

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **July 1, 2019**, in San Francisco, California, by and between **Conard House** ("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 and increase the contract amount;
and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 8-2017, a Request for Proposal ("RFP"), issued on August 23, 2017 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 40587-17/18 on November 20, 2017;

WHEREAS, approval for this Amendment was obtained when the Board of Supervisors approved Resolution number _____ 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 the:

First Amendment, dated July 1, 2019

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 Term of the Agreement. Section 2.1 of the Agreement currently reads as follows:

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, 2019, unless earlier terminated as otherwise provided herein.

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

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, 2023, unless earlier terminated as otherwise provided herein.

2.2 Section 3.3 Compensation. Section 3.3.1 Payment of the Agreement currently reads as follows:

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 **Eight Million Five Hundred Thirty Eight Thousand Seven Hundred Seventy Nine Dollars (\$8,538,779)**. 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:

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 **Forty Four Million Eight Hundred Two Thousand Seven Hundred Sixty Four Dollars (\$44,862,764)**. 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.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after December 1, 2019.

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.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:



Greg Wagner
Acting Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney

By: 
Virginia Dario Elizondo
Deputy City Attorney

Approved:

Alaric Degrafinried
Director of the Office of Contract
Administration, and Purchaser

CONTRACTOR

Conard House



Richard Heasley
Executive Director
1385 Mission Street, #200
San Francisco, CA 94103

Supplier ID: 0000022403

Received By:
DEC 27 '18 PM 1:35
Purchasing Department

**Appendix A
Scope of Services**

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Valerie Wiggins**, 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.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

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.

For contracts for the provision of services at San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

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. 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.

G. 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.

H. 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."

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 Outpatient Services/Supportive Housing

Appendix A-2 Rep Payee

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.

1. **Program Name:** Outpatient Services (1A) / Supportive Housing (1B)
Program Address: 1385 Mission Street, Suite 200
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 864-7833
Facsimile: (415) 864-7093
Program Codes: 89492 Conard House Outpatient Services
8949SH Conard House Supportive Housing
Website Address: www.conard.org
Executive Director/Program Director: Richard Heasley, MPA , Executive Director
Louise Foo, PhD, Director of Clinical Services
Telephone: 415-864-7833
Email Address: rheasley@conard.org
louise@conard.org

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

- Original Contract Amendment Internal Contract Revision

3. **Goal Statement**

To provide a full range of mental health services (assessment, plan development, individual, group, rehabilitation, collateral), case management, crisis services, representative payee/money management, community support, and community building to adults, of all ethnicities and populations, with a special focus on the unique needs of those with serious mental and behavioral health conditions living in Conard House supportive housing (residential hotels and co-operative apartments) or other community housing located throughout San Francisco

4. **Target Population**

Conard House Outpatient Services and Supportive Housing Program is designed to meet the unique services of adult residents of San Francisco, ages 18 and older, with chronic and severe mental health conditions, who are residents of Conard House or other housing, and meet BHS criteria for Medical Necessity and Functional Impairments; and, have the ability to maintain independent living without hospitalization, or becoming homeless would be greatly enhanced by the provision of Case Management, Mental Health, and Crisis Services.

The Cooperative Apartment Program provides supportive housing and offers outpatient needs, with a focused expertise in, serving monolingual Asian-American clients as a specialized target sub-population. For Resident and Community Fellows, the Jackson Street

Community specifically addresses personal and leadership development for community living.

In addition, under this contract Conard House provides psychosocial support services at the Plaza Apartments, a supportive housing facility opened January 2006, jointly operated by the Plaza Apartments Associates LP (owner), San Francisco Department of Homelessness and Supportive Housing - Direct Access to Housing Program (DAH), and John Stewart Property Management Company.

Across all sites, approximately 96.33% of clients eligible for services are recipients of Medi-Cal benefits. Their Outpatient Services are funded by Medi-Cal revenue in this contract. The other 3.67% are funded by the County General Fund revenue in this contract.

5. Modalities/Interventions

Outpatient Services (OP):

The CRDC Modes of Service for Reporting Unit 89492 are:

- 15-01 Case Management Brokerage
- 15-10 Mental Health Services – Collateral
- 15-30 Mental Health Services – Assessment
- 15-30 Mental Health Services – Plan/Development
- 15-40 Mental Health Services – Individual Therapy
- 15-40 Mental Health Services – Individual Rehabilitation
- 15-50 Mental Health Services – Group Therapy
- 15-40 Mental Health Services – Group Rehabilitation
- 15-70 Crisis Intervention
- 45-Outreach (Community Mental Health Education and Consultation; Enhancing other agencies MH knowledge; Individual and Group non-registered clients (including residents in Conard Supportive Housing who refuse to be opened in AVATAR or residents who do not meet the medical necessity criteria to be opened in AVATAR)).

A billable Unit of Service (UOS) of eligible health services for Mode 15, as defined by the Medi-Cal Rehab Option, is one minute of service. We will use the BHS-issued codes for the relevant service according to instructions from BHS Quality Assurance and DPH Compliance Unit.

The maximum static capacity of the Outpatient Services is 450 clients. However, with some residents refusing services, others no longer meeting medical necessity, and turnover, the estimated unduplicated number of clients (UDC) opened in Avatar and receiving Outpatient Services is unchanged at 400 for this contact period.

See CRDC for details of OP UOS and UDC.

Incorporation of Health Navigation Activities in Outpatient Services:

Since 2015, we budgeted two full time equivalents for peer Health Navigators (four 20-hour positions). These Health Navigators work as needed at 7 DPH-funded Supportive Housing Sites providing Health Navigation Services. The efforts of the Health Navigators will contribute to the number of UOS for Mode 15 & Mode 45 services within OP services, namely, they provide outreach and Medi-Cal billable services to clients and residents on health navigation (e.g., when the opened client has a treatment goal in Medical/Health on his/her treatment plan and that health navigation services reduce the functional impairments as a result of clients' mental health conditions that meet the criteria of medical necessity). We provide documentation training and supervision for the Health Navigators so that they can effectively complete Medi-Cal documentation in AVATAR. Health Navigators collaborate with clients and their primary clinicians at Conard House in including Medical/Health goals (when appropriate) on their treatment plans.

Supportive Housing:

The CRDC Mode of Service is Mode 60 - 78 Support Services.

A billable Supportive Housing Unit of Service (UOS) is a Supportive Housing Service Day, i.e., a day in which an individual is in residence in a co-op or hotel setting providing access to case management, staff time for core services (non-outpatient) such as money management, benefits advocacy, employment support, community orientation, community building, community meetings and resident councils, and/or milieu management.

The maximum static bed-capacity of the program is 450. Details are shown in the table below. The 106-unit Plaza Apartment program is included in the 450 -total. For FY18-19 the number of Coop beds is 68, down 4 as one master-lease Coop was lost. This may change further because Coop landlords may terminate their "commercial" leases with Conard House Inc. or because of Conard House may choose not to renew "commercial" leases if leasing cost increases are exorbitant.

With turnover estimated at 5% for established sites, 15% for the Plaza, and 25% for the transitional Washburn site, the estimated unduplicated number of clients to receive Supportive Housing Services is 487 for this contact period.

Under CRDC Mode/SFC 60 - 78, the Supportive Housing program UOS will be billed in Supportive Housing Client Days. See CRDC in Appendix B for details of UOS and UDC.

Intake Coordinator and Case Managers will open each client in the Avatar System at the beginning of a client's admission into outpatient services. Each client will be closed at termination when the client declines further outpatient services or moves out of a Conard House supportive housing program. A small portion of the co-op and hotels' population will not be entered into Avatar because support services are voluntary by statute - some clients will decline services, or because some clients are not clients of BHS and choose not to be identified in the San Francisco Behavioral Health System. Conard House uses Property Management Rent Rosters to determine the total number of supported housing days delivered for the purpose of invoicing and monitoring aggregated actual Units of Service against aggregated contracted Units of Service.

Supportive Housing Sites	Static Resident Capacity (# of beds)	Annual Unduplicated SH Residents	Supportive Housing Days (90% Capacity) (12 months)	Total Outpatient Hours (12 months)	Medi-Cal Outpatient Hours (12 months)
Jackson Street	8	8	2,628		
Coops	68	71	22,338	1,814	1,754
El Dorado	57	60	18,724	1,680	1,623
Washburn	22	27	7,227	1,702	1,644
Midori	77	81	25,295	1,667	1,611
Lyric	58	61	19,053	1,743	1,684
Jordan	54	57	17,739	870	841
Plaza	106	122	34,821	1,587	1,534
Annual Subtotal # of beds:	450				
Annual SH UDC:		487			
Supportive Housing Total Days:			147,825		
SH Intakes:				688	665
Hourly rounding adjustments:					
OP Subtotal Hours				11,751	
Medi-Cal OP Mode 15 Subtotal Hours					11,356
12mos projected UDC:				246	
Mode 45 Total Hours				516	N/A
DPH Total Hours				12,267	11,356
Mode 15 Total OP minutes				705,078	
Mode 15 Total Medi-Cal minutes					681,344

6. Methodology

A. Outreach, recruitment, promotion, and advertisement:

As a part of Community Behavioral Health Services, it is the role of Conard House's Outpatient Services Program to provide outpatient mental health services and health navigation services relating to clients' severe and chronic mental health conditions under the Social Rehabilitation Option to its residents living in Conard House's Coops apartments and Hotels in the community. Conard House has been providing cooperative apartments for over 50 years and SRO housing and social rehab options for almost 30 years to San Franciscans with severe and chronic mental health conditions.

