0.00%		400.000	
TOTAL	170,295		0.000				0.000		0.00%		170,295.000	
Budget Amount					\$ 618,571.00				Expenses To Date	% of Budget		Remaining Budget
												\$ 618,571.00

\$ 453,801.06
\$ 92,322.90
6,398.00
9,512.86
56,536.00
\$ 618,570.82

SUBTOTAL AMOUNT DUE \$
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

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

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment
Authorized Signatory _____ Date _____

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

Appendix F
 PAGE A

Control Number:

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)

BHS

INVOICE NUMBER: MS2 JL 18
 CL Blanket No.: BPHM TBD
 User Cd
 CL PO No.: POHM TBD
 Fund Source: GF, SDMC Regular FFP, PSR EPSDT
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 12/31/2018
 PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5 EI-Childcare MH Consultation Initiative PC# - 33182 (HMH MCP751594) 251862-10000-10001670-0001												
15/ 10 - 57 EPSDT - MH Services	6,496				\$ 3.06	\$ -	0,000		0.00%		6,496,000	\$ 19,877.76
15/ 70 - 79 EPSDT - Crisis Intervention	12				\$ 4.57	\$ -	0,000		0.00%		12,000	54.84
15/ 70 - 09 EPSDT - Case Mgt/ Brokerage	100				\$ 2.38	\$ -	0,000		0.00%		100,000	238.00
TOTAL	6,608		0,000				0,000		0.00%		6,608,000	\$ 20,170.60
Budget Amount					\$ 20,172.00		Expenses To Date		% of Budget		Remaining Budget	
											\$ 20,172.00	

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (For PH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 -12/31/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M33 JL 18
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	MH State - MHSA
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 MHSA PEI ECMH Training - (HMHMPROP63-PMHS63-1810) 251984-151756-10031199-0020												
60/ 78 Other Non-Medical Client Support Exp	27	10					0%	0%	27	10	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 6,131.00	\$ -	\$ -	0.00%	\$ 6,131.00
Fringe Benefits	\$ 1,386.00	\$ -	\$ -	0.00%	\$ 1,386.00
Total Personnel Expenses	\$ 7,517.00	\$ -	\$ -	0.00%	\$ 7,517.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 150.00	\$ -	\$ -	0.00%	\$ 150.00
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Expenses (Food)	\$ 200.00	\$ -	\$ -	0.00%	\$ 200.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 350.00	\$ -	\$ -	0.00%	\$ 350.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 7,867.00	\$ -	\$ -	0.00%	\$ 7,867.00
Indirect Expenses	\$ 944.00	\$ -	\$ -	0.00%	\$ 944.00
TOTAL EXPENSES	\$ 8,811.00	\$ -	\$ -	0.00%	\$ 8,811.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

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

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: _____ Date: _____

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)

BHS

INVOICE NUMBER:
 Cl. Blanket No.: BPHM
 Cl. PO No.: POHM
 Fund Source:
 Invoice Period:
 Final Invoice:
 ACE Control Number:

Funding Term: 07/01/2018 - 12/31/2018
 PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Repl. Unit Modality/Mode # - Svc Func. (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-S El-Childcare MH Consultation Initiative PC# - 38182 - (HM-IMCHSR/FWO) - 251862-10002-10001800-0003												
45/10 - 19 Consultation (Individuals)	63				\$ 90.00	\$ -	0.000		0.00%		63.000	\$ 5,670.00
45/10 - 19 Consultation (Group)	53				\$ 90.00	\$ -	0.000		0.00%		53.000	4,770.00
45/10 - 19 Consultation (Observation)	51				\$ 90.00	\$ -	0.000		0.00%		51.000	4,590.00
45/10 - 19 Staff Training	6				\$ 90.00	\$ -	0.000		0.00%		6.000	540.00
45/10 - 19 Parent Training / Support Group	17				\$ 90.00	\$ -	0.000		0.00%		17.000	1,530.00
45/10 - 19 Early Ref/ Linkage	23				\$ 90.00	\$ -	0.000		0.00%		23.000	2,070.00
45/10 - 19 Consultant Train/ Sfty	27				\$ 90.00	\$ -	0.000		0.00%		27.000	2,430.00
45/10 - 19 Evaluation	11				\$ 90.00	\$ -	0.000		0.00%		11.000	990.00
45/10 - 19 System Work	10				\$ 90.00	\$ -	0.000		0.00%		10.000	900.00
45/10 - 19 Early Intervention (Individuals)	2				\$ 90.00	\$ -	0.000		0.00%		2.000	180.00
45/10 - 19 Early Intervention (Group)	2				\$ 115.00	\$ -	0.000		0.00%		2.000	230.00
45/10 - 19 MH Services Indv/Family	1				\$ 90.00	\$ -	0.000		0.00%		1.000	90.00
TOTAL	266		0.000				0.000		0.00%		266.000	\$ 23,990.00

Budget Amount	\$ 24,000.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 24,000.00
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SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (For DPH Use) Other Adjustments
 NET REIMBURSEMENT \$

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)
 Funding Term: 07/01/2018 - 12/31/2018
 PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M36 JL 18
 Ct. Blanket No.: BPHM TBD
 User Cd:
 CL PO No.: POHM TBD
 Fund Source: MH WO HSA MH Pre-School
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc.Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	LIEN	UOS	CLIENTS
B-5 El-Childcare MH Consultation Initiative PC# - 38182 - (HMHMCHPFAFWO)			251962-10002-10001803-0008									
45/10 - 19 Consultation (Individuals)	543				\$ 90.00	\$ -	0.000		0.00%		543.000	\$ 48,870.00
45/10 - 19 Consultation (Group)	460				\$ 90.00	\$ -	0.000		0.00%		460.000	41,400.00
45/10 - 19 Consultation (Observation)	446				\$ 90.00	\$ -	0.000		0.00%		446.000	40,140.00
45/10 - 19 Staff Training	49				\$ 90.00	\$ -	0.000		0.00%		49.000	4,410.00
45/10 - 19 Parent Training / Support Group	143				\$ 90.00	\$ -	0.000		0.00%		143.000	12,870.00
45/10 - 19 Early Ref/ Linkeage	202				\$ 90.00	\$ -	0.000		0.00%		202.000	18,180.00
45/10 - 19 Consultant Train/ Supv	237				\$ 90.00	\$ -	0.000		0.00%		237.000	21,330.00
45/10 - 19 Evaluation	95				\$ 90.00	\$ -	0.000		0.00%		95.000	8,550.00
45/10 - 19 System Work	95				\$ 90.00	\$ -	0.000		0.00%		95.000	8,550.00
45/10 - 19 Intervention (Individuals)	19				\$ 90.00	\$ -	0.000		0.00%		19.000	1,710.00
45/10 - 19 Intervention (Group)	15				\$ 115.00	\$ -	0.000		0.00%		15.000	1,725.00
45/10 - 19 MH Service Indvl/ Family	7				\$ 90.00	\$ -	0.000		0.00%		7.000	630.00
TOTAL	2,311		0.000				0.000		0.00%		2,311.000	\$ 208,365.00

Budget Amount	\$ 208,411.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 208,411.00
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SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (For PH Use) Other Adjustments
 NET REIMBURSEMENT \$ -

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
 PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500

BHS

INVOICE NUMBER: M37 - JL - 18
 Ct. Blanket No.: BPHM TBD
 User Cd
 Ct. PO No.: POHM TBD
 Fund Source: MH County - General Fund
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 12/31/2018

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MCO)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-5.El-Childcare MH Consultation Initiative PC# - 39182 - (HMHMGP751594)			251962-10000-10001670-0001									
45/10 - 19 Consultation (Individuals)	18.00				\$ 90.00	\$ -	0.000		0.00%		18.000	1,620.00
45/10 - 19 Consultation (Group)	15.00				\$ 90.00	\$ -	0.000		0.00%		15.000	1,350.00
45/10 - 19 Consultation (Observation)	15.00				\$ 90.00	\$ -	0.000		0.00%		15.000	1,350.00
45/10 - 19 Staff Training	2.00				\$ 90.00	\$ -	0.000		0.00%		2.000	180.00
45/10 - 19 Parent Training / Support Group	5.00				\$ 90.00	\$ -	0.000		0.00%		5.000	450.00
45/10 - 19 Early Ref/ Linkage	7.00				\$ 90.00	\$ -	0.000		0.00%		7.000	630.00
45/10 - 19 Consultant Train/ Srv	8.00				\$ 90.00	\$ -	0.000		0.00%		8.000	720.00
45/10 - 19 Evaluation	3.00				\$ 90.00	\$ -	0.000		0.00%		3.000	270.00
45/10 - 19 System Work	3.00				\$ 90.00	\$ -	0.000		0.00%		3.000	270.00
45/10 - 19 Intervention (Individuals)	1.00				\$ 90.00	\$ -	0.000		0.00%		1.000	90.00
45/10 - 19 Intervention (Group)	0.50				\$ 115.00	\$ -	0.000		0.00%		0.500	57.50
45/10 - 19 MH Services Indv. Family	0.22				\$ 90.00	\$ -	0.000		0.00%		0.220	19.80
TOTAL	77.72		0.000				0.000		0.00%		77.720	7,007.30

Budget Amount	\$ 6,900.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 6,900.00
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SUBTOTAL AMOUNT DUE	\$ -	NOTES:
Less: Initial Payment Recovery	\$ -	
(For BPH Use) Other Adjustments	\$ -	
NET REIMBURSEMENT	\$ -	

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500

BHS

INVOICE NUMBER : M39 JL 18
CL Blanket No.: BPHM TBD
User Cd
CL PQ No.: POHM TBD
Fund Source: MH State- MHSA
Invoice Period: July 2018
Final Invoice: (Check if Yes)
ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019
PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables		
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS		UOS	CLIENTS	
B-7 MHSA PEI-School-Based Youth-Centered Wellness PC# - 38182 - (HMHMPROP63-PMHS63-1810) 251984-17156-10031199-0007												
45/20-29 Consultation (Group) Cmnty Client Svcs	743				\$ 95.51	\$ -	0.000		0.00%	743.000		\$ 70,963.93
45/20-29 Consultation (Individuals) Cmnty Client Svcs	674				\$ 95.51	\$ -	0.000		0.00%	674.000		64,373.74
45/20-29 Consultation (Class/Observation) Cmnty Client Svcs	175				\$ 95.51	\$ -	0.000		0.00%	175.000		16,714.25
5/20-29 Traing/ Parent Support (Group) Cmnty Client Svcs	80				\$ 95.51	\$ -	0.000		0.00%	80.000		7,640.80
45/20-29 Direct Svcs (Group) Cmnty Client Svcs	15				\$ 175.50	\$ -	0.000		0.00%	15.000		2,632.50
45/20-29 Parental Engagement/ Cmnty Client Svcs	150				\$ 87.75	\$ -	0.000		0.00%	150.000		13,162.50
45/20-29 Early Intervention (Individual)	60				\$ 87.75	\$ -	0.000		0.00%	60.000		5,265.00
45/20-29 Early Ref/ Linkage	300				\$ 35.11	\$ -	0.000		0.00%	300.000		10,533.00
45/20-29 Evaluation Services	33				\$ 35.11	\$ -	0.000		0.00%	33.000		1,158.63
45/20-29 MH Services Indv/ Family	20				\$ 95.51	\$ -	0.000		0.00%	20.000		1,910.20
TOTAL	2,250		0.000				0.000		0.00%	2,250.000		\$ 194,354.55
Budget Amount					\$ 194,380.00				0.00%			\$ 194,380.00
SUBTOTAL AMOUNT DUE						\$	NOTES:					
Less: Initial Payment Recovery												
(For DPH Use) Other Adjustments												
NET REIMBURSEMENT						\$						

