



MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: SYLVIA DEPORTO, DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *J91*

DATE: JUNE 18, 2018

SUBJECT: GRANT MODIFICATION: **HOMELESS PRENATAL PROGRAM (NON-PROFIT)** TO INCREASE STAFFING OF NEW BEGINNINGS PROGRAM

	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
GRANT TERM:	1/1/18-6/30/20	7/1/18-6/30/20			
TOTAL AMOUNT:	\$768,688	\$320,000	\$1,088,688	\$108,869	\$1,197,557
REVISED ANNUAL AMOUNT	<u>FY17/18</u> \$153,738	<u>FY18/19</u> \$467,475	<u>FY19/20</u> \$467,475		
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
REVISED FUNDING:	\$664,100		\$424,588	\$108,869	\$1,197,577
PERCENTAGE:	61%		39%		100%

The Department of Human Services (DHS) requests authorization to modify the grant agreement with Homeless Prenatal Program (HPP) for the period of July 1, 2018 to June 30, 2020, in an additional amount of \$320,000 plus a 10% contingency for a total grant amount not to exceed \$1,197,557. The purpose of this modification is to increase staffing level for the New Beginnings program, which provides counseling and case management services as well as a link to ongoing drug treatment to expecting parents with substance use issues.

Background

New Beginnings seeks to reduce the impact of substance use through counseling and support services with the goal of minimizing drug usage and reducing the risk of future child maltreatment. It provides early-intervention to low-income, expecting mothers with history of substance use, serving as a primary preventative strategy for Family and Children’s Services Division (FCS).

HPP is currently working to streamline services across its FCS funded programs to remove any duplication of efforts, improve program coordination and service delivery with a particular emphasis on building organizational capacity to support New Beginnings. With enhanced staff capacity (two additional case managers and a part-time supervising position), this grant modification will allow HPP to provide the same level of intensive case management services across its programs.

①

Services to be Provided

Grantee will manage a substance use prevention program for pregnant and parenting adults. As part of a city-wide collaborative, HPP serves as a link between the streets and drug treatment programs for pregnant, parenting mothers and women of childbearing age with issues related to substance use. The goal is to build a trusting relationship with these women and help them obtain the services they needs (e.g., drug counseling and medical care) in order to deliver a healthy baby, adopt healthy and nurturing parenting skills, and keep custody of their children. The parents will receive the same services as those currently involved in child welfare system including Case Management, Community Outreach and Supportive Services.

For additional detailed information regarding services to be provided, please refer to Appendix A-2 (attached).

Location and Time of Services

Services are provided either at Grantee facilities, in the home of the family or wherever appropriate. Service hours vary depending upon the needs of families but can include evenings.

Selection

The Grantee was selected through Request for Proposals #736, which was competitively bid in March 2017.

Funding

Funding for this grant modification is provided by a combination of County General Fund and Federal funds.

ATTACHMENTS

Appendix A-2 – Services to be Provided

Appendix B-1 – Program Budget

(2)

APPENDIX A-2 – Services to be Provided
Homeless Prenatal Program – Support Services for Substance Use Disorders
July 1, 2017 - June 30, 2020
Last updated: 6/14/18

I. Purpose of Services

The purpose of this grant is to reduce the impact of substance use on the target populations by providing counseling and support services that help minimize their drug usage, and to provide them with a link to ongoing treatment to reduce the risk of child maltreatment. The program uses a strength-based model that focuses on three core areas: Outreach and Engagement, Family Case Management, and Peer Support.

II. Target Populations

- a. Families (including fathers) with children that are receiving reunification services from Family and Children’s Services (FCS) due to abuse or neglect as a result of substance use disorders (SUD)
- b. Families (including fathers) who are participating in the Family Treatment Court (FTC) program
- c. High risk substance using pregnant and parenting women and their partners