Outpatient Services are available to Supportive Housing clients who meet the criteria for Medical Necessity and Target Symptoms/Impairments on the BHS Treatment Plan of Care. Priority is given to those clients referred by the BHS Placement Team who have been through a transitional level of care. Most of these clients will have been initially referred from residential treatment programs, streets and homeless shelters. Outpatient Services imbedded in Supportive Housing furthers the BHS goals of providing consumer-guided and community-based services to its clients and reducing psychiatric hospitalizations.

B. Admission Criteria and Process:

Those eligible for the Supportive Housing Program are individuals who have chronic and severe mental health conditions and functional impairments whose lives would remain more stable, without hospitalization or homelessness, with the provision of Case Management, Mental Health, and Crisis Services. Client/residents are assessed at entry to Supportive Housing for history/needs/goals relating to mental and functional status. The Conard House Sr. Case Manager II, functions as an Intake Coordinator and performs this assessment for applicants for the Coops, El Dorado, the Midori, and the Washburn. The Intake Coordinator presents to and discusses the results with Director of Clinical Services and site Program Directors. Shelter Plus Care refers tenants to the Lyric Hotel and some beds at the Midori and El Dorado Hotels. John Stewart Company, the Property Management company refers Section 8 tenants for admission to the Jordan. Direct Access to Housing places tenants at the Plaza Apartments.

C. Service Delivery Model:

Outpatient Services:

The Outpatient Services program is based on a psycho-social rehabilitation model in a supportive community providing a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the Supportive Housing/Outpatient program. The Outpatient services are provided in a non-institutional, residential setting.

Outpatient Services delivered, per the CRDC, include Mental Health Services, Crisis Intervention and Case Management. Targeted Case Management is directed at maintaining housing and independent living, teaching and reinforcing self-management skills, assessing physical health and mental health and substance use status, making appropriate linkages to needed services when necessary, and preventing hospitalization and/or homelessness.

Health Navigators conduct screenings and assessments of clients' health navigation needs according to Pacific Clinics/University of Southern California Health Navigation Program. All Outpatient Health Navigators are certified by this program. They follow procedures outlined in this program with the main goal of empowering clients to navigate the complex health system independently. Using the PC/USC program materials, Health Navigators assist clients in communicating effectively with their medical/dental/or optometry providers. Health Navigators assist clients in setting health care goals, wellness goals and collaborate with clients in achieving those goals.

Conard House Outpatient clients who only need escort to medical appointments but do not desire to learn skills in navigating the health care system, are not appropriate for enrollment in the Health Navigator program. However, as long as the Outpatient client is willing to engage and attend the screening and assessment sessions, Health Navigators are willing to assist with making appointments, attending appointments with clients, as well as role modeling and coaching clients to be more independent as they interact with their various health care providers. "For Them, With Them, By Them" captures the spirit of this program.

Supportive Housing:

The Conard House Supportive Housing Program, as a non-licensed program, is not permitted to provide care and supervision to residents; during a crisis, staff is permitted and required to call appropriate emergency services and outside service providers, but are not permitted to provide "urgent care". This limitation includes a system to provide medications on site. Under this restriction, the SH program does not provide psychiatric medication treatment and cannot dispense or monitor medication for clients.

Conard House Supportive Housing Program will follow the harm reduction policy and offer educational groups and activities oriented to clients with dual diagnoses. The Program will refer clients to organizations that specialize in dual diagnosis and substance use treatment.

Generally, hotel clinical staff work from 9:00 AM to 5:00 PM, Monday through Friday. At the Washburn, we have shifts for staff that are from 11 AM to 7 PM as well as 9 AM to 5 PM. Desk clerks provide coverage after hours and on-weekends in our Support Service Hotels. The Director of Supportive Housing and Community Services, Director of Clinical Services, Associate Clinical Directors, Operations Director, and Program Directors – all carry cell phones to respond to emergent clinical & staff situations at program sites. All staff are directed to bring in the assistance of outside service providers when necessary, including the police, psychiatric emergency services, mobile crisis, and outside case managers and therapists.

The Conard House Outpatient Services/Supportive Housing Program has six SRO Hotels located in the Tenderloin and South of Market areas. Room availability at the hotels ranges from 22 to 106 units. The static capacity is 374 SRO hotel residents. The Co-op Apartment Program has a static capacity of 68 residents. Jackson Street has a static capacity of 8 residents. The total static capacity is 450 residents

The total static capacity of residents served in the Supportive Housing Program 450.

Co-operative Apartments Office 2441 Jackson Street San Francisco, CA 94115 346-6384 (Capacity: 68)	Jackson Street Community 2441 Jackson Street San Francisco, CA 94115 346-6380 (Capacity: 8)
El. Dorado Hotel 150 Ninth Street San Francisco, CA 93103 863-4582 (Capacity: 57)	Midori Hotel 240 Hyde Street San Francisco, CA 94102 775-6006 (Capacity: 77)
Lyric Hotel 140 Jones Street San Francisco, CA 94102 776-2115 (Capacity: 58)	Jordan Apartments 820 O'Farrell Street San Francisco, CA 94102 922-1503 (Capacity: 54)
Plaza Apartments 988 Howard Street San Francisco, CA 94103 344-0527 (Capacity:106)	Washburn Residence 38-42 Washburn Street San Francisco, CA 94103 864-8701 (Capacity: 22)

The Plaza Apartments are part of the Direct Access to Housing (DAH) program under the Department of Homelessness and Supportive Housing. Conard House provides the same services to Plaza residents as it does to its other supportive housing programs.

Case managers:

- Involve each tenant or client in his or her own service plan, which includes an assessment and appropriate reassessment of economic status.
- Work closely as indicated with BHS or non BHS clinicians to help keep tenants and clients stably housed and able to provide for themselves. Case managers are available for case conferences with BHS and other providers.
- Assist tenants and clients in maintaining their housing, acquiring basic living skills, and coordinating with other services.
- Refers clients to pre-vocational program, vocational programs including employment and volunteer opportunities and academic programs.
- Meet regularly with clients and collaborate with staff of other programs that provide services to clients.
- Disburse checks directly to each tenant based on the money management plan negotiated between tenant and case manager.
- Refer clients in Washburn Transitional Residence to other supportive or subsidized housing programs.

D. Exit Criteria and Process:

Except for the Washburn and the Jackson Street Community, all Conard House Supportive Housing is permanent housing. The Washburn is operated to enable residents to transition into permanent supportive housing. The Jackson Street Community is operated to enable residents to transition to community living. Other tenants who wish to move to non-supportive housing are encouraged to do so when appropriate and are given referral assistance and other help they may need.

Upon move-in, Washburn tenants begin working individually and in groups to prepare for permanent, supportive or subsidized housing, as the Washburn is a transitional 24-month program.

Upon move-in, Jackson Street tenants will begin working individually and in groups on strategies for community living. The initial Fellowship residency for new residents will be 3 months. Residents in good standing with the program can extend their enrollment in 3-month increments up to 24 months.

For residents and other clients leaving Supportive Housing, Conard Case Managers shall notify the BHS Care Manager (and conservator, if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the Case Manager is unable due to circumstances to notify the conservator prior to such discharge or termination, staff shall notify the conservator within 24 hours or the next workday.

Outpatient Services are provided to both permanent and transitional residents of Conard House Supportive Housing. Services are normally discontinued when a client leaves the Supportive Housing program and is referred to appropriate services if necessary. Exceptions to this are made on a case-by-case basis. The step-down process is monitored per annual BHS Plan of Care reassessment.

C. Please see Conard House Budget on Appendix B.

7. Objectives and Measurements

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

Note:

1. Because Conard House Outpatient Services changed its RU from 3862OP to 89492 on July 2, 2007, INSYST had reclassified all clients in 3862OP to have the new admission date of July 2, 2007. When San Francisco Behavioral Health Services (BHS) issued a new policy of revising the due date of annual anniversary documentation to the opening date of the clients, Conard House Outpatient Services had received permission from BHS to create an internal log so that clients with an opening date of 7/2/2007 will have the anniversary date of the date of the last completed treatment plan at the time of this change. For example, if the client has an admission date of July 2, 2007, the last treatment plan completed was October 10, 2014. October 10 will be the anniversary date of this client, not July 2. Conard House Outpatient Services staff understand they have to follow the internal log for clients opened on 7/2/2007 and for clients who ARE NOT opened on July 2, 2007, they need to follow BHS's policy of completing annual anniversary documentation on their admission date, and that they will use the AVATAR Treatment Plan Due Date Report to track these treatment plan due dates.