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

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

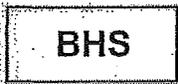
Control Number

[Empty Box]

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2918 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M40 JL 18

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: MH Fed/ State/ County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B - 11 Semillas de Paz PC# 3818C - (HMHMCP751594) 251962-10000-10001670-0001												
15/ 10 - 56 MH Svcs	88,517	40					0%	0%	88,517	40	100%	100%
15/ 01 - 09 Case Mgt Brokerage	63,720	40					0%	0%	63,720	40	100%	100%
45/ 20 - 29 Cmnty Client Svcs	482	40					0%	0%	482	40	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 292,723.00	\$ -	\$ -	0.00%	\$ 292,723.00
Fringe Benefits	\$ 74,549.00	\$ -	\$ -	0.00%	\$ 74,549.00
Total Personnel Expenses	\$ 367,272.00	\$ -	\$ -	0.00%	\$ 367,272.00
Operating Expenses:					
Occupancy	\$ 24,607.00	\$ -	\$ -	0.00%	\$ 24,607.00
Materials and Supplies	\$ 10,650.00	\$ -	\$ -	0.00%	\$ 10,650.00
General Operating	\$ 6,189.00	\$ -	\$ -	0.00%	\$ 6,189.00
Staff Travel	\$ 3,600.00	\$ -	\$ -	0.00%	\$ 3,600.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other Client Related Exp (Food)	\$ 4,800.00	\$ -	\$ -	0.00%	\$ 4,800.00
Client Related Expenses (Stipends)	\$ 4,800.00	\$ -	\$ -	0.00%	\$ 4,800.00
Client Related Expenses (Awards Incentives)	\$ 5,260.00	\$ -	\$ -	0.00%	\$ 5,260.00
Client Related Expenses (safe passage)	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Total Operating Expenses	\$ 60,406.00	\$ -	\$ -	0.00%	\$ 60,406.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 427,678.00	\$ -	\$ -	0.00%	\$ 427,678.00
Indirect Expenses	\$ 51,322.00	\$ -	\$ -	0.00%	\$ 51,322.00
TOTAL EXPENSES	\$ 479,000.00	\$ -	\$ -	0.00%	\$ 479,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: _____ Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M41 JL 18

Ct. Blanket No.: BPHM TBD

User Cd _____

Ct. PO No.: POHM TBD

Fund Source: MH State - MHSA (PEI)

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3' Indigena Health & Wellness Collaborative - (HMMPROP63-PMHS63-1810) 251984-17156-10031199-0020												
45/20 - 19 MH Promotion for Maya Community	3,190	283			0.00	0.00	0.00%	0.00%	3,190.00	283.00	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 133,032.00	\$ -	\$ -	0.00%	\$ 133,032.00
Fringe Benefits	\$ 37,142.00	\$ -	\$ -	0.00%	\$ 37,142.00
Total Personnel Expenses	\$ 170,174.00	\$ -	\$ -	0.00%	\$ 170,174.00
Operating Expenses:					
Occupancy	\$ 59,914.00	\$ -	\$ -	0.00%	\$ 59,914.00
Materials and Supplies	\$ 3,328.00	\$ -	\$ -	0.00%	\$ 3,328.00
General Operating	\$ 3,900.00	\$ -	\$ -	0.00%	\$ 3,900.00
Staff Travel	\$ 100.00	\$ -	\$ -	0.00%	\$ 100.00
Consultant/Subcontractor	\$ 766.00	\$ -	\$ -	0.00%	\$ 766.00
Other Client Related Exp (Food)	\$ 3,960.00	\$ -	\$ -	0.00%	\$ 3,960.00
Client Related Exp (Stipends)	\$ 3,350.00	\$ -	\$ -	0.00%	\$ 3,350.00
Client Related Exp (Childwatch)	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Total Operating Expenses	\$ 75,618.00	\$ -	\$ -	0.00%	\$ 75,618.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 245,792.00	\$ -	\$ -	0.00%	\$ 245,792.00
Indirect Expenses	\$ 29,495.00	\$ -	\$ -	0.00%	\$ 29,495.00
TOTAL EXPENSES	\$ 275,287.00	\$ -	\$ -	0.00%	\$ 275,287.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services- Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

[]

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)
 Funding Term: 07/01/2018 - 06/30/2019
 PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M42 JL 18
 Ct. Blanket No.: BPHM TBD
 User Cd
 CL PO No.: POHM TBD
 Fund Source: MH Fed-SDMC Reg/ State-PSR EPSDT
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date: Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	--------------------------------	------------------------	------------------------------------

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (M/O/Y)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-12 FSP - SPARK - PC# - 3818FSP - (HMHMCPT751594) 251962-10000-10001670-0001												
15/ 10 - 56 MH Svcs	27,706				\$ 3.06	\$ 0.000	0.00%				27,706.000	\$ 84,780.36
15/ 70 - 79 Crisis Intervention - OP	3,001				\$ 4.57	\$ 0.000	0.00%				3,001.000	13,714.57
15/ 01 - 09 Case Mgt Brokerage	799				\$ 2.38	\$ 0.000	0.00%				799.000	1,901.62
60/ 72 Client Flexible Support	2,099				\$ 2.38	\$ 0.000	0.00%				2,099.000	4,995.62
TOTAL	33,605		0,000			0.000	0.00%				33,605.000	\$ 105,392.17
	Budget Amount				\$ 105,394.00		Expenses To Date	% of Budget			Remaining Budget	
							\$ 0.000	0.00%			\$ 105,394.00	

SUBTOTAL AMOUNT DUE	\$
Less: Initial Payment Recovery	
(For DPH Use) Other Adjustments	
NET REIMBURSEMENT	\$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

BHS

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415)
Funding Term: 07/01/2018 - 06/30/2019
PHP Division: Behavioral Health Services

INVOICE NUMBER : M43 JL 18
Cl. Blanket No.: BPHM: TBD
User Cd.:
Cl. PO No.: POHM: TBD
Fund Source: MH State - MHSA
Invoice Period: July 2018
Final Invoice (Check if Yes)
ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (if any)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-3 MHSA PEI-Early Childhood MH Consultation PC# - 3818 - (HMHMPROP63-PMHS63-1810) 291984-17156-10031199-0020												
45/10-19 Consultation (Individuals)	128				\$ 90.00	\$ -	0.000		0.00%		128.000	\$ 11,520.00
45/10-19 Consultation (Group)	81				\$ 90.00	\$ -	0.000		0.00%		81.000	7,290.00
45/10-19 Consultation (Observation)	90				\$ 90.00	\$ -	0.000		0.00%		90.000	8,100.00
45/10-19 Staff Training	9				\$ 90.00	\$ -	0.000		0.00%		9.000	810.00
45/10-19 Parent Training/Support Group	27				\$ 90.00	\$ -	0.000		0.00%		27.000	2,430.00
45/10-19 Early Ref/Linkage	25				\$ 90.00	\$ -	0.000		0.00%		25.000	2,250.00
45/10-19 Consultant Train/Supv	25				\$ 90.00	\$ -	0.000		0.00%		25.000	2,250.00
45/10-19 Evaluation	10				\$ 90.00	\$ -	0.000		0.00%		10.000	900.00
45/10-19 System Work	50				\$ 90.00	\$ -	0.000		0.00%		50.000	4,500.00
45/10-19 Early Intervention (Individuals)	2				\$ 90.00	\$ -	0.000		0.00%		2.000	180.00
45/10-19 Early Intervention (Group)	2				\$ 115.00	\$ -	0.000		0.00%		2.000	230.00
45/10-19 MH Services (Group)	2				\$ 115.00	\$ -	0.000		0.00%		2.000	230.00
TOTAL	451		0.000				0.000		0.00%		451.000	\$ 40,690.00

Budget Amount	\$ 40,705.00	Expenses To Date	\$ -	% of Budget	0.00%	Remaining Budget	\$ 40,705.00
SUBTOTAL AMOUNT DUE \$ - Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT \$ -							

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services- Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: _____ Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.
Address: 2919 Mission Street, San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415) 647-4104
Funding Term: 07/01/2018 - 06/30/2019
PHP Division: Behavioral Health Services



INVOICE NUMBER: M45 JL 18
Cl. Blanket No.: BPHM: TBD
Cl. PO No.: POHM: TBD
Fund Source: MH Work Order-Human Svcs Agency
Invoice Period: July 2018
Final Invoice: (Check if Yes)
ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 FSP - SPARK PC# - 3818-FSP (HMHMCHPTISWO) 251962-10002-10001803-0010												
45/ 20 - 29 Cmnty Client Svcs	487	20					0.00%	0%	487	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 100,342.00	\$ -	\$ -	0.00%	\$ 100,342.00
Fringe Benefits	\$ 26,272.00	\$ -	\$ -	0.00%	\$ 26,272.00
Total Personnel Expenses	\$ 126,614.00	\$ -	\$ -	0.00%	\$ 126,614.00
Operating Expenses:					
Occupancy	\$ 5,670.00	\$ -	\$ -	0.00%	\$ 5,670.00
Materials and Supplies	\$ 2,186.00	\$ -	\$ -	0.00%	\$ 2,186.00
General Operating	\$ 2,266.00	\$ -	\$ -	0.00%	\$ 2,266.00
Staff Travel	\$ 847.00	\$ -	\$ -	0.00%	\$ 847.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other - Client Related Expenses (Award & Incentives)	\$ 282.00	\$ -	\$ -	0.00%	\$ 282.00
Client Related Expenses (Stipends)	\$ 59.00	\$ -	\$ -	0.00%	\$ 59.00
Client Related Expenses (foods)	\$ 235.00	\$ -	\$ -	0.00%	\$ 235.00
Client Related Expenses (childwatch)	\$ 117.00	\$ -	\$ -	0.00%	\$ 117.00
Client Related Expenses (Client Trave)	\$ 117.00	\$ -	\$ -	0.00%	\$ 117.00
Total Operating Expenses	\$ 11,779.00	\$ -	\$ -	0.00%	\$ 11,779.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 138,393.00	\$ -	\$ -	0.00%	\$ 138,393.00
Indirect Expenses	\$ 16,608.00	\$ -	\$ -	0.00%	\$ 16,608.00
TOTAL EXPENSES	\$ 155,001.00	\$ -	\$ -	0.00%	\$ 155,001.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT			\$		

