

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

First Amendment

THIS AMENDMENT (this “Amendment”) is made as of November 1, 2018, in San Francisco, California, by and between **Progress Foundation, a non-profit entity**, (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through multiple Request for Proposals (“RFP”), RFP 7-2017 issued on October 27, 2017 and RFP 8-2017 issued on August 23, 2017, and this modification is consistent therewith; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 49869-17/18 and 40587-17/18 on November 20, 2017; and

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 May 14, 2018 between Contractor and City, as amended by this First Amendment.

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

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

2.1 Section 2.1 of the Agreement currently reads as follows:

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2018, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.

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

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million, Six Hundred and Forty-Five Thousand, Six Hundred and Ninety-One Dollars (\$9,645,691)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

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

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Four Million Five Hundred Twenty Three Thousand Five Hundred Eighteen Dollars (\$9,452,3518)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

The Appendices listed below are amended as follows:

2.3 Appendices A-1 to A-5 dated 07/01/18, are hereby replaced in their entirety with Appendices A-1 to A-5 dated 11/01/18.

2.4 Appendices B and B-1 to B-5 dated 05/14/18, are hereby replaced in their entirety with Appendices B and B-1 to B-5 dated 11/01/18.

2.5 Appendix F, Invoices dated 11/01/2018 are hereby added for 2018-19.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY

CONTRACTOR

Recommended by:

Progress Foundation

Greg Wagner Date
Acting Director of Health
Department of Public Health

ST FE *11/2/18*

Steve Fields Date
Executive Director
368 Fell Street
San Francisco, CA 94102

Supplier ID: 0000012820

Approved as to Form:

Dennis J. Herrera
City Attorney

By: _____
Deputy City Attorney Date

Approved:

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

Contractor Name: Progress Foundation
Program Name: Acute Diversion Unit (ADUs)
Contract ID #: 1000010016

Appendix A-1
11/01/2018

1. Identifiers:

Program Name: La Posada
Program Address: 810 Capp St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 285-0810
Facsimile: (415) 285-2110
Program Code: 38081, 3808OP

Program Name: Avenues
Program Address: 1443 7th Ave.
City, State, Zip Code: San Francisco, CA 94122
Telephone: (415) 242-8034
Facsimile: (415) 242-8039
Program Code: 38A41, 38A43

Program Name: Shrader
Program Address: 50 Shrader St.
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 668-4166
Facsimile: (415) 668-6357
Program Code: 89661, 8966OP

Program Name: Dore Residence
Program Address: 52 Dore Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 553-3115
Facsimile: (415) 553-3119
Program Code: 38GM1, 38GM3

Contractor Address: Progress Foundation
City, State, Zip Code: 368 Fell Street San Francisco, CA 94102
Telephone: (415) 861-0828
Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration
Telephone: 415-861-0828
Email Address: sspilker@progressfoundation.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The goal of the Acute Diversion Units (ADUs) is to reduce the utilization of acute psychiatric inpatient beds, either by diversion from inpatient placement or reduction of inpatient length of stay, by providing an intensively staffed and community oriented 24-hour non-institutional alternative to hospitalization for individuals who require non-hospital acute psychiatric care. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system while encouraging the lowest possible level of psychotropic medications, and through skills building, to enable the client to move toward more independent living.

4. Target Population:

The Progress Foundation Acute Diversion Unit (ADU) target population is any adult referred from SFGH Psychiatric Emergency Services, Progress Foundation's Dore Urgent Care Clinic and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). Clients confined in inpatient psychiatric units and approved by the CBHS Placement Team for placement at the ADU-level of care are also accepted, but these referrals are a small percentage of the overall admissions. The ADUs may also accept urgent care and community referrals directly through the Progress Foundation Diversion Evaluation Team (DET) and Progress Foundation's Dore Urgent Care Clinic when there is not a priority client waiting at SF General PES.

The nature of the primary relationship between the ADUs and PES means that the ADU services only admit individuals who have first been determined by PES staff, in consultation with the Progress Foundation Diversion Evaluation Team, to be appropriate for ADU referrals. This means that the ADU admissions reflect the demographic parameters, as well as the clinical characteristics, of the individuals who are brought to PES on a 5150.

ADUs provide 24- hour psychiatric residential treatment and rehabilitation and recovery services to San Francisco residents, aged 18 years and older, who require a highly structured and supervised setting due to the crisis and/or acute nature of their condition. The program accepts referrals from crisis/emergency services, and from designated psychiatric inpatient units. All programs are designed to address clients with co-occurring mental health and substance abuse treatment needs. All admissions are voluntary. Persons on conservatorship may be referred.

Each of the ADUs has a unique, but not exclusive, focus. Avenues and Dore Residence serve clients with mobility disabilities. La Posada has the capacity to serve clients from San Francisco's diverse Spanish speaking cultures, with Spanish speaking staff on duty 24-hours. While each program has a focus population, each ADU is able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco, as well as those in several age groups.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

A. The ADUs are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will

recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgender, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups that which we serve.