III. Definitions

ANSA	The Adult Needs and Strengths Assessment (ANSA) is a multi-purpose tool developed for adult’s behavioral health services to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of service outcomes.
CFT	<p>A Child and Family Team (CFT) includes the family, their natural supports, and all of the ancillary individuals who are working with them toward their successful transition out of the child welfare system. The Protective Services Worker (PSW), mental health staff and other service providers collaborate to engage youth and families as partners in the team environment.</p> <p>CFT Meetings are regular, structured, facilitated, topical discussions with the family and/or the youth, the youth/family’s natural supports, the FCS PSW, FCS Facilitator and other team members related to a particular topic. They feature solution-focused discussions to address the specific needs of the family in order to meet the safety, permanency and well-being needs of the child. These needs and plans to address them are documented in the Shared Family Care Plan, which guides the work of all of the members of the team.</p>
CPM	California Child Welfare Core Practice Model (CPM) outlines the values, components, elements and behaviors associated with child welfare practice. Information on the CPM can be found at: http://calswec.berkeley.edu/california-child-welfare-core-practice-model-0
DPH	Department of Public Health, City and County of San Francisco
FCS	Family & Children’s Services, formally known as Child Protective Services (CPS)
FTC	The San Francisco Family Treatment Court (FTC) is a court-supervised treatment and parenting program for people with children involved in the child welfare system. FTC promotes stable, long-term family reunification by helping parents address their substance use issues, improve their parenting skills, and access wraparound services.
Grantee	Homeless Prenatal Program
HSA	Human Services Agency, City and County of San Francisco

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KFT	Keeping Families Together Program provides support services for child welfare involved parents who are seeking to reunite with their children and who substance use has been identified as one of the main barriers to successful reunification.
NCFAS	The North Carolina Family Assessment Scale (NCFAS) is an assessment tool designed to examine family functioning in the domains of Environment, Parental Capabilities, Family Interactions, Family Safety, and Child Well-being. It provides an organizing framework for social workers to conduct a comprehensive family assessment intended to inform the construction of a service plan and subsequently document changes in family functioning that represent outcomes of the service plan.
Peer Mentors	Parents formerly involved with CPS/FCS that are hired by the Grantee to provide one-on-one support to families that are actively involved with FCS; peer parents work in conjunction with family case managers and Protective Services Workers
PSW	Protective Services Worker
Shared Family Care Plan	The Shared Family Care Plan is a simple document that is developed and refined during the CFT meetings to clarify the specific behavioral issues that the family is working on, and establish an agreed upon plan for addressing those issues. It is developed in collaboration with the family, and guides the FCS Case Plan as well as other service or treatment plans (e.g. the behavioral health treatment plan)
SUD	Substance use disorders (SUD), as defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, occur when the recurrent use of alcohol and/or drugs causes clinically and functionally significant impairment, such as health problems, disability, and failure to meet major responsibilities at work, school, or home.

IV. Services to be Provided

Grantee will work to reduce harm related to substance use, facilitate assessment for SUD, and facilitate successful completion of recommended treatment. All services provided will be consistent with and aligned with the California Core Practice Model (CPM)

a. Family Engagement and Substance-Use Related Case Management

Grantee will collaborate with FCS, DPH, the Superior Court of California, and other agencies to provide substance use related interventions, case management and support services for families served by FCS. The goal of case management is to provide individualized, collaborative, coordinated and supportive services that will assist the client in their family reunification or stabilization. Case management will be based on a formal assessment, and be family-centered, strengths-based, needs-driven, solution oriented, and community based.

Grantee will reach out to and engage parents referred to the support services to facilitate successful completion of services, and reducing safety risks related to substance use. NB clients are referred from hospitals, street outreach, shelters, treatment programs, MINT Program, FCS and other HPP programs.

Engagement and case management services will include, but may not be limited to the following:

- Encourage sobriety;
- Reduce harm related to substance use;
- Facilitate referrals to the DPH Treatment Access Program for assessments for substance use and dependence;
- Facilitate successful completion of recommended substance use treatment;
- Participate in the Child and Family Team (CFT) meetings that provides ongoing collaborative services and support to children and families, including participating in CFT meetings as necessary