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar De La Razza, Inc.
Address: 2919 Mission Street, San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



INVOICE NUMBER: M46 JL 18
Ct. Blanket No.: BPHM TBD
Ct. PO No.: POHM TBD
Fund Source: MH State - MHSA
Invoice Period: July 2018
Final Invoice: _____ (Check if Yes)
ACE Control Number: _____

Funding Term: 07/01/2018 - 12/31/2018
PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 FSP - SPARK PC# - 3818-FSP (HMHMPROP63-PMHS-1803) 251984-17156-10031199-0017												
45/20 - 29 Cmnty Client Svcs	1,257	20					0.00%	0%	1,257	20	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 258,948.00	\$ -	\$ -	0.00%	\$ 258,948.00
Fringe Benefits	\$ 67,798.00	\$ -	\$ -	0.00%	\$ 67,798.00
Total Personnel Expenses	\$ 326,746.00	\$ -	\$ -	0.00%	\$ 326,746.00
Operating Expenses:					
Occupancy	\$ 14,632.00	\$ -	\$ -	0.00%	\$ 14,632.00
Materials and Supplies	\$ 5,643.00	\$ -	\$ -	0.00%	\$ 5,643.00
General Operating	\$ 5,848.00	\$ -	\$ -	0.00%	\$ 5,848.00
Staff Travel	\$ 2,185.00	\$ -	\$ -	0.00%	\$ 2,185.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Client Related Expenses (Award & Incentives)	\$ 726.00	\$ -	\$ -	0.00%	\$ 726.00
Client Related Expenses (Stipends)	\$ 151.00	\$ -	\$ -	0.00%	\$ 151.00
Client Related Expenses (foods)	\$ 605.00	\$ -	\$ -	0.00%	\$ 605.00
Client Related Expenses (Childwatch)	\$ 303.00	\$ -	\$ -	0.00%	\$ 303.00
Client Related Expenses (Client Travel)	\$ 303.00	\$ -	\$ -	0.00%	\$ 303.00
Total Operating Expenses	\$ 30,396.00	\$ -	\$ -	0.00%	\$ 30,396.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 357,142.00	\$ -	\$ -	0.00%	\$ 357,142.00
Indirect Expenses	\$ 42,857.00	\$ -	\$ -	0.00%	\$ 42,857.00
TOTAL EXPENSES	\$ 399,999.00	\$ -	\$ -	0.00%	\$ 399,999.00
Less: Initial Payment Recovery		\$ -			
Other Adjustments (DPH use only)		\$ -			
		\$ -			
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: **Insituto Familiar De La Razza, Inc.**

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: **M47 JL 18**

Ct. Blanket No.: BPHM **TBD**

Ct. PO No.: POHM **TBD** User Cd _____

Fund Source: **General Fund**

Invoice Period: **July 2018**

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-2 Behavioral Health Primary Care Integration - (HMMCC730515) 251984-10000-10001792-0001												
45/ 20 - 29 Cmnty Client Svcs	1,001	70					0%	0%	1,001	70	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 65,775.00	\$ -	\$ -	0.00%	\$ 65,775.00
Fringe Benefits	\$ 18,535.00	\$ -	\$ -	0.00%	\$ 18,535.00
Total Personnel Expenses	\$ 84,310.00	\$ -	\$ -	0.00%	\$ 84,310.00
Operating Expenses:					
Occupancy	\$ 2,379.00	\$ -	\$ -	0.00%	\$ 2,379.00
Materials and Supplies	\$ 475.00	\$ -	\$ -	0.00%	\$ 475.00
General Operating	\$ 754.00	\$ -	\$ -	0.00%	\$ 754.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Audit Fee	\$ -	\$ -	\$ -	0.00%	\$ -
Payroll Service Fees	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,608.00	\$ -	\$ -	0.00%	\$ 3,608.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 87,918.00	\$ -	\$ -	0.00%	\$ 87,918.00
Indirect Expenses	\$ 10,550.00	\$ -	\$ -	0.00%	\$ 10,550.00
TOTAL EXPENSES	\$ 98,468.00	\$ -	\$ -	0.00%	\$ 98,468.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
 Printed Name: _____
 Title: _____

Date: _____
 Phone: _____

Send to:
 Behavioral Health Servies-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory: _____ Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
Address: 2919 Mission St., San Francisco, CA 94110
Tel No.: (415) 229-0500

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER : M48 JL 18
Cl. Blanket No.: BPHM TBD
User Cd:
Cl. PO No.: POHM TBD
Fund Source: MH Wellness Center General Fund
Invoice Period : July 2018
Final Invoice: (Check if Yes)
ACE Control Number:

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

DELIVERABLES: Program Name/Replg. Unit Modality/Mode # - Svc Func (MH only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDS	CLIENTS	UDS	CLIENTS			UDS	CLIENTS	UDS	CLIENTS	UDS	CLIENTS
B-4a Child Outpatient Behavioral Health Svcs PC# - 38186 - (HMH MCP751594) 251962-10000-10001670-0001												
45/ 10- 19 Parent Engagement Education	354				\$ 141.34	\$	0.000		0.00%		354.000	\$ 50,034.36
TOTAL	354		0.000				0.000		0.00%		354.000	\$ 50,034.36
	Budget Amount				\$ 50,000.00		Expenses To Date		% of Budget		Remaining Budget	
							\$		0.00%		\$ 50,000.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$ -

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Instituto Familiar de la Raza, Inc.
 Address: 2919 Mission St., San Francisco, CA 94110
 Tel No.: (415) 229-0500
 Fax No.: (415)

BHS

INVOICE NUMBER: M49 JL 18
 CL Blanket No.: BPHM TBD
 CL PO No.: POHM TBD
 Fund Source: MH Fed/ State/ WO DCYF/ GF CODB
 Invoice Period: July 2018
 Final Invoice: (Check if Yes)
 ACE Control Number:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

Unduplicated Counts for AIDS Use Only

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (W/O#)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-6a ISCS/ EPSDT Services PC# - 38181-38LA-2												
15/ 01 - 09 Case Mgt Brokerage	32,167				\$ 2.38	\$ -	0.000		0.00%		32,167.000	
15/ 07 - Intensive Care Coordinator	840				\$ 2.38	\$ -	0.000		0.00%		840.000	
15/ 10 - 58 MH Svcs	30,629				\$ 3.06	\$ -	0.000		0.00%		30,629.000	
5/ 07 Intensive Home Based Svcs	654				\$ 3.06	\$ -	0.000		0.00%		654.000	
15/20-28 Cmnty Client Svcs	56				\$ 80.45	\$ -	0.000		0.00%		56.000	
60/ 72 - Client Flexible Support	11,765				\$ 2.38	\$ -	0.000		0.00%		11,765.000	
TOTAL	76,111		0.000				0.000		0.00%		76,111.000	
Budget Amount					\$ 206,783.00		\$		0.00%		\$ 206,783.00	

\$ 76,557.46
 1,999.20
 93,724.74
 2,001.24
 4,505.20
 28,000.70
 206,786.54

SUBTOTAL AMOUNT DUE	\$	
Less: Initial Payment Recovery		
(For DPH Use) Other Adjustments		
NET REIMBURSEMENT	\$	

NOTES:
 DCYF WO-251962-10002-10001799-0003 - \$77,799.00
 MH County GF-25192-10000-10001670-0001 - \$127,040.00
 GF - WO CODB-251962-10000-1001670-0001 - \$1,944.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title _____

Send to:
 Behavioral Health Services Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

[Empty Box]

INVOICE NUMBER: M50 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Fed - SDMC Regular FFP (60%)
MH State - PSR EPSDT
MH County - General Fund

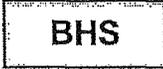
Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110



Tel No.: (415) 229-0500
Fax No.: (415) 647-4104

Funding Term: 07/01/2018 - 12/31/2018

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL		
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	
B-6b ISCS/ Family First PC# - 38LA-10 & 381820 - (HMHMCP751594)			251962	10000	10001	1670	0001						
15/ 01 -09 Case Mgt Brokerage	6,378	16						0.00%	0.00%	6,378	16	100%	100%
15/ 07 Intensive Care Coordination	1,970	16						0.00%	0.00%	1,970	16	100%	100%
15/ 10 - 56 MH Svcs	8,794	16						0.00%	0.00%	8,794	16	100%	100%
15/ 77 Intensive Home Based Svcs	1,053	16						0.00%	0.00%	1,053	16	100%	100%
45/ 20 - 29 Cmmy Client Svcs	85	16						0.00%	0.00%	85.00	16	100%	100%
60/ 76 Client Flexible Support	1,849	16						0.00%	0.00%	1,849	16	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 45,042.00	\$ -	\$ -	0.00%	\$ 45,042.00
Fringe Benefits	\$ 12,760.00	\$ -	\$ -	0.00%	\$ 12,760.00
Total Personnel Expenses	\$ 57,802.00	\$ -	\$ -	0.00%	\$ 57,802.00
Operating Expenses:					
Occupancy	\$ 4,199.00	\$ -	\$ -	0.00%	\$ 4,199.00
Materials and Supplies	\$ 935.00	\$ -	\$ -	0.00%	\$ 935.00
General Operating	\$ 802.00	\$ -	\$ -	0.00%	\$ 802.00
Staff Travel	\$ 600.00	\$ -	\$ -	0.00%	\$ 600.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other Client Related Expenses (food)	\$ 225.00	\$ -	\$ -	0.00%	\$ 225.00
Client Related Expenses (Award/ Incentive)	\$ 450.00	\$ -	\$ -	0.00%	\$ 450.00
Client Related Expenses (Stipends)	\$ 500.00	\$ -	\$ -	0.00%	\$ 500.00
Total Operating Expenses	\$ 7,711.00	\$ -	\$ -	0.00%	\$ 7,711.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 65,513.00	\$ -	\$ -	0.00%	\$ 65,513.00
Indirect Expenses	\$ 7,861.00	\$ -	\$ -	0.00%	\$ 7,861.00
TOTAL EXPENSES	\$ 73,374.00	\$ -	\$ -	0.00%	\$ 73,374.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT			\$		

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

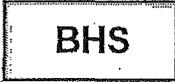
**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