B. Clients are referred directly from SFGH PES with consultation and consent from Progress Foundation Diversion Evaluation Team (DET) in most cases. Referrals from local inpatient units are approved by the CBHS Placement Team and referred to the Progress Foundation DET for review. Urgent referrals from community programs are referred directly to DET. DET reviews charts and may do face-to-face interviews with clients in PES, and inpatient units or at a client's current program. DET tracks open beds in the agency and schedules intake interviews with each program. Referrals will also come directly from Progress Foundation's Dore Urgent Care Clinic. Clients go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the ADU for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, and deemed at-risk for inpatient admission if the ADU does not admit the client, and have a health screen and PPD in the last 6 months. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs, which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. After completing the intake interview and being accepted into the program, clients fully participate in developing their own treatment plan, including the determination of attainable goals to work towards during their stay.

C. The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery in 24-hour home-like settings. ADUs have an average length of stay of 2 weeks. Benefit reviews are completed for clients requiring a longer length of stay. The program is staffed 24-hours with awake and alert staff at all times.

Through the intake process and during the stabilization of the crisis the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric crisis. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. This process will include planning for discharge from the first day of admission, so that realistic plans can be developed within the target time limit. The program will work with other CBHS System of Care providers as appropriate.

Clients will meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients will be an integral part of the entire process of developing treatment plans and disposition recommendations.

24 hour services are provided to clients. Structured program activities fall into these categories:

- Structured group therapeutic activities designed to enhance crisis stabilization will be provided seven days a week. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education

(medication information, clients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.

- Pre-vocational activities will be developed, as appropriate given the short length of stay and tailored to individual levels, which will be designed to prevent the erosion of existent skills and to develop new skills and the self-perception of "ableness" necessary for vocational achievement.
- Individually tailored activities will be scheduled to enhance the client's ability for self-planning and management. These activities will be the follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings, application for public assistance grants, search for housing, education and vocational opportunities, follow-up on application/interview process for the next level residential programs or housing.

Because clients who are admitted to the ADUs do not reliably have any existing case management relationship, it is the role of the ADU counselors to act as case managers in a brokerage model. Even with those who have a case management relationship, the experience of the ADUs is that the linkage is difficult to establish, particularly within the rapid time frame of the ADU length of stay. Therefore, counselors are primarily responsible with establishing income eligibility, housing or ongoing treatment service referrals, linkages to social supports and referrals to medication services.

Clients meet with the psychiatric consultant within 72 hours. These scheduled meetings will be used to review the efficacy of current medication regimen and to renew or revise prescribed medications as appropriate, and to provide an additional opportunity for medication education. Each of the ADUs has a licensed psychiatric consultant who is available to review and sign all consumer plans of care and provide consultation to staff of the program to assure compliance with all Medi-Cal guidelines and standards. The program psychiatric consultant work approximately 15 hours a week in each ADU, consulting with staff and clients, reviewing charts and other documentation and addressing medication issues.

In addition, the ADUs are staffed with Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal system, under the Rehabilitation Option, to sign progress notes and charts delineating progress toward treatment goals.

Over the past 15 years, Progress Foundation has had a contract with the University of California School of Nursing. This relationship was established because Progress Foundation saw the urgency to develop primary care services that would come to the programs for clients in an acute setting. To this day, it is one of the best examples of the "best practice" of incorporating primary care services in a 24-hour, non-hospital setting.

In addition, regular group meetings may be held, depending on their relevance to current client population, to address such issues as the operation of the household, the division of tasks, relationships between client and between clients and the program, and special groups to explore issues and topics of direct concern to clients.

The program will develop a practical Wellness & Recovery based model that is geared toward emphasizing the client's healthy potential to participate in his/her own rehabilitation process, as a

member of the community, both within the house and in the community outside. The emphasis will be placed on the development of survival skills and a support system in the community, including linkage to case management services, entitlements, physical health and other mental health and social services. In all cases, whenever possible, these activities will be coordinated with the individual's CBHS case manager.

There will be regular meetings between the ADUs and representatives of other relevant programs providing services to clients. The goal is to minimize problems and facilitate the exchange of information between the programs, and to address transitional issues such as a seamless availability of medication support services when the client leaves the ADU.

Progress Foundation programs have a long history of working closely and collaboratively with CBHS authorizing services. It is in the best interests of the acute diversion services to work to assure that the programs are utilized by the clients who are the priority target population. This is the fundamental reason why, when Progress Foundation proposed and designed the ADU level of care, it was an essential element of the agency's proposal that the only avenue into the ADU beds was through PES so that the agency could assure that we were addressing diversion at the critical decision-making juncture.

The agency Director of Clinical Services, the DET staff, and other ADU program staff are in close contact via email and phone and have regular in person meetings with the director of Placement, and the placement staff. Program management staff also work closely with placement staff (on a daily basis) to ensure positive clinical outcomes for the program's clients. These meetings, at various levels, are designed to assure the most appropriate use of ADU resources, while assuring that the commitment to recovery and not just stabilization and maintenance, is honored in the effort to ensure services for clients who most at risk of repeated hospitalizations. See logic model for objectives and short-term and long term objectives.