- In collaboration with FCS and others on the CFT, monitor the participation and progress of families in pre-treatment and in-treatment programs, including addressing problems threatening to the families' recovery process;
- Participate in other related FCS meetings as requested, including Administrative Reviews and other family-involved team meetings;
- Collaborate with partner programs such as the Family Treatment Court (FTC), treatment providers, and other community based organizations working with the target population;
- Administer the North Carolina Family Assessment Scale (NCFAS) at least two times during the families' involvement with services – once at an agreed upon time near the intake process to gather baseline data, and at least once after engagement in services in order to guide service planning and measure progress in family functioning¹;
- Provide and/or refer families to evidence based parent training (such as Triple P™ (Positive Parenting Program), SafeCare™, or other evidence-informed parenting programs);
- Provide incentives designed to promote families' access to services associated with better birth outcomes and the elimination of barriers to women-centered services for pregnant, drug-using women;
- Ensure that case management services are non-duplicative and streamlined with other care plan goals and objectives, as outlined in the Shared Family Care Plan;
- Educate families about addiction and provide them information about the structure and intake requirements of various drug treatment programs; and,
- Provide on-going support after the FCS case is closed with the aim of reducing recidivism.

b. Community Outreach and Supportive Services

- Advise PSWs, Protective Services Supervisors (PSSs), other FCS staff, community partners, families and other participants in the CFT about current trends and evidence-informed practices in substance use intervention, treatment options, and chemical dependency issues;
- Working collaboratively with the FCS Training and Workforce Development Team, provide at least two trainings to FCS staff and other identified community partners on various topics related to substance use; and
- Disseminate information on families and substance use through meetings, presentations and community forums.

c. Peer Mentor Support

Peer Mentors will work in conjunction with Family Case Managers and PSWs. Peer Mentors will be supportive in achieving clients' goals and timelines set out by the HPP Case Manager and PSW. Peer Mentors will be representative of San Francisco's diverse demographics and will help create a bridge of trust among and between families, the PSWs and the Family Case Managers. They will also function as parent advocates, mentors, and teachers, in working with FCS-involved families. Generally, Peer Mentors will provide moral support to help allay clients' anxiety, help to de-escalate fears, help prioritize critical tasks, and support families in achieving their overall care plan goals and objectives. Generally, their tasks and responsibilities will fall under Prevention and Case Management:

- **Prevention:** Peer Mentors will educate clients about addiction, the structure, and intake requirements of various drug treatment programs. Peer Mentors will also assist clients in accessing services such as WIC (Women, Infant, Child) supplemental nutritional program, CalWORKs, Welfare-to-Work, CalFresh (foodstamps) and Medi-Cal benefits.
- **Case Management:** Peer Mentors will assist the PSW, Family Case Manager and DPH in substance use intervention-related activities. The tasks and responsibilities of Peer Mentors may include:
- Co-facilitate the KFT support groups

¹ Grantee will continue to administer the Adult Needs and Strengths Assessment (ANSA) as its primary assessment tool until 1) its database is reconfigured to accommodate NCFAS and 2) outcome objectives are redesigned in collaboration with FSC in order to align them with the NCFAS framework.

- Assist and advocate for the parents entering into treatment, such as sitting with a client while necessary phone calls are made, and accompanying client families to court appointments, doctor offices, and treatment program intakes; and
- Assist clients in securing temporary and/or permanent housing
- Attend CFT meetings

- d. **New Beginnings Program:** Grantee will manage a substance use prevention program for pregnant and parenting adults. As part of a city-wide collaborative, HPP serves as a link between the streets and drug treatment programs for pregnant, parenting mothers and women of childbearing age with issues related to substance use. The goal is to build a trusting relationship with these women and help them obtain the services they need (e.g., drug counseling and medical care) in order to deliver a healthy baby, adopt healthy and nurturing parenting skills, and keep custody of their children. The parents will receive the same services as those currently involved in child welfare system including Case Management, Community Outreach and Supportive Services, as described above.
- e. **Special Data Project:** Grantee will evaluate the New Beginnings Program to examine key programmatic elements and its impact on client outcomes. The result of the evaluation will be used to refine its program design and inform the efforts to further integrate the New Beginnings program into FCS contract.

V. Location and Time of Services

Services are provided either at Grantee's facilities, in the home of the family or wherever appropriate. Service hours vary depending upon the needs of families and may include evenings.