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Contractor: Insituto Familiar De La Razza, Inc.
Address: 2919 Mission Street, San Francisco, CA 94110
Tel No.: (415) 229-0500
Fax No.: (415) 647-4104



INVOICE NUMBER:	M51 JL 18
Ct. Blanket No.: BPHM	TBD
	User Cd
Ct. PO No.: POHM	TBD
Fund Source:	MH State - MHSA
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Funding Term: 07/01/2018 - 06/30/2019.
PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9a TAY Engagement & Treatment - Latino - 251984-17156-10031199-0020												
45/ 10 - 19 OS-MH Promotion	1,815	92					0.00%	0.00%	1,815	92	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 136,035.00	\$ -	\$ -	0.00%	\$ 136,035.00
Fringe Benefits	\$ 33,709.00	\$ -	\$ -	0.00%	\$ 33,709.00
Total Personnel Expenses	\$ 169,744.00	\$ -	\$ -	0.00%	\$ 169,744.00
Operating Expenses:					
Occupancy	\$ 9,747.00	\$ -	\$ -	0.00%	\$ 9,747.00
Materials and Supplies	\$ 7,164.00	\$ -	\$ -	0.00%	\$ 7,164.00
General Operating	\$ 2,898.00	\$ -	\$ -	0.00%	\$ 2,898.00
Staff Travel	\$ 1,620.00	\$ -	\$ -	0.00%	\$ 1,620.00
Consultant/Subcontractor	\$ 2,430.00	\$ -	\$ -	0.00%	\$ 2,430.00
Other: Client Related Expenses (food)	\$ 2,610.00	\$ -	\$ -	0.00%	\$ 2,610.00
Client Related Expenses (Award/ Incentive)	\$ 2,700.00	\$ -	\$ -	0.00%	\$ 2,700.00
Client Related Expenses (Stipends)	\$ 1,530.00	\$ -	\$ -	0.00%	\$ 1,530.00
Client Related Expenses (Safe Passage)	\$ 450.00	\$ -	\$ -	0.00%	\$ 450.00
Total Operating Expenses	\$ 31,149.00	\$ -	\$ -	0.00%	\$ 31,149.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 200,893.00	\$ -	\$ -	0.00%	\$ 200,893.00
Indirect Expenses	\$ 24,107.00	\$ -	\$ -	0.00%	\$ 24,107.00
TOTAL EXPENSES	\$ 225,000.00	\$ -	\$ -	0.00%	\$ 225,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT			\$		

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment	
Authorized Signatory	Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

[Empty Box]

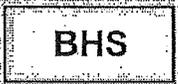
INVOICE NUMBER:	M52 JL 18
Cl. Blanket No.: BPHM	TBD
	User Cd
Cl. PO No.: POHM:	TBD
Fund Source:	MH State - MHSA Match/ MH Fed-SDMC Reg
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9a TAY Engagement & Treatment - Latino												
15/ 10 - 57, 59, OP - MH Svcs	6,303	92					0.00%	0.00%	6,303	92	100%	100%
15/ 01 - 09 OP - Case Mgt Brokerage	2,400	92					0.00%	0.00%	2,400	92	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 15,116.00	\$ -	\$ -	0.00%	\$ 15,116.00
Fringe Benefits	\$ 3,746.00	\$ -	\$ -	0.00%	\$ 3,746.00
Total Personnel Expenses	\$ 18,862.00	\$ -	\$ -	0.00%	\$ 18,862.00
Operating Expenses:					
Occupancy	\$ 1,084.00	\$ -	\$ -	0.00%	\$ 1,084.00
Materials and Supplies	\$ 796.00	\$ -	\$ -	0.00%	\$ 796.00
General Operating	\$ 322.00	\$ -	\$ -	0.00%	\$ 322.00
Staff Travel	\$ 180.00	\$ -	\$ -	0.00%	\$ 180.00
Consultant/Subcontractor	\$ 270.00	\$ -	\$ -	0.00%	\$ 270.00
Other: Client Related Expenses (food)	\$ 290.00	\$ -	\$ -	0.00%	\$ 290.00
Client Related Expenses (Award/ Incentive)	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Client Related Expenses (Stepends)	\$ 170.00	\$ -	\$ -	0.00%	\$ 170.00
Client Related Expenses (Safe Passage)	\$ 50.00	\$ -	\$ -	0.00%	\$ 50.00
Total Operating Expenses	\$ 3,462.00	\$ -	\$ -	0.00%	\$ 3,462.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 22,324.00	\$ -	\$ -	0.00%	\$ 22,324.00
Indirect Expenses	\$ 2,679.00	\$ -	\$ -	0.00%	\$ 2,679.00
TOTAL EXPENSES	\$ 25,003.00	\$ -	\$ -	0.00%	\$ 25,003.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT:		\$ -			

NOTES:
MH Fed-SDMC Reg 251962-10000-10001670-0001 - \$12,500.00
MH State-MHSA Match 251984-17156-10031199-0020 \$12,500.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104

BHS

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M53 JL 18
Ct. Blanket No.: BPHM	TBD
Ct. PO No.: POHM	TBD
Fund Source:	MH State - MHSA Match/ MH Fed-SDMC Reg.
Invoice Period:	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9b TAY Engagement & Treatment - Latino												
15/ 10 - 57, 59 OP - MH Svcs	6,303	92					0.00%	0.00%	6,303	92	100%	100%
15/ 01 - 09 OP - Case Mgt Brokerage	2,400	92					0.00%	0.00%	2,400	92	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 15,349.00	\$ -	\$ -	0.00%	\$ 15,349.00
Fringe Benefits	\$ 3,896.00	\$ -	\$ -	0.00%	\$ 3,896.00
Total Personnel Expenses	\$ 19,245.00	\$ -	\$ -	0.00%	\$ 19,245.00
Operating Expenses:					
Occupancy	\$ 1,124.00	\$ -	\$ -	0.00%	\$ 1,124.00
Materials and Supplies	\$ 683.00	\$ -	\$ -	0.00%	\$ 683.00
General Operating	\$ 369.00	\$ -	\$ -	0.00%	\$ 369.00
Staff Travel	\$ 900.00	\$ -	\$ -	0.00%	\$ 900.00
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,076.00	\$ -	\$ -	0.00%	\$ 3,076.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 22,321.00	\$ -	\$ -	0.00%	\$ 22,321.00
Indirect Expenses	\$ 2,679.00	\$ -	\$ -	0.00%	\$ 2,679.00
TOTAL EXPENSES	\$ 25,000.00	\$ -	\$ -	0.00%	\$ 25,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:
MH Fed-SDMC Reg 251962-10000-10001670-00P1 - \$12,500.00
MH State-MHSA Match 251994-17156-10031199-0020 \$12,500.00

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

[]

Contractor: Insituto Familiar De La Razza, Inc.

Address: 2919 Mission Street, San Francisco, CA 94110

Tel No.: (415) 229-0500

Fax No.: (415) 647-4104



Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER: M54 JL 18

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH County - General Fund

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE Control Number: []

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-13 Day Laborer - 251984-100000-10001792-0001												
45/ 20 - 29 OS-Crmnty Client Svcs	613	30					0.00%	0.00%	613	30	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 35,064.00	\$ -	\$ -	0.00%	\$ 35,064.00
Fringe Benefits	\$ 10,364.00	\$ -	\$ -	0.00%	\$ 10,364.00
Total Personnel Expenses	\$ 45,428.00	\$ -	\$ -	0.00%	\$ 45,428.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 285.00	\$ -	\$ -	0.00%	\$ 285.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 285.00	\$ -	\$ -	0.00%	\$ 285.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 45,713.00	\$ -	\$ -	0.00%	\$ 45,713.00
Indirect Expenses	\$ 5,486.00	\$ -	\$ -	0.00%	\$ 5,486.00
TOTAL EXPENSES	\$ 51,199.00	\$ -	\$ -	0.00%	\$ 51,199.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Phone: _____

Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

Appendix G
Dispute Resolution Procedure
For Health and Human Services Nonprofit Contractors
9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

THE DECLARATION OF COMPLIANCE

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.

Appendix J

SUBSTANCE USE DISORDER SERVICES
such as
Drug Medi-Cal,
Federal Substance Abuse Block Grant (SABG),
Organized Delivery System (DMC-ODS)
Primary Prevention or
State Funded Services

The following laws, regulations, policies/procedures and documents are hereby incorporated by reference into this Agreement as though fully set forth therein.

Drug Medi-Cal (DMC) services for substance use treatment in the Contractor's service area pursuant to Sections 11848.5(a) and (b) of the Health and Safety Code (hereinafter referred to as HSC), Sections 14021.51 – 14021.53, and 14124.20 – 14124.25 of the Welfare and Institutions Code (hereinafter referred to as W&IC), and Title 22 of the California Code of Regulations (hereinafter referred to as Title 22), Sections 51341.1, 51490.1, and 51516.1, and Part 438 of the Code of Federal Regulations, hereinafter referred to as 42 CFR 438.

The City and County of San Francisco and the provider enter into this Intergovernmental Agreement by authority of Title 45 of the Code of Federal Regulations Part 96 (45 CFR Part 96), Substance Abuse Block Grants (SABG) for the purpose of planning, carrying out, and evaluating activities to prevent and treat substance abuse. SABG recipients must adhere to Substance Abuse and Mental Health Administration's (SAMHSA) National Outcome Measures (NOMs).

The objective is to make substance use treatment services available to Medi-Cal and other non-DMC beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act and the SABG for reimbursable covered services rendered by certified DMC providers.