Medication monitoring follows policies and procedures established by the State of California Division of Community Care Licensing as well as the agency's medication policy (Policy and Procedures Manual, 10/06, Section 2, 2.06). Medications will be kept locked centrally in the program. Each client who is taking medications will have a log indicating amounts and frequency of medications. Counseling staff will observe the clients' actions in regard to medications, and will note in the med log whether or not medications were taken by the clients, in what quantity, and at what time. The program's psychiatric consultant will review all medication levels on a regular basis, and will be primarily responsible for monitoring the medications of the client in the program. This monitoring will include supervision of the counseling staff.

D. Exit criteria are determined on a case-by-case basis by conducting a Benefit Review, which is designed to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning

for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

E. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY18-19.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

2. Quality of Documentation. The program submits weekly chart reviews to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

3. Cultural Competency. Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

4. Satisfaction with services. The agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in "real time". Program Leadership review the findings of both the client satisfaction

questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be discussed in the leadership meetings.

9. Required Language: Not Applicable.

Contractor Name: Progress Foundation
Program Name: Transitional Residential Treatment Programs
Contract ID #: 1000010016

Appendix A-2
11/01/2018

1. Identifiers:

Program Name: La Amistad
Program Address: 2481 Harrison St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 285-8100
Facsimile: (415) 285-2448
Program Code: 38091

Program Name: Cortland House
Program Address: 77 Cortland Avenue
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 550-1881
Facsimile: (415) 550-1791
Program Code: 38631

Program Name: Progress House
Program Address: 25 Beulah St.
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 668-1511
Facsimile: (415) 668-1300
Program Code: 38371

Program Name: Clay Street
Program Address: 2210 Clay Street
City, State, Zip Code: San Francisco, CA 94115
Telephone: (415) 776-4647
Facsimile: (415) 776-1018
Program Code: 89851

Program Name: Dorine Loso House
Program Address: 405 Baker Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 346-7775
Facsimile: (415) 346-7555
Program Code: 38GH1

Program Name: Ashbury House
Program Address: 212 Ashbury St.
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 775-6194
Facsimile: (415) 775-1120
Program Code: 89841

Contractor Name: Progress Foundation
Program Name: Transitional Residential Treatment Programs
Contract ID #: 1000010016

Appendix A-2
11/01/2018

Contractor Address: Progress Foundation
City, State, Zip Code: 368 Fell Street San Francisco, CA 94102
Telephone: (415) 861-0828
Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration
Telephone: 415-861-0828
Email Address: sspilker@progressfoundation.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The goal of the Transitional Residential Treatment Programs (TRTP's) is to maximize individuals' efforts to achieve the highest possible level of self-sufficiency by implementing or continuing a rehabilitation and recovery process. TRTPs provide a diversion from, and an alternative to, institutional placement such as skilled nursing facilities and local acute hospitals, and promote rehabilitation and recovery from mental health conditions including those that co-occur with substance abuse disorders.

Clay Street and Dorine Loso House also have a separate focus to facilitate collaboration between CBHS, the Office of the Conservator, the IMD's (Institute for Mental Disease), and other social service providers in serving clients who have been confined, some for long periods of time, in locked psychiatric facilities and skilled nursing facilities. Clay Street is wheel chair accessible.

Ashbury House has an additional goal of family preservation or reunification while providing mental health treatment to mothers who are at risk of losing, or have lost, custody of their children, and to facilitate collaboration between CBHS, Human Service Agency (HSA), the Department of Public Health (DPH) and other social service providers in serving this special population.

4. Target Population:

Progress Foundation's TRTPs will serve clients approved by the CBHS Placement Team and referred to Progress Foundation's Diversion Evaluation Team (DET). All programs are designed to serve clients with co-occurring substance abuse and mental health treatment needs. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House. The programs will serve men and women, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other higher levels of care.

Clay Street and Dorine Loso House will serve men and women age 18 years and older who are referred from IMDs, psychiatric inpatient units, skilled nursing facilities and crisis residential programs, with a program length of stay up to 12 months.

Ashbury House will serve mothers, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other

higher levels of care. At Ashbury House, the length of stay is up to 12 months.

La Amistad focuses on Spanish speaking clients, while also serving the general population of San Francisco public mental health clients.

Progress House focuses on Transitional Aged Youth (TAY), while also serving the general population of San Francisco public mental health clients.

All clients are voluntary and have been assessed as able to return to community living and benefit from the rehabilitation program. The programs do accept referrals for conserved clients.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

a. The TRTP's are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural, and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

b. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the CBHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by CBHS Placement. Clients in inpatient units are assessed and interviewed for the program leadership to determine the appropriateness of the program for this client. This also serves as the basis upon which to build the treatment plan.

For Ashbury House, clients are referred directly from Child Protective Services, domestic violence shelters, drug programs, Acute Diversion Units and the SFGH Inpatient units, and the criminal justice system. The CBHS Placement Team works with Ashbury House on all referrals to assure the most appropriate use of the transitional residential treatment services

Clients visit the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the program for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, meet medical necessity criteria and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner or Day Treatment group at the program to help inform their decision to enter the program. The client intake assessment includes a review of any substance abuse history in order to identify co-occurring substance abuse disorders and illuminate treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. After completing the intake interview and being accepted into

the program, clients participate in developing their own treatment plans including the determination of attainable goals to work towards during their stay.

c. The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery, provided in 24-hour home-like settings. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House, and up to 1 year at Clay, Dorine Loso House and Ashbury. The program is staffed with awake and alert staff on duty 24-hours a day, 7 days a week.