The AVATAR Treatment Plan Due Date Report is not accurate for Conard House Outpatient Services clients when their opening date is 7/2/2007. Furthermore, the percentages of expired treatment plans calculated by AVATAR based on this AVATAR Report are not accurate in measuring our performance objective on the criteria on the timeliness in completing treatment plans and other anniversary documentation.

2. BHS had informed all outpatient clinics to close clients who have Medi-Care Part B and or Part C (HMO) and Medi-Cal (Medicaid) and refer these clients to the HMO's that they have signed up. Conard House Outpatient Services had received permission from BHS on January 8, 2016 to continue to provide mental health services, targeted case management brokerage, and crisis services to these clients and not to discharge them from Conard House Outpatient Services in that Conard House outpatient clients are residents who reside in our Supportive Housing sites and that Conard House Outpatient Services are not provided in an outpatient clinic setting.

8. Continuous Quality Assurance and Improvement

A Quality Assurance and Improvement Project for Conard House Outpatient and Supportive Housing Services in FY18 -19 will be proposed and implemented. We will submit this Project for Conard Board approval at a Conard House Board Meeting. Additionally, the following CQA/CQI activities continue:

A. Achievement of contract performance objectives.

Program Directors, Associate Clinical Directors, and Director of Supportive Housing and Community Services, and the Director of Clinical Services meet monthly to discuss program operations and the collection of data to track performance objectives. Director of Clinical Services and Associate Clinical Directors and Program Directors track Avatar reports on Outpatient and Supportive Housing Service Units.

B. Documentation quality, including a description of internal audits.

Outpatient Services complies with Avatar documentation requirements. The Director of Clinical Services and Associate Clinical Directors and Program Directors perform routine internal audits of Avatar documents. The Director of Clinical Services will submit the a description of our internal audit procedures to BOCC .

C. Cultural competency of staff and services.

The Conard House Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

D. Client satisfaction.

Clients receiving Conard House Outpatient Services participate in BHS Mental Health Consumer Perception Surveys two times each year. The Director of Supportive Housing and Community Services and Director of Clinical Services will review program results and incorporate feedback to the program operations.

1. **Program Name:** Rep Payee Services
Program Address: 1385 Mission Street, Suite 200
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 864-7897
Facsimile: (415) 864-7093
Program Code: 8949RP
Website Address: www.conard.org

Executive Director/Program Director: Richard Heasley, MPA, Executive Director
Liliana Suarez, Director, Supportive Housing &
Community Services
Telephone: 415-864-7833
Email Address: rheasley@conard.org
liliana@conard.org

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

- Original Contract Amendment Internal Contract Revision

3. **Goal Statement**

The goal of Conard House Rep Payee Services is to help eligible clients, of all ethnicities and populations, establish and manage their public income benefits by providing representative payee and money management services to those in the San Francisco mental health system and Human Services Agency County Adult Assistance Program (CAAP). These services are funded by BHS, DEAP, MHSA (formerly AB 2034) and an HSA General Fund Work Order. The program will collect clients' public income benefits from the Social Security Administration and other sources and deposit these funds into client subaccounts within a Conard House Rep Payee master account, work with clients to budget the use of their funds, and make prudent, timely and documented disbursements from their subaccount accounts.

4. **Target Population**

This program serves San Francisco residents of all ethnicities and populations, and is designed to specifically address the needs of adult, ages 18 and older, with mental health diagnosis and who need representative payee services; and secondly, adults enrolled in the County Adult Assistance Program, who are in the process of receiving

Social Security benefits. The total static capacity of the population served is 692, and broken down by the following funding sources, shown in the table below.

Community Services Rep Payees by Funding Source	Allocated by Rev Ratios	Static Client Capacity	Max Undupl Clients	Annual Service Days
BHS Clients				
BHS Rep Payee	30.28%	210	221	68,985
DEAP	11.75%	81	85	26,609
MHSA	3.60%	25	26	8,212
BHS Subtotal	45.63%	316	332	103,806
HSA Work Order	54.37%	376	395	123,516
DPH Contract Total	100.00%	692	727	227,322

5. Modality/Interventions

The CRDC Mode of Service is Mode 60 Support Services.

This is a Fee-For-Service Program. For management and invoicing purposes, a Unit of Service will be a Service Day, i.e., each day of 365 business days in the contract period that a client is enrolled in the Rep Payee Services Program.

Under CRDC Mode/SFC 60-78, the Rep Payee Program will deliver 105,120 Service Days over the 12 months of the annual FY18-19 contract period. Service days are discounted at 90% to allow for 10% regular vacancies, the net result of the rate of discharges, referrals and vacancies. The Table above shows the Service Days detail by funding source. If the rate of discharges decreases, and the rate of eligible DPH or HSA referrals increases, Conard House agrees to enroll eligible clients to maintain a static capacity of up to 692 clients.

The Service Day Rate as shown in Appendix B-2 is a single composite rate used for all 12 months. The same single rate applies to each funding source. The Service Day Rate is the Total Annual Cost, \$1,803,120, divided by the Total Annual Service Days, 227,322. The Service Day Rate per enrollee per day is \$7.59.

For BHS, DEAP, MHSA and Work Order clients will be maintained at a static capacity of 692. With a turnover rate over 5%, a variable stream of eligible referrals, the maximum unduplicated number of people served in in the contract period is estimated at 727.

6. Methodology

A. Admission Criteria and Process:

Referrals will come exclusively from BHS or HSA designated programs.

For BHS Referrals:

Formerly, all referrals for Conard House Rep Payee Services were handled by BHS Adult/Older Adult System of Care with the Adult/Older Adult Program Manager being the point of contact. As of FY17/18, Conard House takes all referrals to Rep Payee services from DPH Mental Health Providers, both Civil Service and Contractors, including Integrated Case Management & ICM step down programs. Additionally, HSA designated units can make direct referrals to Conard House for client Rep Payee services. The new process implemented is as follows:

1. DPH authorized Providers will fill out the Conard House Rep Payee Referral Form completely.
2. DPH authorized Providers will fax referral forms to Conard House Rep Payee Program's point of contact: **Attention: Conard House Associate Dir. of Operations.**
3. The Conard House Associate Dir. of Operations, as the point of contact will complete the Placement Status section of the referral form having determined the appropriate slot based on referral source and space availability.
4. Conard House Rep Payee program will notify referring DPH authorized provider of referral status (acceptance to program or placement on waitlist).
5. Conard House Rep Payee program will work with DPH authorized provider to schedule intake appointment.
6. Conard House Rep Payee program will report monthly to BHS A/OA Program Manager the following information: Total number of active slots with referral source, number of slots available per referral source, number of clients opened and closed that month by referral source, number of clients on waitlist with referral source.

For HSA referrals:

1. HSA staff will contact the Dir. of Operations to schedule intake appointment.
2. Dir. of Operations will inform Community Services Program of intake appointment.
3. Case Manager will travel to the CAAP office and complete intake paperwork.
4. HSA staff will accompany clients to CS-South for no-shows or any rescheduled appointments.

B. Service Delivery Model:

The service model is centered on the working relationship between the consumer and his or her Case Manager, whose primary function is that of Representative Payee. In this model, the Case Manager will:

- (1) Involve each client in his or her own service plan, which shall include an assessment and appropriate re-assessment of economic status.
- (2) Work closely as indicated with BHS clinicians to help keep consumers stably housed and able to provide for themselves. Case managers will be available for case conferences with BHS providers.
- (3) Assist clients in maintaining housing, including budgeting and coordinating with other service providers
- (4) Meet regularly with clients and collaborate with staff of other programs that provide services to clients. Inform outside providers of consumer emergency situations or other issues affecting consumers' ability to live independently in the community.
- (5) Disburse checks directly and timely to each client's landlord and ensure timely payment of utility bills.
- (6) For persons not already in housing, make housing referrals and placements, and mediate landlord—tenant disputes.
- (7) Enroll clients in available affordable housing opportunities for which they are eligible -- including Conard House and other supportive or subsidized housing programs.
- (8) As of July 2018, Conard House will assume the responsibility to enter client demographics into BHS Avatar (opening and closing services). Conard House Rep Payee data will allow other BHS providers to improve the quality of the coordination of client services within the continuum of care.

The BHS Rep Payee Program Administration will be located at Conard House, Inc. at 1385 Mission Street, San Francisco CA 94103.

Rep Payees will be located at these San Francisco service locations:

- Community Services North at 259 Hyde Street,
- Community Services South at 154 Ninth Street,
- Co-located at the SOMA Clinic at 760 Fourth Street

Rep Payee Case Managers are normally on duty from 9:00 am to 5:00 pm, Monday through Friday, although their duties, including training, may periodically take them off-site.

The Program will deliver services in the preferred language of the consumer (including sign language) and make provisions for the use of trained interpreters when needed.

All staff is directed to call in the assistance of outside services providers when necessary, including police and psychiatric emergency services.

D. Exit Criteria and Process:

Clients are encouraged to become their own payees, that is, to be able to manage their own funds if they are not obligated to comply with the requirement from Social Security Administration that they must have someone else manage their money.

The Case Manager shall notify BHS providers and conservator (if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the services will be terminated due to violence, staff notifies the BHS provider or conservator within 24 hours or the next workday.