Reference Documents

Document 1A: Title 45, Code of Federal Regulations 96, Subparts C and L, Substance Abuse Block Grant Requirements

<https://www.gpo.gov/fdsys/granule/CFR-2005-title45-vol1/CFR-2005-title45-vol1-part96>

Document 1B: Title 42, Code of Federal Regulations, Charitable Choice Regulations

<https://www.law.cornell.edu/cfr/text/42/part-54>

Document 1C: Driving-Under-the-Influence Program Requirements

Document 1F(a): Reporting Requirement Matrix – County Submission Requirements for the Department of Health Care Services

Document 1G: Perinatal Services Network Guidelines 2016

Document 1H(a): Service Code Descriptions

Document 1J(a): Non-Drug Medi-Cal Audit Appeals Process

Document 1J(b): DMC Audit Appeals Process

Document 1K: Drug and Alcohol Treatment Access Report (DATAR)
<http://www.dhcs.ca.gov/provgovpart/Pages/DATAR.aspx>

Document 1P: Alcohol and/or Other Drug Program Certification Standards (March 15, 2004)
http://www.dhcs.ca.gov/provgovpart/Pages/Facility_Certification.aspx

Document 1T: CalOMS Prevention Data Quality Standards

Document 1V: Youth Treatment Guidelines
http://www.dhcs.ca.gov/individuals/Documents/Youth_Treatment_Guidelines.pdf

Document 2A: Sobky v. Smoley, Judgment, Signed February 1, 1995

Document 2C: Title 22, California Code of Regulations
<http://ccr.oal.ca.gov>

Document 2E: Drug Medi-Cal Certification Standards for Substance Abuse Clinics (Updated July 1, 2004)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Drug_Medi-Cal_Certification_Standards.pdf

Document 2F: Standards for Drug Treatment Programs (October 21, 1981)
http://www.dhcs.ca.gov/services/adp/Documents/DMCA_Standards_for_Drug_Treatment_Programs.pdf

Document 2G Drug Medi-Cal Billing Manual
http://www.dhcs.ca.gov/formsandpubs/Documents/Info%20Notice%202015/DMC_Billing_Manual%20FINAL.pdf

Document 2K: Multiple Billing Override Certification (MC 6700)

Document 2L(a): Good Cause Certification (6065A)

Document 2L(b): Good Cause Certification (6065B)

Document 2P: County Certification - Cost Report Year-End Claim For Reimbursement

Document 2P(a): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Non-Perinatal (form and instructions)

Document 2P(b): Drug Medi-Cal Cost Report Forms – Intensive Outpatient Treatment – Perinatal (form and instructions)

Document 2P(c): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Non-Perinatal (form and instructions)

Document 2P(d): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Individual Counseling – Perinatal (form and instructions)

Document 2P(e): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Non-Perinatal (form and instructions)

Document 2P(f): Drug Medi-Cal Cost Report Forms – Outpatient Drug Free Group Counseling – Perinatal (form and instructions)

Document 2P(g): Drug Medi-Cal Cost Report Forms – Residential – Perinatal (form and instructions)

Document 2P(h): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Non-Perinatal (form and instructions)

Document 2P(i): Drug Medi-Cal Cost Report Forms – Narcotic Treatment Program – County – Perinatal (form and instructions)

Document 3G: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 4 – Narcotic Treatment Programs
<http://www.calregs.com>

Document 3H: California Code of Regulations, Title 9 – Rehabilitation and Developmental Services, Division 4 – Department of Alcohol and Drug Programs, Chapter 8 – Certification of Alcohol and Other Drug Counselors
<http://www.calregs.com>

Document 3J: CalOMS Treatment Data Collection Guide
http://www.dhcs.ca.gov/provgovpart/Documents/CalOMS_Tx_Data_Collection_Guide_JAN%202014.pdf

Document 3O: Quarterly Federal Financial Management Report (QFFMR) 2014-15
http://www.dhcs.ca.gov/provgovpart/Pages/SUD_Forms.aspx

Document 3S CalOMS Treatment Data Compliance Standards

Document 3V Culturally and Linguistically Appropriate Services (CLAS) National Standards
<http://minorityhealth.hhs.gov/templates/browse.aspx?lvl=2&lvlID=15>

Document 4D : Drug Medi-Cal Certification for Federal Reimbursement (DHCS100224A)

Document 5A : Confidentiality Agreement

FOR CONTRACTS WITH DRUG MEDI-CAL, FEDERAL SAPT OR STATE FUNDS:

I. Subcontractor Documentation

The provider shall require its subcontractors that are not licensed or certified by DHCS to submit organizational documents to DHCS within thirty (30) days of execution of an initial subcontract, within ninety (90) days of the renewal or continuation of an existing subcontract or when there has been a change in subcontractor name or ownership. Organizational documents shall include the subcontractor's Articles of Incorporation or Partnership Agreements (as applicable), and business licenses, fictitious name permits, and such other information and documentation as may be requested by DHCS.

Records

Contractor shall maintain sufficient books, records, documents, and other evidence necessary for State to audit contract performance and contract compliance. Contractor will make these records available to State, upon request, to evaluate the quality and quantity of services, accessibility and appropriateness of services, and to ensure fiscal accountability. Regardless of the location or ownership of such records, they shall be sufficient to determine the reasonableness, allowability, and allocability of costs incurred by Contractor.

1. Contracts with audit firms shall have a clause to permit access by State to the working papers of the external independent auditor, and copies of the working papers shall be made for State at its request.
2. Providers shall keep adequate and sufficient financial records and statistical data to support the year-end documents filed with State.
3. Accounting records and supporting documents shall be retained for a three-year period from the date the year-end cost settlement report was approved by State for interim settlement. When an audit has been started before the expiration of the three-year period, the records shall be retained until completion of the audit and final resolution of all issues that arise in the audit. Final settlement shall be made at the end of the audit and appeal process. If an audit has not begun within three years, the interim settlement shall be considered as the final settlement.
4. Financial records shall be kept so that they clearly reflect the source of funding for each type of service for which reimbursement is claimed. These documents include, but are not limited to, all ledgers, books, vouchers, time sheets, payrolls, appointment schedules, client data cards, and schedules for allocating costs.
5. Provider's shall require that all subcontractors comply with the requirements of this Section A.
6. Should a provider discontinue its contractual agreement with subcontractor, or cease to conduct business in its entirety, provider shall be responsible for retaining the subcontractor's fiscal and program records for the required retention period. The State Administrative Manual (SAM) contains statutory requirements governing the retention, storage, and disposal of records pertaining to State funds.

If provider cannot physically maintain the fiscal and program records of the subcontractor, then arrangements shall be made with State to take possession and maintain all records.

7. In the expenditure of funds hereunder, and as required by 45 CFR Part 96, Contractor shall comply with the requirements of SAM and the laws and procedures applicable to the obligation and expenditure of State funds.

II Patient Record Retention

Provider agrees to establish, maintain, and update as necessary, an individual patient record for each beneficiary admitted to treatment and receiving services.

Drug Medi-Cal contracts are controlled by applicable provisions of: (a) the W&I, Chapter 7, Sections 14000, et seq., in particular, but not limited to, Sections 14100.2, 14021, 14021.5, 14021.6, 14043, et seq., (b) Title 22, including but not limited to Sections 51490.1, 51341.1 and 51516.1; and (c) Division 4 of Title 9 of the California Code of Regulations (hereinafter referred to as Title 9).

Established by DMC status and modality of treatment, each beneficiary's individual patient record shall include documentation of personal information as specified in either AOD Standards; Title 22; and Title 9. Contractor agrees to maintain patient records in accordance with the provision of treatment regulations that apply.

Providers, regardless of DMC certification status, shall maintain all of the documentation in the beneficiary's individual patient record for a minimum of seven (7) years from the date of the last face-to-face contact between the beneficiary and the provider.

In addition providers shall maintain all of the documentation that the beneficiary met the requirements for good cause specified in Section 51008.5, where the good cause results from beneficiary-related delays, for a minimum of seven (7) years from the date of the last face-to-face contact. If an audit takes place during the three year period, the contractor shall maintain records until the audit is completed.

III. Control Requirements

1) Performance under the terms of this Exhibit A, Attachment I, is subject to all applicable federal and state laws, regulations, and standards. In accepting DHCS drug and alcohol combined program allocation pursuant to HSC Sections 11814(a) and (b), Contractor shall: (i) establish, and shall require its providers to establish, written policies and procedures consistent with the following requirements; (ii) monitor for compliance with the written procedures; and (iii) be held accountable for audit exceptions taken by DHCS against the Contractor and its contractors for any failure to comply with these requirements:

- a) HSC, Division 10.5, commencing with Section 11760;
- b) Title 9, California Code of Regulations (CCR) (herein referred to as Title 9), Division 4, commencing with Section 9000;
- c) Government Code Section 16367.8;
- d) Government Code, Article 7, Federally Mandated Audits of Block Grant Funds Allocated to Local Agencies, Chapter 1, Part 1, Division 2, Title 5, commencing at Section 53130;
- e) Title 42 United State Code (USC), Sections 300x-21 through 300x-31, 300x-34, 300x-53, 300x-57, and 330x-65 and 66;
- f) The Single Audit Act Amendments of 1996 (Title 31, USC Sections 7501-7507) and the Office of Management and Budget (OMB) Circular A-133 revised June 27, 2003 and June 26, 2007.
- g) Title 45, Code of Federal Regulations (CFR), Sections 96.30 through 96.33 and Sections 96.120 through 96.137;
- h) Title 42, CFR, Sections 8.1 through 8.6;
- i) Title 21, CFR, Sections 1301.01 through 1301.93, Department of Justice, Controlled Substances; and,
- j) State Administrative Manual (SAM), Chapter 7200 (General Outline of Procedures)

K) Medi-Cal Eligibility Verification

<http://www.dhcs.ca.gov/provgovpart/Pages/DataUseAgreement.aspx>

Providers shall be familiar with the above laws, regulations, and guidelines and shall assure that its subcontractors are also familiar with such requirements.

- 2) The provisions of this Exhibit A, Attachment I are not intended to abrogate any provisions of law or regulation, or any standards existing or enacted during the term of this Intergovernmental Agreement.
- 3) Providers shall adhere to the applicable provisions of Title 45, CFR, Part 96, Subparts C and L, as applicable, in the expenditure of the SABG funds. Document 1A, 45 CFR 96, Subparts C and L, is incorporated by reference.
- 4) Documents 1C incorporated by this reference, contains additional requirements that shall be adhered to by those Contractors that receive Document 1C. This document is:

- a) Document 1C, Driving-Under-the-Influence Program Requirements;

C. In accordance with the Fiscal Year 2011-12 State Budget Act and accompanying law (Chapter 40, Statutes of 2011 and Chapter 13, Statutes of 2011, First Extraordinary Session), providers that provide Women and Children's Residential Treatment Services shall comply with the program requirements (Section 2.5, Required Supplemental/Recovery Support Services) of the Substance Abuse and Mental Health Services Administration's Grant Program for Residential Treatment for Pregnant and Postpartum Women, RFA found at <http://www.samhsa.gov/grants/grantannouncements/ti-14-005>.

IV Provider's Agents and Subcontractors

a. To enter into written agreements with any agents, including subcontractors and vendors to whom Contractor provides Department PHI, that impose the same restrictions and conditions on such agents, subcontractors and vendors that apply to providers with respect to such Department PHI under this Exhibit F, and that require compliance with all applicable provisions of HIPAA, the HITECH Act and the HIPAA regulations, including the requirement that any agents, subcontractors or vendors implement reasonable and appropriate administrative, physical, and technical safeguards to protect such PHI. As required by HIPAA, the HITECH Act and the HIPAA regulations, including 45 CFR Sections 164.308 and 164.314, Provider shall incorporate, when applicable, the relevant provisions of this Exhibit F-1 into each subcontract or subaward to such agents, subcontractors and vendors, including the requirement that any security incidents or breaches of unsecured PHI be reported to provider. In accordance with 45 CFR Section 164.504(e)(1)(ii), upon Contractor's knowledge of a material breach or violation by its subcontractor of the agreement between Provider and the subcontractor, Provider shall:

- i) Provide an opportunity for the subcontractor to cure the breach or end the violation and terminate the agreement if the subcontractor does not cure the breach or end the violation within the time specified by the Department; or
- ii) Immediately terminate the agreement if the subcontractor has breached a material term of the agreement and cure is not possible.