Staffing includes a diverse range of experience, background and professional training consistent with the requirements of the Medi-Cal Rehabilitation Option, Department of Health Care Services, and the State Department of Social Services Community Care Licensing. The program staffing includes a Program Director, an Assistant Director, and counselors.

Over the past 15 years, Progress Foundation has worked in consultation with the University of California School of Nursing to bring primary care services directly to residents of all of the agency's residential treatment programs. The relationship was established because Progress Foundation saw the urgency in the mid-90's to develop psychiatrically sensitive primary care services in the various settings.

Through the intake process and during the initial phase of the client's stay, the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric episode. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. Clients meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients are an integral part of the entire process of developing treatment plans and disposition recommendations.

A transitional residential program designed for persons who are able to take part in the programs in the general community, but who, without the support of counseling, as well as the therapeutic community, would be at risk of returning to the hospital. The clients are required to be involved in the daytime activities which are relevant to their personal goals and conducive to their achieving more self-sufficiency. Twenty-four hour services are provided to clients. The services in the program include, but not limited to these following activities:

Structured group therapeutic activities designed to enhance continued stabilization. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education (medication information, clients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.

Pre-vocational activities will be developed, tailored to individual levels, which will be designed to prevent the erosion of existent skills and to develop new skills and the self-perception of "ableness" necessary for vocational achievement. The program places a specific focus, when appropriate for the client, on the development of vocational short and long-term goals for clients, including volunteer work and education plans.

Individually tailored activities will be scheduled as follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings.

Counselors will regularly coordinate treatment planning, medications management and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved during his or her stay in the program. The programs frequently work in conjunction with case management services and outpatient clinics to assure ongoing coordination of services and clear communication regarding each client's treatment plan. This coordination will include the active involvement and participation of the client.

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

All programs have a licensed psychiatric consultant who reviews and signs all consumer plans of care and provides clinical consultation to ensure compliance with Medi-cal guidelines. The psychiatric consultant provides up to 6 hours per week of consulting time with staff and clients, reviewing consumer charts and addressing medication issues.

In addition, all programs staffed with Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal certification regulations to facilitate therapeutic groups sign progress notes and charts within a framework that specifically describes each client's progress toward meeting self-defined treatment goals.

For those clients who do not have a case manager assigned and for whom it is clinically appropriate, the program refers to the case management system. Program staff set up an appointment for the client and work with the client to establish the case management relationship. Often, there is a wait before a case management relationship can be established due to the unavailability of case management slots, even with the FSPs. In that situation and if the discharge date is imminent, program staff work with CBHS Placement to establish a temporary case manager to address the client's needs while on the clinic waiting list.

The agency Director of Clinical Services, the DET staff, and program staff are in close contact via email and phone and have regular in person meetings with the Director of Placement and Placement Team staff. These meetings, at various levels, are designed to assure the most appropriate use of transitional residential treatment program resources, while assuring that the commitment to recovery and not just stabilization and maintenance, is honored in the effort to ensure services for clients who are most at risk of repeated hospitalizations

d. Exit criteria are determined on a case by case basis by evaluating client's progress toward treatment plan goals, to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who experience a reduction of the problems which brought them into the program, and have gained skills to manage themselves in the community such that there is a probability that they will succeed at the next level of care or follow-up program for continued treatment. Clients who are a danger to self or others will be referred to Dore Urgent Care or SFGH PES for evaluation. In the case of Ashbury House, clients with CPS cases are accepted into the program based on the status of their child custody cases, and, if re-unification is not a possibility, clients are discharged after losing or voluntarily surrendering custody of their children.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY18-19.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

2. Quality of Documentation. The program submits weekly chart reviews to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

3. Cultural Competency. Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

4. Satisfaction with services. The agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in “real time”. Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be discussed in the leadership meetings.

9. Required Language: Not Applicable.

Contractor Name: Progress Foundation
Program Name: Transitional Residential Treatment Program
Contract ID #: 1000010016

Appendix A-3
11/01/2018

1. Identifiers:

Program Name: Seniors Program- Rypins House
Program Address: 1405 Guerrero St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 821-0697
Facsimile: (415) 821-3568
Program Code: 38531

Program Name: Seniors Program- Rypins Day Treatment
Program Address: 1405 Guerrero St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 821-0697
Facsimile: (415) 821-3568
Program Code: 38532

Program Name: Seniors- Carroll House
Program Address: 73 Anderson St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 529-7121
Facsimile: (415) 821-1610
Program Code: 38541

Contractor Address: Progress Foundation
City, State, Zip Code: 368 Fell Street San Francisco, CA 94102
Telephone: (415) 861-0828
Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration
Telephone: 415-861-0828
Email Address: sspilker@progressfoundation.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The Progress Foundation Seniors Program consists of Carroll House and Rypins House, which are Transitional Residential Treatment Programs (TRTP), and Rypins House Day Treatment. The goals of the program are: To maximize individuals' efforts to achieve the highest possible level of self-sufficiency by continuing the rehabilitation process begun in acute and sub-acute residential programs; to divert as many persons as possible from institutional placements, such as skilled nursing facilities, and "L" facilities, by providing an alternative setting. To reduce recidivism by providing a therapeutic setting in which individuals can grow toward independent living by emphasizing the acquisition and application of survival

skills; development of personal support systems and placement of as many clients as possible in educational, volunteer and vocational or pre-vocational training situations, as well as in jobs in preparation for more independent living.