VI. Grantee Responsibilities

- a. Provide supervision, management, and quality assurance of services.
- b. Provide assessment and case management to FCS-involved families.
- c. Provide data as per reporting requirements.
- d. All Grantee employees are mandated reporters for suspected child abuse or neglect. Should a client require a referral back to FCS, the Grantee will contact the FCS Hotline.
- e. Develop and maintain language capacity based on client needs and county demographics.
- f. Participate in trainings about best practices.
- g. Participate in HSA/FCS meetings and required trainings.
- h. Work closely to develop service recommendations for parents to promote collaboration and joint case planning, including:
 - request informed consent and authorization to support clients in communicating with their PSW;
 - outline the communication protocols, in collaboration with FCS, specifying the method by which FCS will receive updates on family progress;
 - facilitate family participation in Family Team Court through ongoing case management, weekly treatment progress reporting and participation in collaborative treatment planning; and
 - provide monthly progress report on families participating in services indicating participation in services and progress meeting goals, in a format agreed upon by FCS and Grantee.

VII. Departmental Responsibilities

- a. HSA/FCS will keep Grantee apprised of changes in policy and protocol.
- b. Provide referrals and technical assistance as needed to support ongoing program implementation.
- c. Collaborate in joint service planning and share relevant information regarding family history and situation to ensure appropriate interventions are applied.
- d. Develop and support information sharing protocols with the grantee.

VIII. Service Objectives (annual unless otherwise noted)

- a. Serve a minimum of 295 unduplicated parents including:
 - 125 unduplicated parents through the New Beginnings program;
 - 50 unduplicated parents participating in FTC; and,

- 120 unduplicated non-FTC/KFT parents who are receiving services from FCS.
- b. Contact 100% of FCS referrals.
 - Exceptions will be made when referrals lack accurate contact information for families. Grantee will invite all families to attend an intake process that is designed to engage them in services.
- c. Complete a minimum of 80% of biopsychosocial assessments on all open KFT and FTC cases where they are able to engage the family.
 - Exceptions will be made in the case of couples with active Domestic Violence (priority will be given to the victim and the perpetrator will be referred out).
- d. Provide weekly peer support groups for 60 unduplicated families.
- e. Provide two trainings to FCS staff on SUD and impact on families.
- f. Transition from the ANSA tool to the NCFAS tool and implement new database in 2018.

IX. Outcome Objectives

- a. At reassessment, at least 60% of KFT parents participating in the program will demonstrate a decrease level of substance use.
- b. At reassessment, at least 70% of FTC parents participating in the program will demonstrate a decrease level of substance use.
- c. At reassessment, at least 50% of KFT parents participating in the program will demonstrate improved family functioning.
- d. At reassessment, at least 50% of FTC parents participating in the program will demonstrate improved family functioning.
- e. At least 70% of NB participants (with known birth outcomes) will give birth to a baby with a healthy birth weight.
- f. At least 85% NB participants' babies (with known birth outcomes) will have a negative toxicology screening result at birth.

Outcomes described above are based on the ANSA tool. Outcomes based on NCFAS will be refined in collaboration with FCS staff after the transition of the assessment tool is completed.

X. Reporting Requirements

Grantee shall submit monthly, quarterly and annual performance reports during the term of the grant.

- a. Monthly Reports
 - Monthly reports are due fifteen days following the end of the month and shall contain the following information:
 - Number of unduplicated FCS referrals during the month.
 - Number of initial biopsychosocial assessments completed during the month
 - Number of unduplicated families who attended peer support groups during the month
 - Number of families eligible for Medi-Cal
- b. Quarterly Reports
 - The Quarterly Reports shall contain data on progress toward meeting service and outcome objectives. This format should be cumulative, showing each quarter separately, providing a total and compared overall to the specific yearly service and outcome objectives. In addition, the quarterly reports shall contain the percentage of families served who are Medi-Cal eligible.
 - Quarterly reports are due no later than fifteen days following the end of the quarter.
- c. Annual Reports
 - An Annual Report is due 45 days following the end of the fiscal year. The annual report shall summarize the contract activities and reference the tasks as described in Section IV– Description of Services, VII- Service Objectives, and VIII-Outcome Objectives. This report will also include accomplishments and challenges encountered by the Contractor, and two client vignettes.
- d. All reports must be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.

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XI. Monitoring Activities

- a. Program Monitoring: Program monitoring will include review of client eligibility, client files, case documentation, service delivery documentation, and back-up documentation for reporting progress towards meeting service and outcome objectives.

- b. Fiscal Compliance and Grant Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subgrants, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.