V Breaches and Security Incidents

During the term of this Agreement, Provider agrees to implement reasonable systems for the discovery and prompt reporting of any breach or security incident, and to take the following steps:

- a. **Initial Notice to the Department**

(1) To notify the Department **immediately by telephone call or email or fax** upon the discovery of a breach of unsecured PHI in electronic media or in any other media if the PHI was, or is reasonably believed to have been, accessed or acquired by an unauthorized person.

(2) To notify the Department **within 24 hours (one hour if SSA data) by email or fax** of the discovery of any suspected security incident, intrusion or unauthorized access, use or disclosure of PHI in violation of this Agreement or this Exhibit F-1, or potential loss of confidential data affecting this Agreement. A breach shall be treated as discovered by provide as of the first day on which the breach is known, or by exercising reasonable diligence would have been known, to any person (other than the person committing the breach) who is an employee, officer or other agent of provider.

Notice shall be provided to the Information Protection Unit, Office of HIPAA Compliance. If the incident occurs after business hours or on a weekend or holiday and involves electronic PHI, notice shall be provided by calling the Information Protection Unit (916.445.4646, 866-866-0602) or by emailing privacyofficer@dhcs.ca.gov. Notice shall be made using the DHCS "Privacy Incident Report" form, including all information known at the time. Provider shall use the most current version of this form, which is posted on the DHCS Information Security Officer website (www.dhcs.ca.gov, then select "Privacy" in the left column and then "Business Partner" near the middle of the page) or use this link: <http://www.dhcs.ca.gov/formsandpubs/laws/priv/Pages/DHCSBusinessAssociatesOnly.aspx> Upon discovery of a breach or suspected security incident, intrusion or unauthorized access, use or disclosure of Department PHI, Provider shall take:

- i) Prompt corrective action to mitigate any risks or damages involved with the breach and to protect the operating environment; and
- ii) Any action pertaining to such unauthorized disclosure required by applicable Federal and State laws and regulations.

b. Investigation and Investigation Report.

To immediately investigate such suspected security incident, security incident, breach, or unauthorized access, use or disclosure of PHI. Within 72 hours of the discovery, Provider shall submit an updated "Privacy Incident Report" containing the information marked with an asterisk and all other applicable information listed on the form, to the extent known at that time, to the Information Protection Unit.

c. Complete Report.

To provide a complete report of the investigation to the Department Program Contract Manager and the Information Protection Unit within ten (10) working days of the discovery of the breach or unauthorized use or disclosure. The report shall be submitted on the "Privacy Incident Report" form and shall include an assessment of all known factors relevant to a determination of whether a breach occurred under applicable provisions of HIPAA, the HITECH Act, and the HIPAA regulations. The report shall also include a full, detailed corrective action plan, including information on measures that were taken to halt and/or contain the improper use or disclosure. If the Department requests information in addition to that listed on the "Privacy Incident Report" form, provider shall make reasonable efforts to provide the Department with such information. If, because of the circumstances of the incident, provider needs more than ten (10) working days from the discovery to submit a complete report, the Department may grant a

reasonable extension of time, in which case provider shall submit periodic updates until the complete report is submitted. If necessary, a Supplemental Report may be used to submit revised or additional information after the completed report is submitted, by submitting the revised or additional information on an updated "Privacy Incident Report" form. The Department will review and approve the determination of whether a breach occurred and whether individual notifications and a corrective action plan are required.

d. Responsibility for Reporting of Breaches

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors, provider is responsible for all required reporting of the breach as specified in 42 U.S.C. section 17932 and its implementing regulations, including notification to media outlets and to the Secretary (after obtaining prior written approval of DHCS). If a breach of unsecured Department PHI involves more than 500 residents of the State of California or under its jurisdiction, Contractor shall first notify DHCS, then the Secretary of the breach immediately upon discovery of the breach. If a breach involves more than 500 California residents, provider shall also provide, after obtaining written prior approval of DHCS, notice to the Attorney General for the State of California, Privacy Enforcement Section. If Contractor has reason to believe that duplicate reporting of the same breach or incident may occur because its subcontractors, agents or vendors may report the breach or incident to the Department in addition to provider, provider shall notify the Department, and the Department and provider may take appropriate action to prevent duplicate reporting.

e. Responsibility for Notification of Affected Individuals

If the cause of a breach of Department PHI is attributable to provider or its agents, subcontractors or vendors and notification of the affected individuals is required under state or federal law, provider shall bear all costs of such notifications as well as any costs associated with the breach. In addition, the Department reserves the right to require provider to notify such affected individuals, which notifications shall comply with the requirements set forth in 42U.S.C. section 17932 and its implementing regulations, including, but not limited to, the requirement that the notifications be made without unreasonable delay and in no event later than 60 calendar days after discovery of the breach. The Department Privacy Officer shall approve the time, manner and content of any such notifications and their review and approval must be obtained before the notifications are made. The Department will provide its review and approval expeditiously and without unreasonable delay.

f. Department Contact Information

To direct communications to the above referenced Department staff, the provider shall initiate contact as indicated herein. The Department reserves the right to make changes to the contact information below by giving written notice to the provider. Said changes shall not require an amendment to this Addendum or the Agreement to which it is incorporated.

VI Additional Provisions for Substance Abuse Block Grant (SABG)

A. Additional Intergovernmental Agreement Restrictions

This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the Congress, or any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner including, but not limited to, 42 CFR 438.610(c)(3).

B. Nullification of DMC Treatment Program SUD services (if applicable)

The parties agree that if the Contractor fails to comply with the provisions of W&I Code, Section 14124.24, all areas related to the DMC Treatment Program SUD services shall be null and void and severed from the remainder of this Intergovernmental Agreement.

In the event the DMC Treatment Program Services component of this Intergovernmental Agreement becomes null and void, an updated Exhibit B, Attachment I shall take effect reflecting the removal of federal Medicaid funds and DMC State General Funds from this Intergovernmental Agreement. All other requirements and conditions of this Intergovernmental Agreement shall remain in effect until amended or terminated.

C. Hatch Act

Provider agrees to comply with the provisions of the Hatch Act (Title 5 USC, Sections 1501-1508), which limit the political activities of employees whose principal employment activities are funded in whole or in part with federal funds.

D. No Unlawful Use or Unlawful Use Messages Regarding Drugs

Provider agrees that information produced through these funds, and which pertains to drug and alcohol - related programs, shall contain a clearly written statement that there shall be no unlawful use of drugs or alcohol associated with the program. Additionally, no aspect of a drug or alcohol - related program shall include any message on the responsible use, if the use is unlawful, of drugs or alcohol (HSC Section 11999-11999.3). By signing this Intergovernmental Agreement, Contractor agrees that it shall enforce, and shall require its subcontractors to enforce, these requirements.

E. Noncompliance with Reporting Requirements

Provider agrees that DHCS has the right to withhold payments until provider has submitted any required data and reports to DHCS, as identified in this Exhibit A, Attachment I or as identified in Document 1F(a), Reporting Requirement Matrix for Counties.

F. Debarment and Suspension

Contractor shall not subcontract with any party listed on the government wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR part 1986 Comp. p. 189) and 12689 (3 CFR part 1989., p. 235), "Debarment and Suspension." SAM exclusions contain the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549. The Contractor shall advise all subcontractors of their obligation to comply with applicable federal debarment and suspension regulations, in addition to the requirements set forth in 42 CFR Part 1001.

G. Limitation on Use of Funds for Promotion of Legalization of Controlled Substances

None of the funds made available through this Intergovernmental Agreement may be used for any activity that promotes the legalization of any drug or other substance included in Schedule I of Section 202 of the Controlled Substances Act (21 USC 812).

H. Restriction on Distribution of Sterile Needles

No Substance Abuse Block Grant (SABG) funds made available through this Intergovernmental Agreement shall be used to carry out any program that includes the distribution of sterile needles or syringes for the hypodermic injection of any illegal drug unless DHCS chooses to implement a demonstration syringe services program for injecting drug users.

I. Health Insurance Portability and Accountability Act (HIPAA) of 1996

If any of the work performed under this Intergovernmental Agreement is subject to the HIPAA, Contractor shall perform the work in compliance with all applicable provisions of HIPAA. As identified in Exhibit G, DHCS and provider shall cooperate to assure mutual agreement as to those transactions between them, to which this Provision applies. Refer to Exhibit G for additional information.

1) Trading Partner Requirements

a) No Changes. Provider hereby agrees that for the personal health information (Information), it shall not change any definition, data condition or use of a data element or segment as proscribed in the federal HHS Transaction Standard Regulation. (45 CFR Part 162.915 (a))

b) No Additions. Provider hereby agrees that for the Information, it shall not add any data elements or segments to the maximum data set as proscribed in the HHS Transaction Standard Regulation. (45 CFR Part 162.915 (b))

c) No Unauthorized Uses. Contractor hereby agrees that for the Information, it shall not use any code or data elements that either are marked "not used" in the HHS Transaction's Implementation specification or are not in the HHS Transaction Standard's implementation specifications. (45 CFR Part 162.915 (c))

d) No Changes to Meaning or Intent. Contractor hereby agrees that for the Information, it shall not change the meaning or intent of any of the HHS Transaction Standard's implementation specification. (45 CFR Part 162.915 (d))

2) Concurrence for Test Modifications to HHS Transaction Standards

Provider agrees and understands that there exists the possibility that DHCS or others may request an extension from the uses of a standard in the HHS Transaction Standards. If this occurs, Provider agrees that it shall participate in such test modifications.

3) Adequate Testing

Provider is responsible to adequately test all business rules appropriate to their types and specialties. If the Contractor is acting as a clearinghouse for enrolled providers, Provider has obligations to adequately test all business rules appropriate to each and every provider type and specialty for which they provide clearinghouse services.

4) Deficiencies

The Provider agrees to cure transactions errors or deficiencies identified by DHCS, and transactions errors or deficiencies identified by an enrolled provider if the provider is acting as a clearinghouse for that provider. If the provider is a clearinghouse, the provider agrees to properly communicate deficiencies and

other pertinent information regarding electronic transactions to enrolled providers for which they provide clearinghouse services.

5) Code Set Retention

Both Parties understand and agree to keep open code sets being processed or used in this Intergovernmental Agreement for at least the current billing period or any appeal period, whichever is longer.