4. Target Population:

Progress Foundation's Seniors Program will serve clients approved by the CBHS Placement Team and referred to Progress Foundation's Diversion Evaluation Team (DET), and referrals from other service providers. Carroll and Rypins Houses and Rypins Day Treatment serve specifically clients aged 55 and over. The length of stay will vary, but will average up to 90 days.

The Seniors Program will serve ambulatory men and women, age 55 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to the hospital, skilled nursing facility or other more restrictive treatment settings. All admissions are voluntary and the program does accept referrals for conserved clients. As more than 50% of the Seniors Program clients have co-occurring substance use/abuse and mental health disorders, the program is designed to meet the treatment needs of this population.

In addition to current clients, the Day Treatment program has established 12 day slots for former residents in transition from the program to living in the community who require on-going rehabilitation and support during the daytime hours. Since not all the day treatment clients participate in the program five days a week, day services can be provided to more than six non-residential clients.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

a. Carroll and Rypins House are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural, and/or gay/lesbian or Transgendered, with a focus on serving clients age 55 and over at the Seniors Program in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

b. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the CBHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by CBHS Placement. Clients in inpatient units are assessed and interviewed for the program leadership to determine the appropriateness of the program for this client. This also serves as the basis upon which to build the treatment plan.

Admission criteria are: client must be a resident of San Francisco County, age 55 or over, have an Axis I mental health diagnosis, and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner at the program or Day Treatment groups to help inform their decisions to

engage in the program. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. Staff receives training in the most effective ways to intervene with clients within the program's time frame. After completing the intake interview and being accepted into the program, clients fully participate in developing their treatment plan, including the determination of attainable goals to work towards during their stay.

c. The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery, provided in 24 hour home-like settings. The length of stay will vary, but will average up to 90 days at Seniors Program. The program is staffed with awake and alert staff on duty 24-hours a day, 7 days a week.

Staffing includes a diverse range of experience, background and professional training consistent with the requirements of the Medi-Cal Rehabilitation Option, Department of Health Care Services, and the State Department of Social Services Community Care Licensing. The program staffing includes a Program Director, an Assistant Director, and 11.5 FTE counselors.

Over the past 15 years, Progress Foundation has worked in consultation with the University of California School of Nursing to bring primary care services directly to residents of all of the agency's residential treatment programs. The relationship was established because Progress Foundation saw the urgency in the mid-90's to develop psychiatrically sensitive primary care services in the various settings.

Through the intake process and during the initial phase of the client's stay, the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric episode. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. Clients meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients are an integral part of the entire process of developing treatment plans and disposition recommendations.

Twenty-four hour services are provided to clients. On-site day rehabilitation treatment program activities are provided five days a week for up to 25 clients and include morning planning groups, community meetings to discuss issues and assign tasks within the house, special groups to address ongoing and emerging needs of clients (i.e. symptom management, relapse prevention, vocational service plans, and Community Building and Reintegration, adjunctive therapy groups). Seniors Program places a specific focus, when appropriate for the client, on the development of vocational short and long-term goals for clients, including volunteer work and education plans.

The Seniors Program provides day treatment services to the 12 program residents and older adult mental health consumers from the community. The Day Treatment program is able to serve, at any one time, at least 12 clients who are former residents in transition from the program to living in the community or other older adult community members who require on-going rehabilitation and support during the daytime hours. Since not all the day treatment clients participate in the program five days a week, day services can be provided to more than thirteen non-residential clients.

The Seniors program provides transportation for the day treatment and residential treatment clients. As needed, the program counselor/driver will transport clients to medical and psychiatric appointments and pick up and return clients to their homes after day treatment.

Counselors will regularly coordinate treatment planning, medications management and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved during his or her stay in the program. The programs frequently work in conjunction with case management services and outpatient clinics to assure ongoing coordination of services and clear communication regarding each client's treatment plan. This coordination will include the active involvement and participation of the client.

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receives training in the most effective ways to intervene with clients within the program's time frame.

The Seniors Program accepts ambulatory clients and is not wheel-chair accessible. Progress Foundation is in long-term leases at both Rypins and Carroll House. As the agency did not develop and does not own either building, it is very difficult to rehab the homes to make them wheel-chair accessible. The Seniors Program has made some adjustments in the program to accommodate clients who have some mobility issues.

Seniors Program has a licensed psychiatric consultant who reviews and signs all consumer plans of care and provides clinical consultation to ensure compliance with Medi-cal guidelines. The psychiatric consultant provides up to 6 hours per week of consulting time with staff and clients, reviewing consumer charts and addressing medication issues.

In addition, Seniors Program is staffed with Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal certification regulations to facilitate therapeutic groups and sign progress notes and charts within a framework that specifically describes each client's progress toward meeting self-defined treatment goals.