The Case Manager shall notify Social Security Administration of discharge or service termination and shall comply with instructions from Social Security regarding the disposition of fund balances in the consumer's account.

E. Program Staffing:

Personnel totaling 20.18 FTE for the Program consist of the following positions:

Director SHP/CS	0.21
Associate Director Operations	0.75
Program Assistant	0.23
IT Manager	0.12
FIU Account Manager	1.41
FIU Account Supervisor	.70
FIU Messenger	73
FIU Senior Account Manager	0.70
Program Director II	2.91
Senior Case Manager I	2.00
Case Manager I	10.54
Fill In Case Manager	0.00
Total	20.60

The Rep Payees are responsible for the tasks listed above in Section 6.

C. The Case Managers are responsible for maintaining enrollment of up to 692 slots. The Fiscal Intermediary Unit (FIU) Account Managers are responsible for processing deposits and disbursement transactions on behalf of all Rep Payee clients. The Program Director provides supervision to the Case Managers. Associate Director supervises the Program Directors. The Director of Supportive Housing & Community Services (SH/CS) provides overall direction for the management and expansion of the program.

The following staff in other Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant and Information Technology (IT) Manager collect data for reporting purposes. The following staff in other Departments provides administrative direction for Rep Payee Services: the FIU-Accounts Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements. The Program Assistant and Information Technology (IT) Manager collect data for reporting purposes. Additionally, the IT Manager maintains the program's electronic client files & computer systems.

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the BHS-AOA Performance Objectives FY 18-19.

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives.

Community Services Program Directors, Operations Director, and Director of Supportive Housing and Community Services meet bi-monthly to discuss program operations and the collection of data to track performance objectives.

B. Documentation quality, including a description of internal audits.

The Representative Payee Services require minimum documentation of clients' progress. However, staff document events that require medical, psychiatric, legal, or police involvement. Program Directors are aware of the documentation required by BHS and are in full compliance regarding confidentiality and release of information. Program Directors will conduct annual audits of files and quarterly audits of money management binders and report results to the Director of Operations and Director for assessment, trainings needs, and recommendations.

C. Cultural competency of staff and services.

The Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

D. Client satisfaction.

The Representative Payee programs participate in the annual survey per BHS dates and times. Operations Director and Director of supportive Housing and Community Services will review program results and incorporate feedback to the program operations.

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.

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.

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 Prop 63 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether

for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix B-1a & 1b Outpatient Services and Supportive Housing

Appendix B-2 Rep Payee Services

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 **Forty Four Million Eight Hundred Two Thousand Seven Hundred Sixty Four Dollars (\$44,862,764)** for the period of **July 1, 2018 through June 30, 2023**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$4,806,725** 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 an 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	\$7,623,910
July 1, 2019 through June 30, 2020	\$7,812,820
July 1, 2020 through June 30, 2021	\$8,006,410
July 1, 2021 through June 30, 2022	\$8,204,798
July 1, 2022 through June 30, 2023	\$8,408,101
Subtotal – July 1, 2018 through June 30, 2023	\$40,056,039
Contingency	\$4,806,725
Grand Total:	\$44,862,764

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

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

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

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

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

A	B	C	D	E	F	G	H
Appendix B - DPH 1: Department of Public Health Contract Budget Summary							
DHCS Legal Entity Number (MH) 342						Page # 1	
DHCS Legal Entity Name (MH)/Contractor Name (SA) CONARD HOUSE, INC.						Fiscal Year 2018-2019	
Contract CMS # FSP #1000010463				Funding Notification Date 06/26/18			
Contract Appendix Number	B-1 A	B-1 B	B-2	B-#	B-#	B-#	
Provider Number	342	342	342				
Program Name(s)	Outpatient	Supportive Housing	REP PAYEE				
Program Code(s)	89492	8949SH	8949RP				
Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19				TOTAL
FUNDING USES							
Salaries	\$ 1,328,006	\$ 701,627	\$ 969,474				\$ 2,999,107
Employee Benefits	\$ 445,323	\$ 220,249	\$ 315,984				\$ 981,556
Subtotal Salaries & Employee Benefits	\$ 1,773,329	\$ 921,876	\$ 1,285,458	\$ -	\$ -	\$ -	\$ 3,980,663
Operating Expenses	\$ 481,160	\$ 1,996,662	\$ 348,579				\$ 2,826,401
Capital Expenses	\$ -						\$ -
Subtotal Direct Expenses	\$ 2,254,489	\$ 2,918,538	\$ 1,634,037	\$ -	\$ -	\$ -	\$ 6,807,064
Indirect Expenses	\$ 270,539	\$ 350,224	\$ 196,083				\$ 816,846
Indirect %	12.0%	12.0%	12.0%				12.0%
TOTAL FUNDING USES	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
						Employee Fringe Benefits %	30.9%
BHS MENTAL HEALTH FUNDING SOURCES							
MH FED SDMC FFP (50%) Adult	\$ 1,170,004						\$ 1,170,004
MH STATE Adult 1991 MH Realignment	\$ 1,244,616						\$ 1,244,616
MH COUNTY Adult - General Fund	\$ 110,408	\$ 3,268,762	\$ 554,230				\$ 3,933,400
MH COUNTY Adult WO CODB			\$ 24,268				\$ 24,268
MH COUNTY SSI-DISABILITY EVAL ASSIST PRG			\$ 215,000				\$ 215,000
MH MHSA (CSS)			\$ 65,898				\$ 65,898
MH WO HSA Rep Payee Program			\$ 970,724				\$ 970,724
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
BHS SUBSTANCE ABUSE FUNDING SOURCES							
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES							
HUH General Fund		\$ -					\$ -
							\$ -
							\$ -
							\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
NON-DPH FUNDING SOURCES							
							\$ -
TOTAL NON-DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 2,525,028	\$ 3,268,762	\$ 1,830,120	\$ -	\$ -	\$ -	\$ 7,623,910
Prepared By Roxie Uyeda/Richard Heasley				Phone Number 415-864-7833		Date prepared 07/13/18	

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

DHCS Legal Entity Number (MH)	342					Page #	1a	
DHCS Legal Entity Name (MH)/Contractor Name (SA)	CONARD HOUSE, INC.					Fiscal Year	2018-2019	
Contract CMS #	#1000010463					Funding Notification Date	06/26/18	
CONTRACT TERM: 07/01/2018 - 06/30/2023								
	SUBTOTAL:	SUBTOTAL:	SUBTOTAL:	SUBTOTAL:	SUBTOTAL:	SUB-TOTAL: (5 years)	12% Contingency	CONTRACT NOT TO EXCEED AMOUNT
	FISCAL YEAR #1 07/01/18-06/30/19	FISCAL YEAR #2 07/01/19-06/30/20	FISCAL YEAR #3 07/01/20-06/30/21	FISCAL YEAR #4 07/01/21-06/30/22	FISCAL YEAR #4.5 07/01/22-06/30/23	Contract Term: 07/01/18-06/30/23		
Base	\$ 7,439,568	\$ 7,623,910	\$ 7,812,820	\$ 8,006,410	\$ 8,204,798	\$ 39,087,505		
2.5% CODB	184,342	188,910	193,591	198,387	203,303	968,533		
Total	\$ 7,623,910	\$ 7,812,820	\$ 8,006,410	\$ 8,204,798	\$ 8,408,101	\$ 40,056,038	\$ 4,806,725	\$ 44,862,762

A	B	C	D	E	F	G	H
Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
DHCS Legal Entity Name (MH)/Contractor Name (SA) 342	Program Name	Outpatient	Outpatient	Outpatient	Outpatient		
Provider Name CONARD HOUSE, INC.	Mode/SFC (MH) or Modality (SA)	89492	89492	89492	89492		
Provider Number 342	Service Description	15/01-09	15/10-57_59	15/70-79	45/20-29		
	Funding Term (mm/dd/yy - mm/dd/yy)	OP-Case Mgt Brokerage	OP-MH Svcs	OP-Crisis Intervention	OS-Cmmly Client Svcs		
		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19		
FUNDING USES							
11	Salaries & Employee Benefits	167,914	1,507,603	25,119	72,693		1,773,329
12	Operating Expenses	45,560	409,060	6,816	19,724		481,160
13	Capital Expenses						
14	Subtotal Direct Expenses	213,474	1,916,663	31,935	92,417		2,254,489
15	Indirect Expenses	25,617	230,001	3,832	11,089		270,539
16	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	239,091	2,146,664	35,767	103,506		2,525,028
17							
18	BHS MENTAL HEALTH FUNDING SOURCES						
19	Activity						
20	251984-10000-10001792-0001-Adult	115,521	1,037,202	17,281			1,170,004
21	251984-10000-10001792-0001-MH STATE Adult 1991 MH Realignment	118,153	1,060,826	17,676	47,961		1,244,616
22	251984-10000-1001792-0001-MH COUNTY Adult - General Fund	5,417	48,636	810	55,545		110,408
23	251984-10000-1001792-0001-MH COUNTY Adult WO CODB						
24	This row left blank for funding sources not in drop-down list						
25	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	239,091	2,146,664	35,767	103,506		2,525,028
26							
27	BHS SUBSTANCE ABUSE FUNDING SOURCES						
28	Activity						
29							
30							
31	This row left blank for funding sources not in drop-down list						
32	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES						
33							
34	OTHER DPH FUNDING SOURCES						
35	Activity						
36							
37	This row left blank for funding sources not in drop-down list						
38	TOTAL OTHER DPH FUNDING SOURCES						
39	TOTAL DPH FUNDING SOURCES	239,091	2,146,664	35,767	103,506		2,525,028
40							
41	NON-DPH FUNDING SOURCES						
42	This row left blank for funding sources not in drop-down list						
43	TOTAL NON-DPH FUNDING SOURCES						
44	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	239,091	2,146,664	35,767	103,506		2,525,028
45	BHS UNITS OF SERVICE AND UNIT COST						
46	Number of Beds Purchased (if applicable)						
47	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
48	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
49	Payment Method						
50	DPH Units of Service	87,923	610,316	6,839	516		43,287
51	Unit Type	Staff Minute	Staff Minute	Staff Minute	Staff Hour		
52	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 2.72	\$ 3.52	\$ 5.23	\$ 200.59		\$ -
53	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 2.72	\$ 3.52	\$ 5.23	\$ 200.59		\$ -
54	Published Rate (Medi-Cal Providers Only)	\$ 2.99	\$ 3.87	\$ 5.75	\$ 220.65		Total UDC