	A	B	C	D	E	F	G	H	I
1	Appendix B-1, Page 1								
2	HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM								
3									
4									
5									
6	Homeless Prenatal Program		January 1, 2018 - June 30, 2020						
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>								
8	If modification, Effective Date of Mod. 7/1/18 No. of Mod. 1								
9	Program: New Beginnings and Family Treatment Court	Original	Proposed	Revised Annual	Original	Proposed	Revised Annual	Total	
10	Budget Reference Page No.(s)								
11	Program Term	1/1/18 - 6/30/18	7/1/18 - 6/30/19	7/1/18 - 6/30/19	7/1/18 - 6/30/19	7/1/19 - 6/30/20	7/1/19 - 6/30/20	7/1/19 - 6/30/20	1/1/18 - 6/30/20
12	Expenditures								
13	Salaries & Benefits	\$120,112	\$241,274	\$139,146	\$380,419	\$241,274	\$139,130	\$380,404	\$880,935
14	Operating Expense	\$13,574	\$25,509	\$0	\$25,509	\$26,096	\$0	\$26,096	\$65,179
15	Subtotal	\$133,686	\$266,783	\$139,146	\$405,928	\$267,370	\$139,130	\$406,500	\$946,114
16	Indirect Percentage (%)	15%	15%			15%	15%		
17	Indirect Cost (Line 16 X Line 15)	\$20,053	\$40,017	\$20,854	\$60,871	\$40,105	\$20,870.49	\$60,975.98	\$141,900
18	Capital Expenditure	\$0	\$675		\$675	\$0			\$675
19	Total Expenditures	\$153,738	\$307,475	\$160,000	\$467,475	\$307,475	\$160,000	\$467,475	\$1,088,689
20	HSA Revenues								
21	General Fund	\$153,738	\$307,475		\$307,475	\$307,475		\$307,475	\$768,688
22				\$160,000	\$160,000		\$160,000	\$160,000	\$320,000
23									
24									
25									
26									
27									
28									
29	TOTAL HSA REVENUES	\$153,738	\$307,475	\$160,000	\$467,475	\$307,475	\$160,000	\$467,475	\$1,088,689
30	Other Revenues								
31									
32									
33									
34									
35									
36	Total Revenues	\$153,738	\$307,475	\$160,000	\$467,475	\$307,475	\$160,000	\$467,475	\$1,088,688
37	Full Time Equivalent (FTE)								
39	Prepared by: Beverly Ashworth	Telephone No.: 415 546 6756 ext 328						Date 1/3/2018	
40	HSA-CO Review Signature:								
41	HSA #1								Revised 6/7/2018

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Program Name: New Beginnings and Family Treatment Court
 (Same as Line 9 on HSA #1)