For those clients who do not have a case manager assigned and for whom it is clinically appropriate, the program refers to the case management system. Program staff set up an appointment for the client and works with the client to establish the case management relationship.

The agency Director of Clinical Services, the DET staff, and the Program staff are in close contact via email and phone and have regular in person meetings with the Director of Placement and Placement Team staff. These meetings, at various levels, are designed to assure the most appropriate use of transitional residential treatment program resources, while assuring that the commitment to recovery and not just stabilization and maintenance, is honored in the effort to ensure services for clients who are most at risk of repeated hospitalizations.

d. Exit criteria are determined on a case by case basis by reviewing Progress Notes and Treatment Plans, to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused

short-term treatment planning. Clients who are stabilized and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged. Reasons that clients may not be accepted into the program, or may be referred to another program or discharged are: a determination is made that the program/level of care does not meet the client's treatment needs; client engages in illegal activities (such as drug use in the program) and is unwilling to work on a plan to desist those activities; or client engages in a physical altercation in the program that put the staff and /or other clients at risk. Clients who are a danger to self or others will be referred to Dore Urgent Care or SFGH PES for evaluation.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY18-19.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

2. Quality of Documentation. The program submits weekly chart reviews to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

3. Cultural Competency. Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in

the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

4. Satisfaction with services. The agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in “real time”. Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be discussed in the leadership meetings.

9. Required Language: Not Applicable.

Contractor Name: Progress Foundation
Program Name: Supported Living Program
Contract ID #: 1000010016

Appendix A-4
11/01/2018

1. Identifiers:

Program Name: Supported Living Program
Program Address: 711 Taraval St.
City, State, Zip Code: San Francisco, CA 94116
Telephone: (415)752-3416
Facsimile: (415)752-3483
Program Code: 3838OP

Contractor Address: Progress Foundation
City, State, Zip Code: 368 Fell Street San Francisco, CA 94102
Telephone: (415) 861-0828
Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration
Telephone: 415-861-0828
Email Address: sspilker@progressfoundation.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

The purpose of the program is to provide unobtrusive support to a client's own rehabilitative efforts while providing the most independent living possible. The counseling is designed to provide regular guidance, support and 24-hour/day, 7 days/week response capability. The intent of this program is to assist those clients who have completed transitional Residential Treatment Programs (TRTP), yet are unable to assume full responsibility for forming independent group households and managing the stressors associated with completely independent living.

Specific goals include:

- To maintain independence levels achieved by clients while in the residential programs by providing supportive settings;
- To maximize the abilities of clients to function and contribute in the least restrictive, most normative setting possible through the provision of decreasing levels of support and structure;
- To develop cooperative apartments which are accessible, relevant and useful to the various ethnic minority and identified gay populations that comprise San Francisco;
- To provide support services to individuals who are living independently in the community. The support services will be available to individuals in the Independent Living sites specified in this contract upon request.

4. Target Population:

The Supported Living Program (SLP) will serve target population clients in the Mental Health System

following the criteria for admission to care specified by CBHS. Those eligible for the program are men and women with a minimum age limit of 18. The Supported Living Program (SLP) is able to serve clients with co-occurring mental health diagnoses and substance abuse disorders, and clients authorized for services by the City and County of San Francisco, clients must have an Axis I primary mental health diagnosis. Clients must be able to participate in the cooperative running of the apartment, or, in the case of Independent Living settings, live independently. The SLP accepts referrals for clients on conservatorship. All clients in the cooperative apartment settings are required to have a full-time day program and a regular therapy setting outside of the program when appropriate. Clients in Independent Living sites are not required to participate in any programs or therapy as a condition of living in those units. However, individuals may require specialized services in order to maintain their living situations, and are assisted in accessing those services.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

- a. The Supported Living Program is listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or Transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.
- b. The program provided is the Supported Living Program, a system of leased apartments and permanent housing sites where residents receive mental health, case management and crisis intervention services from the Supported Living Program staff. The Supported Living Program consists of two elements: (a) the Cooperative Apartments Program; (b) the Permanent Housing Program/Independent Living program. Clients for the Cooperative Apartments Program are referred by their case managers or other providers and must be approved by the CBHS Placement Team, and meet some of the same requirements as the Residential Treatment Programs, i.e. Axis I mental health diagnosis and San Francisco residency. Clients have a face-to-face interview with a case manager for the program, as well as a tour of the apartment and introduction to prospective roommates, they may also attend the weekly house meeting to help inform their decision to move in or not, although it is not required. Residents in the Independent Living Program, have a face-to face interview to determine eligibility (applicants must have a mental illness) and tour of the open apartment. Services at Independent Living Program sites are voluntary, and those who do participate, can discontinue service at any time.
- c. The average length of stay at the Cooperative Apartments is 2 years, residents are not required to move, but many do so when they have completed their treatment program. The Independent Living Program Apartments are permanent housing; participation in services is not required.

In the Cooperative Apartment Program, staff will meet with each living group at least once a week to discuss on-going problems, interpersonal issues, and to assist in the planning of activities. This formal

meeting will provide the opportunity to assess the progress of individual clients in the program.