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Appendix B - DPH 3: Salaries & Benefits Detail															
2																
3	Program Name: <u>Outpatient</u>										Appendix #: B-1 A, Page 2					
4	Program Code: <u>89492</u>										Page # 3					
5	Fiscal Year: 2018-2019															
6	Funding Notification Date: 06/26/18															
7		TOTAL		MH COUNTY Adult - General Fund 251984- 10000-1001792-0001		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)		
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19													
9	Position Title		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
10	Director Of Clinical Services		0.66	\$ 70,645	0.66	\$ 70,645										
11	Director SHP/CS		0.47	\$ 44,187	0.47	\$ 44,187										
12	Associate Clinical Director		1.33	\$ 112,697	1.33	\$ 112,697										
13	Associate Director Operations		0.17	\$ 11,280	0.17	\$ 11,280										
14	Program Assistant		0.37	\$ 13,204	0.37	\$ 13,204										
15	Health Navigator		1.00	\$ 35,126	1.00	\$ 35,126										
16	IT Manager		0.32	\$ 19,535	0.32	\$ 19,535										
17																
18																
19																
20	Program Director I		2.04	\$ 110,027	2.04	\$ 110,027										
21	Program Director II		2.65	\$ 154,224	2.65	\$ 154,224										
22	Program Director III		0.64	\$ 37,464	0.64	\$ 37,464										
23	Senior Case Manager I		1.31	\$ 60,123	1.31	\$ 60,123										
24	Senior Case Manager II		1.31	\$ 67,197	1.31	\$ 67,197										
25	Case Manager I		8.94	\$ 387,626	8.94	\$ 387,626										
26	Case Manager II		3.61	\$ 156,654	3.61	\$ 156,654										
27	Fill In Case Manager		0.40	\$ 17,344	0.40	\$ 17,344										
28	Fill In Counselor		0.67	\$ 29,003	0.67	\$ 29,003										
29	Maintenance Technician		0.04	\$ 1,670	0.04	\$ 1,670										
30																
31																
32																
33																
34																
35																
36																
37																
38																
39																
40																
41	Totals:		25.96	\$ 1,328,006	25.96	\$ 1,328,006	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
42																
43	Employee Fringe Benefits:		33.53%	\$ 445,323	33.53%	\$ 445,323	0.00%		0.00%		0.00%		0.00%		0.00%	
44																
45	TOTAL SALARIES & BENEFITS			\$ 1,773,329		\$ 1,773,329		\$ -		\$ -		\$ -		\$ -		\$ -

	A	B	C	D	E	F	G	H	I
2									
3	Program Name: <u>Outpatient</u>								Appendix #: <u>B-1 A, Page 3</u>
4	Program Code: <u>89492</u>								<u>4</u>
5									Fiscal Year: <u>2018-2019</u>
6									Funding Notification Date: <u>06/26/18</u>
7	Expense Categories & Line Items	TOTAL	MH COUNTY Adult - General Fund 251984- 10000-1001792-0001	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19						
9	Rent	\$ 176,996	\$ 176,996						
10	Utilities(telephone, electricity, water, gas)	\$ 97,015	\$ 97,015						
11	Building Repair/Maintenance	\$ 650	\$ 650						
12	Occupancy Total:	\$ 274,661	\$ 274,661	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Office Supplies	\$ 35,335	\$ 35,335						
14	Furniture Replacement	\$ 1,165	\$ 1,165						
15	Materials & Supplies Total:	\$ 36,500	\$ 36,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	Training/Staff Development	\$ 34,311	\$ 34,311						
17	Insurance	\$ 40,177	\$ 40,177						
18	Equipment Lease & Maintenance	\$ 63,924	\$ 63,924						
19	General Operating Total:	\$ 138,412	\$ 138,412	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	Local Travel	\$ 4,318	\$ 4,318						
21	Staff Travel Total:	\$ 4,318	\$ 4,318	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ -							
23	Legal Services: Debra Sturmer 10.5 hrs @ \$300/per hour; \$69 out-of-pocket expenses	\$ 3,219	\$ 3,219						
24	Consultant/Subcontractor Total:	\$ 3,219	\$ 3,219	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	Other (provide detail):	\$ -							
26	Client Services [transportation, activities fund]	\$ 21,804	\$ 21,804						
28	Program staff TB tests	\$ 2,246	\$ 2,246						
29		\$ -							
30	Other Total:	\$ 24,050	\$ 24,050	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
31									
32	TOTAL OPERATING EXPENSE	\$ 481,160	\$ 481,160	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

1	A	B	C	D	E	F	G	H
1	Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA) 342							
3	Provider Name CONARD HOUSE, INC.							
4	Provider Number 342							
5	Funding Notification Date 06/26/18							
6	Program Name	Supportive	Supportive	Supportive	Supportive			
7	Program Code	8949 SH	8949 SH	8949 SH	8949 SH			
8	Mode/SFC (MH) or Modality (SA)	60/78	60/78	60/78	60/78			
9	Service Description	Support Exp	Support Exp	Support Exp	Support Exp			
10	Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
11	FUNDING USES							
12	Salaries & Employee Benefits	921,876	921,876	921,876	921,876			921,876
13	Operating Expenses	1,996,662	1,996,662	1,996,662	1,996,662			1,996,662
14	Capital Expenses	-	-	-	-			-
15	Subtotal Direct Expenses	2,918,538	2,918,538	2,918,538	2,918,538			2,918,538
16	Indirect Expenses	350,224	350,224	350,224	350,224			350,224
17	TOTAL FUNDING USES	3,268,762	3,268,762	3,268,762	3,268,762			3,268,762
18	BHS MENTAL HEALTH FUNDING SOURCES							
19	(Index Code or Accounting Code Detail)	251984-10000-	251984-10000-	251984-10000-	251984-10000-			
20	MH COUNTRY Adult - General Fund	10001792-0001	10001792-0001	10001792-0001	10001792-0001			3,268,762
21								
22								
23								
24								
25	This row left blank for funding sources not in drop-down list							
26	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	3,268,762	3,268,762	3,268,762	3,268,762			3,268,762
27	BHS SUBSTANCE ABUSE FUNDING SOURCES							
28	(Index Code or Accounting Code Detail)							
29								
30								
31								
32	This row left blank for funding sources not in drop-down list							
33	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-			-
34	OTHER DPH FUNDING SOURCES							
35	(Index Code or Accounting Code Detail)							
36	HCH General Fund	HCHSHHOUNSGGF	HCHSHHOUNSGGF	HCHSHHOUNSGGF	HCHSHHOUNSGGF			
37	This row left blank for funding sources not in drop-down list							
38	TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-			-
39	TOTAL DPH FUNDING SOURCES	3,268,762	3,268,762	3,268,762	3,268,762			3,268,762
40	NON-DPH FUNDING SOURCES							
41								
42	This row left blank for funding sources not in drop-down list							
43	TOTAL NON-DPH FUNDING SOURCES	-	-	-	-			-
44	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	3,268,762	3,268,762	3,268,762	3,268,762			3,268,762
45	BHS UNITS OF SERVICE AND UNIT COST							
46	Number of Beds Purchased (if applicable)							
47	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)							
48	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
49	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			43,287
50	DPH Units of Service	147,825	147,825	147,825	147,825			
51	Unit Type	Client Day, depending on contract.	Client Day, depending on contract.	Client Day, depending on contract.	Client Day, depending on contract.			
52	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 22.11	\$ 22.11	\$ 22.11	\$ 22.11			
53	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 22.11	\$ 22.11	\$ 22.11	\$ 22.11			
54	Published Rate (Medi-Cal Providers Only)	\$ 24.32	\$ 24.32	\$ 24.32	\$ 24.32			
55	Unduplicated Clients (UDC)	487	487	487	487			
								Total UDC