Salaries & Benefits Detail

11	12	Agency Totals		HSA Program		1/1/18 - 6/30/18		7/1/18 - 6/30/19		7/1/19 - 6/30/20		1/1/18 - 6/30/20	
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DHS Program		DHS Program		DHS Program		TOTAL	
						Budgeted Salary	Budgeted Salary	Proposed	Revised Annual	Budgeted Salary	Proposed	Revised Annual	Budgeted Salary
13	14	15	16	17	18	19	20	21	22	23	24	25	26
POSITION TITLE													
13	New Beg Program Manager ew	\$80,000	0.92	4%	0.04	\$1,472	\$2,944	\$11,035	\$13,979	\$2,944	\$8,143	\$11,087	\$26,538
14	New Beg Case Manager sw	\$41,200	1.00	50%	0.50	\$10,300	\$20,600	\$0	\$20,600	\$20,600	\$0	\$20,600	\$51,500
15	New Beg Case Manager ch	\$41,200	1.00	100%	1.00	\$20,800	\$45,000	\$0	\$45,000	\$45,000	\$0	\$45,000	\$110,600
16	New Beg Case Manager pf	\$41,200	1.00	31%	0.31	\$8,386	\$8,972	\$0	\$8,972	\$8,972	\$0	\$8,972	\$24,330
17	New Beg Case Manager TBD							\$48,000	\$48,000		\$49,440	\$49,440	\$97,440
18	New Beg Case Manager TBD							\$48,000	\$48,000		\$49,440	\$49,440	\$97,440
19	Path/New Beg Case Manager ar	\$51,004	1.00	75%	0.75	\$19,127	\$0	\$0	\$0	\$0	\$0	\$0	\$19,127
20	Path/New Beg Case Manager ar	\$51,004	1.00	36%	0.36	\$0	\$18,361	\$0	\$18,361	\$18,361	\$0	\$18,361	\$36,723
21	Medical Director mr	\$154,500	1.00	2.10%	0.021	\$1,622	\$3,245	\$0	\$3,245	\$3,245	\$0	\$3,245	\$8,111
22	Director of Programs lm	\$89,187	0.94	4.00%	0.038	\$1,677	\$3,353	\$0	\$3,353	\$3,353	\$0	\$3,353	\$8,384
23	Family Treatment Court Case Mgr ep	\$47,000	1.00	50%	0.50	\$11,750	\$23,500	\$0	\$23,500	\$23,500	\$0	\$23,500	\$58,750
24	Family Treatment Court Case Mgr pb	\$46,000	1.00	52%	0.52	\$11,960	\$23,920	\$0	\$23,920	\$23,920	\$0	\$23,920	\$59,800
25	Family Treatment Court Case Mgr rc	\$46,000	1.00	45%	0.45	\$0	\$20,700	\$0	\$20,700	\$20,700	\$0	\$20,700	\$41,400
26	Family Treatment Court Prcg Mgr am	\$60,000	1.00	25%	0.25	\$7,500	\$15,000	\$0	\$15,000	\$15,000	\$0	\$15,000	\$37,500
27													
28													
29													
30													
31	TOTALS	\$ 748,295	11.88	474%	4.74	\$92,393	\$185,595	\$107,035	\$292,630	\$185,595	\$107,023	\$292,618	\$677,642
32													
33	FRINGE BENEFIT RATE	30%											
34	EMPLOYEE FRINGE BENEFITS	\$224,489				\$27,718	\$55,679	\$32,111	\$87,789	\$55,679	\$32,107	\$87,786	\$203,293
35													
36													
37	TOTAL SALARIES & BENEFITS	\$972,784				\$120,112	\$241,274	\$139,146	\$380,419	\$241,274	\$139,130	\$380,404	\$880,935
38	HSA #2												1/3/2018

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	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Appendix B-1, Page 3															
2																
3																
4	Program Name: New Beginnings and Family Treatment Court															
5	(Same as Line 9 on HSA #1)															
6																
7	Operating Expense Detail															
8																
9																
10	Expenditure Category	TERM	Budget 1/1/18 - 6/30/18	Budget 7/1/18 - 6/30/19	Proposed 7/1/18 - 6/30/19	Revised Annual 7/1/19 - 6/30/20	Proposed 7/1/19 - 6/30/20	Revised Annual 7/1/19 - 6/30/20	TOTAL 1/1/18 - 6/30/20							
11	Rental of Property															
12	Utilities(Elec, Water, Gas, Phone, Garbage)		\$692	\$1,385		\$1,385		\$1,385	\$3,462							
13	Office Supplies, Postage		\$300	\$456		\$456		\$456	\$1,212							
14	Building Maintenance Supplies and Repair															
15	Printing and Reproduction		\$175	\$200		\$200		\$200	\$575							
16	Insurance															
17	Staff Training		\$1,957	\$4,500		\$4,500		\$4,500	\$10,957							
18	Staff Travel-(Local & Out of Town)		\$900	\$1,258		\$1,845		\$1,845	\$4,003							
19	Rental of Equipment															
20	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE															
21																
22																
23																
24	OTHER															
25	Emergency Services for Clients		\$7,400	\$13,710		\$13,710		\$13,710	\$34,820							
26	Nutrition For New Beginnings Community Mtgs		\$250	\$750		\$750		\$750	\$1,750							
27	Nutrition and Group Supplies for Support Groups		\$1,400	\$2,250	0	\$2,250	-	\$2,250	\$5,900							
28	Family Events for Clients		\$500	\$1,000		\$1,000		\$1,000	\$2,500							
29																
30																
31	TOTAL OPERATING EXPENSE		\$13,574	\$25,509	\$0	\$26,096	\$0	\$26,096	\$65,179							
32																
33	HSA #3															