In addition to this group meeting, each client will meet with a Supported Living Program case manager individually on average once a week. This component will begin to teach the use of the private therapy hour as the forum to discuss personal issues, resolve private conflicts and plan future rehabilitation efforts. For some clients, the completion of the Cooperative Apartment Program will find them living independently, engaged in meaningful, even paid, activities, and utilizing private sector weekly therapy as their primary therapeutic contact. The transition from mostly group treatments to mostly individual treatment takes place incrementally. The individual meetings will also provide the forum for involving collaborative counselors or therapists in the treatment and rehabilitation planning.

Upon entering either the Cooperative Apartment Program or the Independent Living Program, if treatment services are selected, each client will work with a case manager to develop a treatment and rehabilitation plan. This plan will specify the goals of the client, an approximate time frame for achieving the goals, and a recommended approach to achieve them. This plan will form the basis of agreement between the client and the program. The program will emphasize client movement toward vocational training and work and volunteer or educational activities.

The Supported Living Program Director, Assistant Director and case managers will coordinate the clients' involvement in vocational programs. It is expected that clients will often enter the apartment program with a meaningful day activities either in place or planned. The goal of the program, in such a case, will be to work with the clients to move toward pre-vocational or vocational programs as soon as possible.

On a monthly basis, members of all households will attend a joint meeting for the purpose of building relationships beyond the individual household and for large group educational forums and/or social activities.

In the Independent Living Program, case managers will provide a range of services including counseling, crisis intervention, linkage to social, mental health and physical health services, and referral to other support services. Case managers will meet with clients on an as needed basis to assist the client in determining the range of services to be provided and the frequency of meetings to monitor progress.

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling, referrals and special groups are designed to address dual diagnosis issues. Staff receives training in the most effective ways to intervene with clients within the program's time frame. Clients also are encouraged, when appropriate, to attend other ongoing meetings in the community geared toward development of a clean and sober lifestyle.

d. Although there is essentially no formal exit criteria for clients in the Cooperative Apartments or the Independent Living apartments, discharge or transition planning is discussed with the client beginning at admission via focused long-term treatment planning for those in services. When clinically appropriate, clients are encouraged to move towards more independent housing. For clients in the Independent Living Program, services are voluntary and eligibility for the housing is not contingent upon involvement in mental health services, so a client may elect to end services but continue to live in the apartment.

Discharge from the Independent Living Program can be withdrawal from services, but not moving from the apartment.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Case Managers facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY18-19.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

2. Quality of Documentation. The program submits weekly chart reviews to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

3. Cultural Competency. Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

4. Satisfaction with services. The agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in “real time”. Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be discussed in the leadership meetings.

9. Required Language: Not Applicable.

1. Identifiers:

Program Name: Dore Street Clinic
Program Address: 52 Dore St.
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 553-3100
Facsimile: (415) 553-3119
Program Code: 38112

Contractor Address: Progress Foundation
City, State, Zip Code: 368 Fell Street San Francisco, CA 94102
Telephone: (415) 861-0828
Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration
Telephone: 415-861-0828
Email Address: sspilker@progressfoundation.org

2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

3. Goal Statement:

Dore Urgent Care Clinic provides the capacity to intervene early in an escalating psychiatric crisis, and to provide assessment and triage in a community-based setting, with available crisis residential beds for those who would benefit from 24-hour intensive treatment. The goal of Dore Urgent Care Clinic is to reduce the inappropriate use of SFGH/PES for individuals who are in a psychiatric crisis but do not require involuntary treatment or seclusion and restraints. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system and to determine the client's readiness and capacity to return to the community.

4. Target Population:

Progress Foundation's Dore Urgent Care Clinic serves clients referred from SFGH PES, San Francisco Police Department, Community Behavioral Health Services (including CBHS emergency services), Emergency Rooms, and community urgent care referrals. The Dore Urgent Care Clinic will provide crisis stabilization services 24 hours per day to San Francisco residents, aged 18 and over, who require urgent psychiatric intervention in a highly structured and supervised setting due to the crisis and/or acute nature of their condition. Because of the nature of the target population, clients may be brought to the Dore Urgent Care Clinic on an involuntary hold (5150), however, clients may only be admitted to the program on a voluntary basis.

The Dore Urgent Care Clinic is authorized to accept individuals who have a primary Axis 1 mental health diagnosis; however, as many as 75% of clients may have co-occurring disorders that include mental illness and substance use/abuse as well as other serious and limiting medical conditions. The Clinic will

be accessible to individuals with mobility disabilities.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

a. Progress Foundation programs are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. New programs will be added as new editions of the publications are printed. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

b. Dore Urgent Care Clinic will serve clients referred by San Francisco Police Department, SFGH Psychiatric Emergency Services, community psychiatric crisis services designated by Community Behavioral Health Services (for example: CBHS Mobile Crisis, Westside Community Crisis Center, and SFPD Psychiatric Liaison). Referrals may also be made to the Dore Urgent Care Clinic by selected Intensive Case Management Teams and Outpatient Clinics. Clients come to the program for an intake, which serves as an assessment tool for the program to determine the appropriateness of the Dore Urgent Care Clinic for this client. Selection criteria for full admission to the Dore Clinic are based on the severity of the existing crisis and the acute nature of the current episode and the client's presentation. In addition the client must be deemed at risk for an inpatient admission if not admitted to the Dore Clinic.