6) Data Transmission Log

Both Parties shall establish and maintain a Data Transmission Log, which shall record any and all Data Transmission taking place between the Parties during the term of this Intergovernmental Agreement. Each Party shall take necessary and reasonable steps to ensure that such Data Transmission Logs constitute a current, accurate, complete, and unaltered record of any and all Data Transmissions between the Parties, and shall be retained by each Party for no less than twenty-four (24) months following the date of the Data Transmission. The Data Transmission Log may be maintained on computer media or other suitable means provided that, if it is necessary to do so, the information contained in the Data Transmission Log may be retrieved in a timely manner and presented in readable form.

I. Nondiscrimination and Institutional Safeguards for Religious Providers

Contractor shall establish such processes and procedures as necessary to comply with the provisions of Title 42, USC, Section 300x-65 and Title 42, CFR, Part 54, (Reference Document 1B).

J. Counselor Certification

Any counselor or registrant providing intake, assessment of need for services, treatment or recovery planning, individual or group counseling to participants, patients, or residents in a DHCS licensed or certified program is required to be certified as defined in Title 9, CCR, Division 4, Chapter 8. (Document 3H).

K. Cultural and Linguistic Proficiency

To ensure equal access to quality care by diverse populations, each service provider receiving funds from this Intergovernmental Agreement shall adopt the federal Office of Minority Health Culturally and Linguistically Appropriate Service (CLAS) national standards (Document 3V) and comply with 42 CFR 438.206(c)(2).

L. Intravenous Drug Use (IVDU) Treatment

Provider shall ensure that individuals in need of IVDU treatment shall be encouraged to undergo SUD treatment (42 USC 300x-23 and 45 CFR 96.126(e)).

M. Tuberculosis Treatment

Provider shall ensure the following related to Tuberculosis (TB):

- 1) Routinely make available TB services to each individual receiving treatment for SUD use and/or abuse;
- 2) Reduce barriers to patients' accepting TB treatment; and,

3) Develop strategies to improve follow-up monitoring, particularly after patients leave treatment, by disseminating information through educational bulletins and technical assistance.

N. Trafficking Victims Protection Act of 2000

Provider and its subcontractors that provide services covered by this Intergovernmental Agreement shall comply with Section 106(g) of the Trafficking Victims Protection Act of 2000 (22 U.S.C. 7104(g)) as amended by section 1702. For full text of the award term, go to:
<http://uscode.house.gov/view.xhtml?req=granuleid:USC-prelim-title22-section7104d&num=0&edition=prelim>

O. Tribal Communities and Organizations

Provider shall regularly assess (e.g. review population information available through Census, compare to information obtained in CalOMS Treatment to determine whether population is being reached, survey Tribal representatives for insight in potential barriers) the substance use service needs of the American Indian/Alaskan Native (AI/AN) population within the Contractor's geographic area and shall engage in regular and meaningful consultation and collaboration with elected officials of the tribe, Rancheria, or their designee for the purpose of identifying issues/barriers to service delivery and improvement of the quality, effectiveness and accessibility of services available to AI/NA communities within the Provider's county.

P. Participation of County Behavioral Health Director's Association of California.

1) The County AOD Program Administrator shall participate and represent the County in meetings of the County Behavioral Health Director's Association of California for the purposes of representing the counties in their relationship with DHCS with respect to policies, standards, and administration for AOD abuse services.

2) The County AOD Program Administrator shall attend any special meetings called by the Director of DHCS. Participation and representation shall also be provided by the County Behavioral Health Director's Association of California.

Q. Youth Treatment Guidelines

Provider shall follow the guidelines in Document 1V, incorporated by this reference, "Youth Treatment Guidelines," in developing and implementing adolescent treatment programs funded under this Exhibit, until such time new Youth Treatment Guidelines are established and adopted. No formal amendment of this Intergovernmental Agreement is required for new guidelines to be incorporated into this Intergovernmental Agreement.

R. Perinatal Services Network Guidelines

Contractor must comply with the perinatal program requirements as outlined in the Perinatal Services Network Guidelines. The Perinatal Services Network Guidelines are attached to this contract as Document 1G, incorporated by reference. The Contractor must comply with the current version of these guidelines until new Perinatal Services Network Guidelines are established and adopted. The incorporation of any new Perinatal Services Network Guidelines into this Contract shall not require a formal amendment. Contractor receiving SABG funds must adhere to the Perinatal Services Network Guidelines, regardless of whether the Contractor exchanges perinatal funds for additional discretionary funds.

S. Restrictions on Grantee Lobbying – Appropriations Act Section 503

1) No part of any appropriation contained in this Act shall be used, other than for formal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, except in presentation to the Congress or any State legislative body itself.

2) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any Intergovernmental Agreement recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

T. Byrd Anti-Lobbying Amendment (31 USC 1352)

Contractor certifies that it will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 USC 1352. Contractor shall also disclose to DHCS any lobbying with non-Federal funds that takes place in connection with obtaining any Federal award.

U. Nondiscrimination in Employment and Services

By signing this Intergovernmental Agreement, provider certifies that under the laws of the United States and the State of California, incorporated into this Intergovernmental Agreement by reference and made a part hereof as if set forth in full, Contractor shall not unlawfully discriminate against any person.

V. Federal Law Requirements:

1) Title VI of the Civil Rights Act of 1964, Section 2000d, as amended, prohibiting discrimination based on race, color, or national origin in federally funded programs.

2) Title IX of the education amendments of 1972 (regarding education and programs and activities), if applicable.

3) Title VIII of the Civil Rights Act of 1968 (42 USC 3601 et seq.) prohibiting discrimination on the basis of race, color, religion, sex, handicap, familial status or national origin in the sale or rental of housing.

4) Age Discrimination Act of 1975 (45 CFR Part 90), as amended (42 USC Sections 6101 – 6107), which prohibits discrimination on the basis of age.

5) Age Discrimination in Employment Act (29 CFR Part 1625).

6) Title I of the Americans with Disabilities Act (29 CFR Part 1630) prohibiting discrimination against the disabled in employment.

7) Americans with Disabilities Act (28 CFR Part 35) prohibiting discrimination against the disabled by public entities.

- 8) Title III of the Americans with Disabilities Act (28 CFR Part 36) regarding access.
- 9) Rehabilitation Act of 1973, as amended (29 USC Section 794), prohibiting discrimination on the basis of individuals with disabilities.
- 10) Executive Order 11246 (42 USC 2000(e) et seq. and 41 CFR Part 60) regarding nondiscrimination in employment under federal contracts and construction contracts greater than \$10,000 funded by federal financial assistance.
- 11) Executive Order 13166 (67 FR 41455) to improve access to federal services for those with limited English proficiency.
- 12) The Drug Abuse Office and Treatment Act of 1972, as amended, relating to nondiscrimination on the basis of drug abuse.
- 13) The Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism.

W. State Law Requirements:

- 1) Fair Employment and Housing Act (Government Code Section 12900 et seq.) and the applicable regulations promulgated thereunder (California Administrative Code, Title 2, Section 7285.0 et seq.).
- 2) Title 2, Division 3, Article 9.5 of the Government Code, commencing with Section 11135.
- 3) Title 9, Division 4, Chapter 8 of the CCR, commencing with Section 10800.
- 4) No state or federal funds shall be used by the Contractor or its subcontractors for sectarian worship, instruction, or proselytization. No state funds shall be used by the Contractor or its subcontractors to provide direct, immediate, or substantial support to any religious activity.
- 5) Noncompliance with the requirements of nondiscrimination in services shall constitute grounds for state to withhold payments under this Intergovernmental Agreement or terminate all, or any type, of funding provided hereunder.

X. Additional Contract Restrictions

1. This Contract is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Contract in any manner.

Y. Information Access for Individuals with Limited English Proficiency

1. Contractor shall comply with all applicable provisions of the Dymally-Alatorre Bilingual Services Act (Government Code sections 7290-7299.8) regarding access to materials that explain services available to the public as well as providing language interpretation services.

Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials

explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

2. Contractor shall comply with the applicable provisions of Section 1557 of the Affordable Care Act (45 CFR Part 92), including, but not limited to, 45 CFR 92.201, when providing access to: (a) materials explaining services available to the public, (b) language assistance, (c) language interpreter and translation services, and (d) video remote language interpreting services.

Z. Investigations and Confidentiality of Administrative Actions

1) Provider acknowledges that if a DMC provider is under investigation by DHCS or any other state, local or federal law enforcement agency for fraud or abuse, DHCS may temporarily suspend the provider from the DMC program, pursuant to W&I Code, Section 14043.36(a). Information about a provider's administrative sanction status is confidential until such time as the action is either completed or resolved. The DHCS may also issue a Payment Suspension to a provider pursuant to W&I Code, Section 14107.11 and Code of Federal Regulations, Title 42, section 455.23. The Contractor is to withhold payments from a DMC provider during the time a Payment Suspension is in effect.

2) Provider shall execute the Confidentiality Agreement, attached as Document 5A. The Confidentiality Agreement permits DHCS to communicate with Contractor concerning subcontracted providers that are subject to administrative sanctions.

W. This Intergovernmental Agreement is subject to any additional restrictions, limitations, or conditions enacted by the federal or state governments that affect the provisions, terms, or funding of this Intergovernmental Agreement in any manner.

A1. Subcontract Provisions

Provider shall include all of the foregoing provisions in all of its subcontracts.

B1. Conditions for Federal Financial Participation

1) Provider shall meet all conditions for Federal Financial Participation, consistent with 42 CFR 438.802, 42 CFR 438.804, 42 CFR 438.806, 42 CFR 438.808, 42 CFR 438.810, 42 CFR 438.812.

2) Pursuant to 42 CFR 438.808, Federal Financial Participation (FFP) is not available to the Contractor if the Contractor:

- a) Is an entity that could be excluded under section 1128(b)(8) as being controlled by a sanctioned individual;
- b) Is an entity that has a substantial contractual relationship as defined in section 431.55(h)(3), either directly or indirectly, with an individual convicted of certain crimes described in section 1128(8)(B); or
- c) Is an entity that employs or contracts, directly or indirectly, for the furnishing of health care utilization review, medical social work, or administrative services, with one of the following:
 - i. Any individual or entity excluded from participation in federal health care programs under section 1128 or section 1126A; or
 - ii. An entity that would provide those services through an excluded individual or entity.

Providers shall include the following requirements in their subcontracts with providers:

1. In addition to complying with the sub contractual relationship requirements set forth in Article II.E.8 of this Agreement, the Contractor shall ensure that all subcontracts require that the Contractor oversee and is held accountable for any functions and responsibilities that the Contractor delegates to any subcontractor.