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
1	Appendix B - DPH 3: Salaries & Benefits Detail															
2																
3	Program Name: Supportive Housing												Appendix #: B-1 B, Page 2			
4	Program Code: 8949 SH												Page #: 6			
5	Fiscal Year: 2018-2019															
6	Funding Notification Date: 06/26/18															
7		TOTAL		MH COUNTY Adult - General Fund 251984- 10000-10001792-0001		Accounting Code 3 (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)		
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19													
9	Position Title		FTE	Salaries	FTE	Salaries			FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
10	Director Of Clinical Services		0.34	\$ 35,931	0.34	\$ 35,931										
11	Director SHP/CS		0.24	\$ 22,451	0.24	\$ 22,451										
12	Associate Clinical Director		0.67	\$ 56,411	0.67	\$ 56,411										
13	Associate Director Operations		0.08	\$ 5,736	0.08	\$ 5,736										
14	Program Assistant		0.19	\$ 6,716	0.19	\$ 6,716										
15	Health Navigator		0.50	\$ 17,373	0.50	\$ 17,373										
16	IT Manager		0.17	\$ 9,930	0.17	\$ 9,930										
17	FIU Account Manager		0.34	\$ 14,740	0.34	\$ 14,740										
18	FIU Account Supervisor		0.17	\$ 9,282	0.17	\$ 9,282										
19	FIU Messenger		0.18	\$ 5,627	0.18	\$ 5,627										
20	Program Director I		1.02	\$ 54,919	1.02	\$ 54,919										
21	Program Director II		1.35	\$ 78,441	1.35	\$ 78,441										
22	Program Director III		0.36	\$ 20,693	0.36	\$ 20,693										
23	Senior Case Manager I		0.69	\$ 31,439	0.69	\$ 31,439										
24	Senior Case Manager II		0.69	\$ 35,139	0.69	\$ 35,139										
25	Case Manager I		4.47	\$ 193,959	4.47	\$ 193,959										
26	Case Manager II		1.82	\$ 79,092	1.82	\$ 79,092										
27	Fill In Case Manager		0.20	\$ 8,578	0.20	\$ 8,578										
28	Fill In Counselor		0.33	\$ 14,344	0.33	\$ 14,344										
29	Maintenance Technician		0.02	\$ 826	0.02	\$ 826										
30																
31																
32																
33																
34																
35																
36																
37																
38																
39																
40																
41	Totals:		13.81	\$ 701,627	13.81	\$ 701,627										\$ -
42																
43	Employee Fringe Benefits:		31.39%	\$ 220,249	31.39%	\$ 220,249										
44																
45	TOTAL SALARIES & BENEFITS			\$ 921,876		\$ 921,876			\$ -		\$ -		\$ -		\$ -	

	A	B	C	D	E	F	G	H	I
1	Appendix B - DPH 4: Operating Expenses Detail								
2									
3	Program Name: <u>Supportive Housing</u>						Appendix #: <u>B-1 B, Page 3</u>		
4	Program Code: <u>8949 SH</u>						Fiscal Year: <u>2018-2019</u>		
5							Funding Notification Date: <u>06/26/18</u>		
6	Combine on Appx B								
7	Expense Categories & Line Items	TOTAL	MH COUNTY Adult General Fund 251984-10000-	Accounting Code 3 (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)	
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19						
9	Rent	\$ 100,283	\$ 100,283						
10	Utilities (telephone, electricity, water, gas)	\$ 50,823	\$ 50,823						
11	Building Repair/Maintenance	\$ 30,935	\$ 30,935						
12	Occupancy Total:	\$ 182,041	\$ 182,041	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
13	Office Supplies	\$ 24,980	\$ 24,980						
14	Furniture Replacement	\$ 576	\$ 576						
17									
18	Materials & Supplies Total:	\$ 25,556	\$ 25,556	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	Training/Staff Development	\$ 8,666	\$ 8,666						
20	Insurance	\$ 19,871	\$ 19,871						
21	Equipment Lease & Maintenance	\$ 31,653	\$ 31,653						
22	General Operating Total:	\$ 60,190	\$ 60,190	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
23	Local Travel	\$ 3,263	\$ 3,263						
24									
25									
26	Staff Travel Total:	\$ 3,263	\$ 3,263	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -							
28	Beth Robinson dba Rainbow Music Therapy for Sound Connections non-clinical social rehab; Over 12 months, 44 weekly open sessions @ \$200/session = \$8,800; 88 weekly 1:1 sessions @ \$75/session = \$6,600; supplies \$610.	\$ 16,010	\$ 16,010						
29	Consultant/Subcontractor Total:	\$ 16,010	\$ 16,010	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
30	Other (provide detail):	\$ -							
31	Legal Services (client related)	\$ 2,440	\$ 2,440						
32	Client Services (food, transportation, activities fund)	\$ 12,251	\$ 12,251						
33	Transaction fees for rep payee residents	\$ 14,793	\$ 14,793						
34	DPH Subsidy	\$ 1,679,000	\$ 1,679,000						
36	Program staff TB tests	\$ 1,118	\$ 1,118						
37		\$ -							
38	Other Total:	\$ 1,709,802	\$ 1,709,602	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
39									
40	TOTAL OPERATING EXPENSE	\$ 1,996,662	\$ 1,996,662	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

A	B	C	D	E	F	G	H
1	Appendix B - DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)						
2	DHCS Legal Entity Name (MHY)/Contractor Name (SA) 342						
3	Provider Name CONARD HOUSE, INC.						
4	Provider Number 342						
5	Funding Notification Date 06/26/18						
6	Program Name	REP PAYEE					
7	Program Code	8949 RP					
8	Mode/SFC (MH) or Modality (SA)	60/78					
9	Service Description	Support Exp					
10	Funding Term (mm/dd/yy - mm/dd/yy)	7/1/18-6/30/19					
11	FUNDING USES						TOTAL
12	Salaries & Employee Benefits	1,285,458					1,285,458
13	Operating Expenses	348,579					348,579
14	Capital Expenses	-					-
15	Subtotal Direct Expenses	1,634,037					1,634,037
16	Indirect Expenses	196,083					196,083
17	TOTAL FUNDING USES	1,830,120					1,830,120
18	BHS MENTAL HEALTH FUNDING SOURCES						
	Accounting Code or (Index Code or Detail)						
20	261884-10000-10001792-0001	554,230					554,230
21	251984-10000-10001792-0001	24,268					24,268
23	251984-10000-1001669-003	215,000					215,000
24	251984-17156-10031199-0015	65,898					65,898
25	251984-10002-1001989-0002	970,724					970,724
26	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	1,830,120					1,830,120
28	BHS SUBSTANCE ABUSE FUNDING SOURCES						
29							
30							
31							
33	This row left blank for funding sources not in drop-down list						
34	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES						
35	OTHER DPH FUNDING SOURCES						
36							
37							
38	This row left blank for funding sources not in drop-down list						
39	TOTAL OTHER DPH FUNDING SOURCES						
40	TOTAL DPH FUNDING SOURCES	1,830,120					1,830,120
41	NON-DPH FUNDING SOURCES						
42							
43	This row left blank for funding sources not in drop-down list						
44	TOTAL NON-DPH FUNDING SOURCES						
45	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,830,120					1,830,120
46	BHS UNITS OF SERVICE AND UNIT COST						
47	Number of Beds Purchased (if applicable)						
48	SA Only - Non-Res 33 - ODF # of Group Sessions (classes)						
49	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
50	Payment Method (FFS)						
51	DPH Units of Service	241,121					
52	Unit Type						
53	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 7.59					
54	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 7.59					
55	Published Rate (Medi-Cal Providers Only)	\$ 8.35					
56	Unduplicated Clients (UDC)	727					