2. Each subcontract shall:

i. Fulfill the requirements of 42 CFR Part 438 that are appropriate to the service or activity delegated under the subcontract.

ii. Ensure that the Contractor evaluates the prospective subcontractor's ability to perform the activities to be delegated.

iii. Require a written agreement between the Contractor and the subcontractor that specifies the activities and report responsibilities delegated to the subcontractor; and provides for revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate.

iv. Ensure that the Contractor monitor the subcontractor's performance on an ongoing basis and subject it to an annual onsite review, consistent with statutes, regulations, and Article III.PP.

v. Ensure that the Contractor identifies deficiencies or areas for improvement, the subcontractor shall take corrective actions and the Contractor shall ensure that the subcontractor implements these corrective actions.

3. The Contractor shall include the following provider requirements in all subcontracts with providers:

i. **Culturally Competent Services:** Providers are responsible to provide culturally competent services. Providers shall ensure that their policies, procedures, and practices are consistent with the principles outlined and are embedded in the organizational structure, as well as being upheld in day-to-day operations. Translation services shall be available for beneficiaries, as needed.

ii. **Medication Assisted Treatment:** Providers will have procedures for linkage/integration for beneficiaries requiring medication assisted treatment. Provider staff will regularly communicate with physicians of beneficiaries who are prescribed these medications unless the beneficiary refuses to consent to sign a 42 CFR part 2 compliant release of information for this purpose.

iii. **Evidence Based Practices (EBPs):** Providers will implement at least two of the following EBPs based on the timeline established in the county implementation plan. The two EBPs are per provider per service modality. Counties will ensure the providers have implemented EBPs. The state will monitor the implementation and regular training of EBPs to staff during reviews.

The required EBPs include:

a. **Motivational Interviewing:** A beneficiary-centered, empathic, but directive counseling strategy designed to explore and reduce a person's ambivalence toward treatment. This approach frequently includes other problem solving or solution-focused strategies that build on beneficiaries' past successes.

b. **Cognitive-Behavioral Therapy:** Based on the theory that most emotional and behavioral reactions are learned and that new ways of reacting and behaving can be learned.

c. Relapse Prevention: A behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. Relapse prevention can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.

d. Trauma-Informed Treatment: Services shall take into account an understanding of trauma, and place priority on trauma survivors' safety, choice and control.

e. Psycho-Education: Psycho-educational groups are designed to educate beneficiaries about substance abuse, and related behaviors and consequences. Psychoeducational groups provide information designed to have a direct application to beneficiaries' lives; to instill self-awareness, suggest options for growth and change, identify community resources that can assist beneficiaries in recovery, develop an understanding of the process of recovery, and prompt people using substances to take action on their own behalf.

C1. Beneficiary Problem Resolution Process

1. The Contractor shall establish and comply with a beneficiary problem resolution process.

2. Contractor shall inform subcontractors and providers at the time they enter into a subcontract about:

i. The beneficiary's right to a state fair hearing, how to obtain a hearing and the representation rules at the hearing.

ii. The beneficiary's right to file grievances and appeals and the requirements and timeframes for filing.

iii. The beneficiary's right to give written consent to allow a provider, acting on behalf of the beneficiary, to file an appeal. A provider may file a grievance or request a state fair hearing on behalf of a beneficiary, if the state permits the provider to act as the beneficiary's authorized representative in doing so.

iv. The beneficiary may file a grievance, either orally or in writing, and, as determined by DHCS, either with DHCS or with the Contractor.

v. The availability of assistance with filing grievances and appeals.

vi. The toll-free number to file oral grievances and appeals.

vii. The beneficiary's right to request continuation of benefits during an appeal or state fair hearing filing although the beneficiary may be liable for the cost of any continued benefits if the action is upheld.

viii. Any state determined provider's appeal rights to challenge the failure of the Contractor to cover a service.

3. The Contractor shall represent the Contractor's position in fair hearings, as defined in 42 CFR 438.408 dealing with beneficiaries' appeals of denials, modifications, deferrals or terminations of covered services. The Contractor shall carry out the final decisions of the fair hearing process with respect to issues within the scope of the Contractor's responsibilities under this Agreement. Nothing in this section is intended to prevent the Contractor from pursuing any options available for appealing a fair hearing decision.

i. Pursuant to 42 CFR 438.228, the Contractor shall develop problem resolution processes that enable beneficiary to request and receive review of a problem or concern he or she has about any issue related to the Contractor's performance of its duties, including the delivery of SUD treatment services.

4. The Contractor's beneficiary problem resolution processes shall include:

i. A grievance process;

ii. An appeal process; and,

iii. An expedited appeal process.

Additional Provisions DMC-ODS

1. Additional Intergovernmental Agreement Restrictions

i. This Agreement is subject to any additional restrictions, limitations, conditions, or statutes enacted or amended by the federal or state governments, which may affect the provisions, terms, or funding of this Agreement in any manner.

2. Voluntary Termination of DMC-ODS Services

i. The Contractor may terminate this Agreement at any time, for any reason, by giving 60 days written notice to DHCS. The Contractor shall be paid for DMC-ODS services provided to beneficiaries up to the date of termination. Upon termination, the Contractor shall immediately begin providing DMC services to beneficiaries in accordance with the State Plan.

3. Nullification of DMC-ODS Services

i. The parties agree that failure of the Contractor, or its subcontractors, to comply with W&I section 14124.24, the Special Terms and Conditions, and this Agreement, shall be deemed a breach that results in the termination of this Agreement for cause.

ii. In the event of a breach, the DMC-ODS services shall terminate. The Contractor shall immediately begin providing DMC services to the beneficiaries in accordance with the State Plan.



INSTFAM-01

ACOFFEY

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/27/2018

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 have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER CAL Insurance & Associates, Inc. 2311 Taraval Street San Francisco, CA 94116	CONTACT: NAME: PHONE (A/C, No, Ext): (415) 661-6500 FAX (A/C, No): (415) 661-2254 E-MAIL ADDRESS: info@cal-insure.com	
	INSURER(S) AFFORDING COVERAGE	
INSURED Instituto Familiar de la Raza 2919 Mission Street San Francisco, CA 94110	INSURER A: Nonprofits Ins. Alliance of CA	NAIC # 11384
	INSURER B: ProSight Specialty Ins. Co.	
	INSURER C: Travelers Cas & Surety Co of	25674
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE: <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Abuse & Molestation <input checked="" type="checkbox"/> Liquor Liability GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC OTHER:	X	2018-12435	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one Person) \$ 20,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/DP AGG \$ 3,000,000 Employee Ben. \$ Included
A	AUTOMOBILE LIABILITY ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY		2018-12435	07/01/2018	07/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB: <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB: <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		2018-12435-UMB	07/01/2018	07/01/2019	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N/A	X WC201800015134	09/01/2018	09/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Crime		106944329	07/01/2018	07/01/2019	Limit 900,000
A	Professional Liab.		2018-12435	07/01/2018	07/01/2019	Limit 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
The City and County of San Francisco, San Francisco Department of Public Health, their officers, directors, and agents are included as additional insured.
Waiver of Subrogation in favor of additional insured applies.

CERTIFICATE HOLDER San Francisco Department of Public Health Contract Office 1380 Howard Street San Francisco, CA 94102	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--



INSTITUTO FAMILIAR DE LA RAZA, INC.

Annalie Eusebio
Contract Analyst
Office of Contract Management & Compliance
San Francisco Department of Public Health
1380 Howard Street, Room 420B
San Francisco, CA 94103

July 19, 2018

RE: Endorsement for Automobile Liability - Not Applicable

Dear Annalie Eusebio,

I am writing to you in regards to the endorsement for the Commercial Automobile Liability Insurance required by the San Francisco Department of Health. For the period of July 1st, 2018 to June 30, 2019, Instituto Familiar de la Raza does not own any vehicles, only a non-owned auto liability is in place. As a result, an endorsement for the Commercial Automobile Liability Insurance is not available.

If there is any additional information I could provide to you that would expedite the process of initial payment for the contract ID# 1000007163, please feel free to contact me at (415) 229-0500 or at estela.garcia@ifrsf.org. Thank you for your time and assistance in this matter.

Sincerely,

Estela Garcia, DMH
IFR Executive Director

Waiver of Automobile Liability insurance is hereby granted based on statement presented on this letter.

Elizabeth Fitzgerald
Risk Management

7/25/18

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 2.00% of the California workers' compensation premium otherwise due on such remuneration.

Schedule

Person or Organization

Job Description

Any Person or Organization as Required By Written Contract

Any Person or Organization as Required By Written Contract

All Operations of the Name Insured

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective 2018-09-01
Insured
Instituto Familiar de la Raza, Inc
Insurance Company
New York Marine and General Insurance
Company / 28746

Policy No.
WC201800015134

Endorsement No.

Countersigned By _____



London N. Breed
Mayor

Grant Colfax, MD
Director of Health

May 8, 2019

Angela Calvillo, Clerk of the Board
Board of Supervisors
1 Dr. Carlton B. Goodlett Place, Room 244
San Francisco, CA 94102-4689

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2019 MAY -6 AM 11:53
BY [Signature]

Dear Ms. Calvillo:

Attached please find attached a proposed resolution for Board of Supervisors approval of an amendment to the agreement between the Department of Public Health and Instituto Familiar de la Raza for behavioral health services.

We are submitting this contract for approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed Resolution;
- Proposed First Amendment;
- Original Agreement;
- Form SFEC-126.

For questions on this matter, please contact me at (415) 255-3508, Jacquie.Hale@SFDPH.org.

Sincerely,

Jacquie Hale
Jacquie Hale

Manager
Office of Contracts Management and Compliance
DPH Business Office

- cc: Grant Colfax, M.D., Director of Health
Greg Wagner, Chief Financial Officer, DPH
Michelle Ruggels, Director, DPH Business Office
Mario Moreno, Director, DPH Office of Contract Management and Compliance

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, Board of Supervisors	City elective office(s) held: Members, Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: Instituto Familiar de la Raza	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.	
(1) Tyrone Navarro, Lupe Avila, Nicolas Sere, Pat Rogers, Kenny Gutierrez, Santiago Ruiz, Whitney Caruso, Karla Castillo, Flavia Naves	
(2) Estela Garcia, Executive Director; German Walteos, Associate Director; Benny Ng, Fiscal Director	
(3) N/A	
(4) Concepcion Saucedo; Ingrid Zimmermann; Benjamin Barreras, MD	
(5) N/A	
Contractor address: 2919 Mission Street, San Francisco, CA 94110	
Date that contract was approved:	Amount of contract: \$28,795,895
Describe the nature of the contract that was approved: Behavioral health services	
Comments:	

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
- a board on which the City elective officer(s) serves: San Francisco Board of Supervisors
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Relocation Appeals Board, and Local Workforce Investment Board) on which an appointee of the City elective officer(s) identified on this form sits

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102	E-mail: Board.of.Supervisors@sfgov.org

Print Name of Board

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