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	
1	Appendix B - DPH 3: Salaries & Benefits Detail																
2																	
3	Program Name: REP PAYEE										Appendix #: B-2, Page 2						
4	Program Code: 8949 RP										Page #: 9						
5											Fiscal Year: 2018-2019						
6											Funding Notification Date: 06/26/18						
7						J & X 604	G & U 601	I & W 603		H & V 602							
8						MH COUNTY Adult - General Fund 251984- 10000-10001792-0001	MH WO HSA Rep Payee Program 251984-10002- 10001989-0002&MH COUNTY Adult WO COB251984-10000- 10001792-0001	MH COUNTY SSI- DISABILITY EVAL ASSIST PRG 240645-10000- 1001669-003		MH MSA (CSS) 251984- 17156-10031199-0015				Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)		
9						7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19		7/1/18-6/30/19					
10						FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
11						Director SHP/CS	0.21 \$ 19,538	0.06 \$ 5,916	0.11 \$ 10,623	0.02 \$ 2,296	0.01 \$ 703						
12						Associate Director Operations	0.75 \$ 51,056	0.23 \$ 15,460	0.41 \$ 27,759	0.09 \$ 5,999	0.03 \$ 1,838						
13						Program Assistant	0.23 \$ 8,181	0.07 \$ 2,477	0.13 \$ 4,448	0.03 \$ 961	0.01 \$ 295						
14						IT Manager	0.12 \$ 7,216	0.04 \$ 2,185	0.07 \$ 3,923	0.01 \$ 848	0.004 \$ 260						
15						FIU Account Manager	1.41 \$ 60,682	0.43 \$ 18,375	0.77 \$ 32,993	0.17 \$ 7,130	0.05 \$ 2,185						
16						FIU Account Supervisor	0.70 \$ 38,213	0.21 \$ 11,571	0.38 \$ 20,776	0.08 \$ 4,490	0.03 \$ 1,376						
17						FIU Messenger	0.73 \$ 23,196	0.22 \$ 7,024	0.39 \$ 12,612	0.09 \$ 2,726	0.03 \$ 835						
18						Program Director II	2.91 \$ 169,502	0.88 \$ 51,325	1.58 \$ 92,158	0.34 \$ 19,916	0.10 \$ 6,102						
19						Senior Case Manager I	2.00 \$ 91,560	0.61 \$ 27,724	1.09 \$ 49,781	0.24 \$ 10,758	0.07 \$ 3,296						
20						Case Manager I	11.54 \$ 500,330	3.50 \$ 151,500	6.28 \$ 272,029	1.36 \$ 58,789	0.42 \$ 18,012						
21																	
22																	
23																	
24																	
25																	
26																	
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35						Totals:	20.60 \$ 969,474	6.24 \$ 293,557	11.20 \$ 527,103	2.42 \$ 113,913	0.74 \$ 34,901						
36																	
37						Employee Fringe Benefits:	32.59% \$ 315,984	32.59% \$ 95,680	32.59% \$ 171,801	32.59% \$ 37,128	32.59% \$ 11,375						
38																	
39						TOTAL SALARIES & BENEFITS	\$ 1,285,458	\$ 389,237	\$ 698,904	\$ 151,041	\$ 46,276	\$ -	\$ -				
40																	
41																	
42																	
43																	
44																	
45																	
46																	
47																	
48																	
49																	
50																	
51																	
52																	
53																	
54																	
55																	
56																	
57																	
58																	
59						Line 13	=SUM(F65:L65)	30.28%	54.37%	11.75%	3.60%						
60						Line 25	=SUM(F65:L65)	30.28%	54.37%	11.75%	3.60%						

7/6/2018

	A	B	C	D	E	F	G	H	I
1	Appendix B - DPH 4: Operating Expenses Detail								
2									
3	Program Name: REP PAYEE							Appendix #: B-2, Page 3	
4	Program Code: 8949 RP							10	
5								Fiscal Year: 2018-2019	
6								ding Notification Date: 06/26/18	
			604	601	603	602			
7	Expense Categories & Line Items	TOTAL	MH COUNTY Adult - General Fund 251984- 10000-10001792-0001	MH WO HSA Rep Payee Program 251984- 10002-10001989- 0002&MH COUNTY Adult WO CODB251984-10000- 10001792-0001	MH COUNTY SSI- DISABILITY EVAL ASSIST PRG 240645-10000-1001669- 003	MH MHA (CSS) 251984-17156- 10031199-0015	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)	
8	Term (mm/dd/yy-mm/dd/yy):		7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19	7/1/18-6/30/19			
9	Rent	\$ 97,441	\$ 29,505	\$ 52,979	\$ 11,449	\$ 3,508			
10	Utilities (telephone, electricity, water, gas)	\$ 43,025	\$ 13,028	\$ 23,393	\$ 5,055	\$ 1,549			
11	Building Repair/Maintenance	\$ 8,556	\$ 2,591	\$ 4,652	\$ 1,005	\$ 308			
12	Occupancy Total:	\$ 149,022	\$ 45,124	\$ 81,024	\$ 17,509	\$ 5,365	\$ -	\$ -	
13	Office Supplies	\$ 16,556	\$ 5,013	\$ 9,002	\$ 1,945	\$ 596			
18	Materials & Supplies Total:	\$ 16,556	\$ 5,013	\$ 9,002	\$ 1,945	\$ 596	\$ -	\$ -	
19	Training/Staff Development	\$ 1,015	\$ 307	\$ 552	\$ 119	\$ 37			
20	Insurance	\$ 2,146	\$ 650	\$ 1,167	\$ 252	\$ 77			
21	Equipment Lease & Maintenance	\$ 36,685	\$ 11,108	\$ 19,946	\$ 4,310	\$ 1,321			
24	General Operating Total:	\$ 39,846	\$ 12,065	\$ 21,665	\$ 4,681	\$ 1,435	\$ -	\$ -	
25	Local Travel	\$ 485	\$ 147	\$ 264	\$ 57	\$ 17			
28	Staff Travel Total:	\$ 485	\$ 147	\$ 264	\$ 57	\$ 17	\$ -	\$ -	
29	Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and	\$ -							
30	Panoramic estimate 23 hours @ \$150/hour plus \$61 out-of-pocket expenses	\$ 3,511	\$ 1,063	\$ 1,909	\$ 413	\$ 126			
32	Consultant/Subcontractor Total:	\$ 3,511	\$ 1,063	\$ 1,909	\$ 413	\$ 126	\$ -	\$ -	
33	Other (provide detail):	\$ -							
34	Legal Services [client related]	\$ 221	\$ 67	\$ 120	\$ 26	\$ 8			
35	Client Services [food, transportation, activities fund]	\$ 3,102	\$ 939	\$ 1,687	\$ 364	\$ 112			
36	Transaction fees for rep payee community clients	\$ 135,301	\$ 41,031	\$ 73,520	\$ 15,866	\$ 4,884			
37	Program staff TB tests	\$ 535	\$ 162	\$ 291	\$ 63	\$ 19			
38		\$ -							
39	Other Total:	\$ 139,159	\$ 42,199	\$ 75,618	\$ 16,319	\$ 5,023	\$ -	\$ -	
40									
41	TOTAL OPERATING EXPENSE	\$ 348,579.00	\$ 105,611.00	\$ 189,482.00	\$ 40,924.00	\$ 12,562.00	\$ -	\$ -	

	A	B	C	D	E
1	Appendix B -DPH 6: Contract-Wide Indirect Detail				
2	Contractor Name: CONARD HOUSE, INC.		Page #	12	
3	Contract CMS #:: FSP #1000010463		Fiscal Year:	2018-2019	
4			Funding Notification Date:	6/26/18	
5					
6	1. SALARIES & BENEFITS				
7	Position Title			FTE	Amount
8	Executive Director			0.54	\$ 72,731
9	Chief Operating Officer			0.30	\$ 8,014
10	Budget Manager			0.30	\$ 48,837
11	Director Administrative Svcs			0.54	\$ 49,282
12	Human Resources Manager			0.54	\$ 28,727
13	Director Of Finance			0.54	\$ 54,585
14	Senior Accounting Manager			0.54	\$ 35,900
15	Accounting Manager			0.54	\$ 28,559
16	Payroll Accountant			0.08	\$ 4,454
17	Payroll Accountant			0.30	\$ 14,222
18	Accounts Payable Accountant			0.30	\$ 23,600
19	Staff Accountant			0.54	\$ 25,970
20	IT Manager			0.51	\$ 36,457
21	Personal Computer Technician			0.26	\$ 15,697
22	Senior Advisor			0.54	\$ 33,143
23	Executive Assistant			0.11	\$ 9,328
24	Program Assistant [Receptionist]			0.54	\$ 28,559
25	Maintenance Technician			-	\$ -
26				Subtotal:	7.01 \$ 518,065
27				Employee Fringe Benefits:	20.1% \$ 104,233
28				Total Salaries and Benefits:	\$ 622,298
29					
30	2. OPERATING COSTS				
31	Expense line item:				Amount
32	Contracted Services [administrative temp staff, financial statements consultant]				\$ 34,520
33	Management Fees				\$ 3,071
34	Legal Fees				\$ 44,470
35	Audit Fees				\$ 10,943
36	Accounting\Bookkeeping\Data				\$ 721
37	Insurance				\$ 8,179
38	Rent				\$ 10,499
39	Utilities				\$ 1,787
40	Telephone				\$ 9,621
41	Maintenance and Repairs				\$ 4,764
42	Furniture replacement				\$ 36
43	Equipment Rental				\$ 22,653
44	Office Expense and Supplies				\$ 20,779
45	Travel				\$ 2,812
46	Training				\$ 6,262
47	Other Fees [commuter check fees, recording fees, fire alarm fees]				\$ 13,431
48	Total Operating Costs				\$ 194,548
49					
50	Total Indirect Costs (Salaries & Benefits + Operating Costs)				\$ 816,846
52					
53	Total Indirect from DPH 1:				\$ 816,846.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/7/2018

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 Arthur J. Gallagher & Co. Insurance Brokers of CA. LIC. # 0726293 505 N Brand Blvd, Suite 600 Glendale CA 91203	CONTACT NAME: Kimberly Kleinman PHONE (A/C, No, Ext): 818.539.8619 FAX (A/C, No): 818.539.8719 E-MAIL ADDRESS: Kimberly_Kleinman@ajg.com													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Nonprofits' Insurance Alliance of CA</td> <td></td> </tr> <tr> <td>INSURER B : Quality Comp Inc</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Nonprofits' Insurance Alliance of CA		INSURER B : Quality Comp Inc		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURER F :														
INSURED CONAHOU-01 Conard House, Inc. 1385 Mission Street, Suite 230 San Francisco, CA 94103-2623														

COVERAGES **CERTIFICATE NUMBER: 305563008** **REVISION NUMBER:**

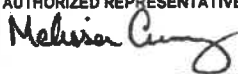
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC OTHER:	Y		2018-08163-NPO	2/1/2018	2/11/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$20,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			2018-08163-NPO	2/1/2018	2/11/2019	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 <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$10,000			2018-08163-UMB	2/1/2018	2/11/2019	EACH OCCURRENCE \$7,000,000 AGGREGATE \$7,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	0150500713	1/1/2018	1/1/2019	<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
A	Directors & Officers			2018-08163-DO-NPO	2/11/2018	2/11/2019	Per Claim \$1,000,000 Aggregate \$2,000,000 Retention \$10,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Policy: Professional Liability
Policy Term: 2/11/2018 to 2/11/2019
Policy #: 2018-08163-NPO
Carrier: Nonprofits' Insurance Alliance of CA
Each Claim:\$1,000,000 ,Aggregate:\$3,000,000

See Attached...

CERTIFICATE HOLDER Community Behavioral Health Services Contracts Office, 4th Floor 1380 Howard Street San Francisco CA 94103	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
--	--



ADDITIONAL REMARKS SCHEDULE

AGENCY Arthur J. Gallagher & Co.		NAMED INSURED Conard House, Inc. 1385 Mission Street, Suite 230 San Francisco, CA 94103-2623	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

Policy: Improper Sexual Conduct
 Policy Term: 2/11/2018 to 2/11/2019
 Policy #: 2018-08163-NPO
 Carrier: Nonprofits' Insurance Alliance of CA
 Each Claim:\$1,000,000 ,Aggregate:\$3,000,000

Policy: Crime
 Policy Term: 2/11/2018 to 2/11/2019
 Policy #: 8236-9762
 Carrier: Federal Insurance Company ,NAIC: 20281
 Employee theft: Limit:\$1,500,000 ,Deductible:\$25,000
 Forgery or Alteration: Limit:\$500,000 ,Deductible:\$25,000
 Theft of money and Securities: Limit:\$100,000 ,Deductible:\$10,000
 Money and Securities: Limit:\$100,000 ,Deductible:\$10,000
 Computer fraud: Limit:\$500,000 ,Deductible:\$25,000
 Funds transfer fraud: Limit:\$100,000 ,Deductible:\$10,000
 Money orders and counterfeit paper currency: Limit:\$100,000 ,Deductible:\$10,000

Re: CBHS Contract. City & County of San Francisco, Its Officers, Agents & Employees are named additional insured, but only insofar as the operations under this contract are concerned. General Liability and Auto Liability are primary insurance to any other insurance available to the additional insureds and that insurance applies separately to each insured per the attached endorsement. Endorsement to follow

NUMBER: 4515 - 0050

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Conard House, Inc.

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master CertificateHolder)

STATE OF INCORPORATION CA

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure, holder of Master Certificate No, 4515.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE DATE: July 1, 2013

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

Jon Wroten, Chief



Christine Baker, Director

*Revocation of Certificate:—"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him."(Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance



RE: Quality Comp, Inc.—Self-Insured Workers' Compensation Group

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with NY Marine & General Insurance Company (NY-MAGIC). NY-MAGIC is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California (NAIC #16608).

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000
Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2018
Expiration: January 1, 2019

Please contact me if you have any questions or require additional information. Thank you.

Sincerely,

A handwritten signature in cursive script that reads "Jacqueline Harris".

Jacqueline Harris
Director of Underwriting
RPS Monument

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

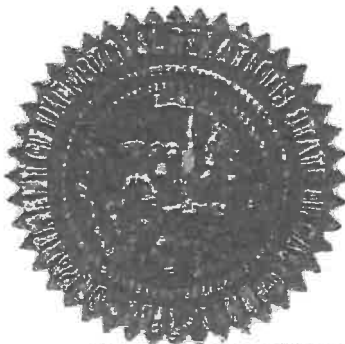
CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December 2004

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA


JOHN M. REA

DIRECTOR


MARK T. JOHNSON

MANAGER

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

**DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF SELF-INSURANCE PLANS**

11050 Olson Drive, Suite 230
Rancho Cordova, CA 95670
Phone No. (916) 464-7000
FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 4515 was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of **December 1, 2004**. The certificate is currently in full force and effective.

Dated at Sacramento, California
This day the 11th of December 2017

A handwritten signature in cursive script, appearing to read "Lyn Asio Booz".

Lyn Asio Booz, Chief

ORIG: Jackie Harris
Director Of Underwriting
Monument Insurance Services
255 Great Valley Parkway, Suite 200
Malvern, Pa 19355

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED
PRIMARY AND NON-CONTRIBUTORY ENDORSEMENT
FOR PUBLIC ENTITIES**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

A. SECTION II – WHO IS AN INSURED is amended to include any public entity as an additional insured for whom you are performing operations when you have agreed in a written contract or written agreement that such public entity be added as an additional insured(s) on your policy, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

1. Your negligent acts or omissions; or
2. The negligent acts or omissions of those acting on your behalf; in the performance of your ongoing operations.

No such public entity is an additional insured for liability arising out of the “products-completed operations hazard” or for liability arising out of the sole negligence of that public entity.

B. With respect to the insurance afforded to these additional insured(s), the following additional exclusions apply.

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

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

C. The following is added to **SECTION III – LIMITS OF INSURANCE:**

The limits of insurance applicable to the additional insured(s) are those specified in the written contract between you and the additional insured(s), or the limits available under this policy, whichever are less. These limits are part of and not in addition to the limits of insurance under this policy.

D. With respect to the insurance provided to the additional insured(s), **Condition 4. Other Insurance of SECTION IV – COMMERCIAL GENERAL LIABILITY CONDITIONS** is replaced by the following:

4. Other Insurance

a. Primary Insurance

This insurance is primary if you have agreed in a written contract or written agreement:

- (1) That this insurance be primary. If other insurance is also primary, we will share with all that other insurance as described in c. below; or
- (2) The coverage afforded by this insurance is primary and non-contributory with the additional insured(s) own insurance.

Paragraphs (1) and (2) do not apply to other insurance to which the additional insured(s) has been added as an additional insured or to other insurance described in paragraph b. below.

b. Excess Insurance

This insurance is excess over:

1. Any of the other insurance, whether primary, excess, contingent or on any other basis:
 - (a) That is Fire, Extended Coverage, Builder's Risk, Installation Risk or similar coverage for "your work";
 - (b) That is fire, lightning, or explosion insurance for premises rented to you or temporarily occupied by you with permission of the owner;
 - (c) That is insurance purchased by you to cover your liability as a tenant for "property damage" to premises temporarily occupied by you with permission of the owner; or
 - (d) If the loss arises out of the maintenance or use of aircraft, "autos" or watercraft to the extent not subject to Exclusion g. of **SECTION I – COVERAGE A – BODILY INJURY AND PROPERTY DAMAGE**.
 - (e) Any other insurance available to an additional insured(s) under this Endorsement covering liability for damages which are subject to this endorsement and for which the additional insured(s) has been added as an additional insured by that other insurance.
- (1) When this insurance is excess, we will have no duty under Coverages A or B to defend the additional insured(s) against any "suit" if any other insurer has a duty to defend the additional insured(s) against that "suit". If no other insurer defends, we will undertake to do so, but we will be entitled to the additional insured(s)' rights against all those other insurers.
- (2) When this insurance is excess over other insurance, we will pay only our share of the amount of the loss, if any, that exceeds the sum of:
 - (a) The total amount that all such other insurance would pay for the loss in the absence of this insurance; and
 - (b) The total of all deductible and self-insured amounts under all that other insurance.
- (3) We will share the remaining loss, if any, with any other insurance that is not described in this **Excess Insurance** provision and was not bought specifically to apply in excess of the Limits of Insurance shown in the Declarations of this Coverage Part.

c. Methods of Sharing

If all of the other insurance available to the additional insured(s) permits contribution by equal shares, we will follow this method also. Under this approach each insurer contributes equal amounts until it has paid its applicable limit of insurance or none of the loss remains, whichever comes first.

If any other the other insurance available to the additional insured(s) does not permit contribution by equal shares, we will contribute by limits. Under this method, each insurer's share is based on the ratio of its applicable limit of insurance to the total applicable limits of insurance of all insurers.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

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

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)	Location(s) Of Covered Operations
<p>Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.</p>	<p>All insured premises and operations.</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>	

A. Section II – Who Is An Insured is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf;

in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and

2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

B. With respect to the insurance afforded to these additional insureds, the following additional exclusions apply:

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

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or

2. That portion of "your work" out of which the injury or damage arises has been put to its intended use by any person or organization other than another contractor or subcontractor engaged in performing operations for a principal as a part of the same project.

C. With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or

2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.