If the client has not had a general health screening and a PPD in the last 12 months, these will be provided. The client intake assessment includes a review of any co-occurring substance abuse or history of substance abuse, and a review of immediate health concerns in order to identify treatment needs.

c. The Dore Urgent Care Clinic provides up to 23 hours of service within the crisis stabilization framework. The purpose of the Dore Urgent Care Clinic is diverting clients from being seen at the San Francisco General Hospital Psychiatric Emergency Services in order to reduce the number of clients taken there for psychiatric evaluation. Upon admission clients will be assessed, treated, stabilized and evaluated for discharge to appropriate placements. Clients determined to require 24-hour non-hospital support will be referred to Acute Diversion Units (ADUs) for continued treatment. The Dore Clinic is staffed with licensed professional medical and mental health staff that are able to provide all aspects of Urgent Care Crisis Stabilization treatment including crisis intervention strategies, brief counseling, linkage case management, and medication support. All clients must voluntarily accept treatment at Dore Clinic. The Dore Clinic will implement clinical practices designed to engage in voluntarily treatment individuals who would otherwise require involuntary treatment.

The following is an overview of services provided and the methods of service delivery:

The Dore Clinic, by design, is a part of the CBHS psychiatric emergency services system.

The Dore Clinic will maintain a non-institutional environment, even while working with clients in the most urgent phase of their crisis. Through use of licensed professional and supervised counseling staff, the program will provide the necessary support and intervention to stabilize the immediate crisis and ensure the client's safety and well-being.

Beginning with the intake process and during the stabilization of the crisis the program staff will make appropriate discharge and referral plans. The Dore Clinic will coordinate with existing services, both within and outside of CBHS, from which the client is receiving support and treatment. Determination will be made as to whether the client is sufficiently stabilized so as to return to their previous residence or whether they require crisis residential services or further evaluation from SFGH/PES.

Clients will be evaluated by either a psychiatrist or nurse practitioner upon entering the program and a determination will be made about the need for medication. Medications will be obtained through delivery from the CBHS pharmacy and the program will control and monitor the storage, dispensing and disposal of medications according to policies and procedures established by the Division of Community Behavioral Health Services Pharmacy Department. Program staff will observe and document the client's reaction in regard to administered medications, and will note in the medication log whether or not medications were taken by clients, in what quantity, and at what time. The Dore Clinic Program Psychiatrist will provide medication administration and prescribing supervision for the Nurse Practitioners, and will be primarily responsible for the program's medication services.

d. Exit criteria are determined on a case-by-case basis by conducting a Mental Status Exam and discharge evaluation, which is designed to determine the client's readiness and capacity to return to the community or alternatively to be admitted to crisis residential or ADU for further rehabilitation and recovery. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged with appropriate referrals made for follow-up care.

Discharge planning is an integral part of each client's intervention plan and begins with the intake interview. The intervention plan will emphasize crisis stabilization and planning for the next level of treatment. Staff assess needs and reestablish resource linkage for clients in order to facilitate the development of an effective community support system.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY18-19.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

2. Quality of Documentation. The program submits weekly chart reviews to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This

process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

3. Cultural Competency. Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

4. Satisfaction with services. The agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in “real time”. Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be discussed in the leadership meetings.

9. Required Language: Not Applicable.

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

A. Program are listed below:

Appendix A-1	La Posada
Appendix A-1a	Avenues
Appendix A-1b	Shrader
Appendix A-1c	Dore Residence
Appendix A-2	La Amistad
Appendix A-2a	Cortland House
Appendix A-2b	Progress House
Appendix A-2c	Clay Street
Appendix A-2d	Dorine Loso House
Appendix A-2e	Ashbury House
Appendix A-3	Seniors Program – Rypins House & DayTreatment
Appendix A-3a	Seniors Program – Carroll House
Appendix A-4	Supported Living Program (SLP)
Appendix A-5	Dore Street Clinic

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Four Million Five Hundred Twenty Three Thousand Five Hundred Eighteen Dollars (\$94,523,518)** for the period of **July 1, 2018 through December 31, 2022.**

CONTRACTOR understands that, of this maximum dollar obligation, **(\$10,127,520)** is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws,

regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July 1, 2018 through June 30, 2019	\$ 17,973,059
July 1, 2019 through June 30, 2020	\$ 18,403,595
July 1, 2020 through June 30, 2021	\$ 18,844,446
July 1, 2021 through June 30, 2022	\$ 19,295,857
July 1, 2022 through December 31, 2022	\$ 9,879,041
Subtotal - July 1, 2018 through December 31, 2022	\$ 84,395,998
Contingency	\$ 10,127,520
TOTAL - July 1, 2018 through December 31, 2022	\$ 94,523,518

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.

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

A. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum

dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

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

5. Reports and Services

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

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

DHCS Legal Entity Number: 00271
 Legal Entity Name/Contractor Name: Progress Foundation
 Contract ID Number: 1000010016

Appendix Number Provider Number	B-1	B-1a	B-1b	B-1c	B-2	B-2a	B-2b	B-2c	B-2d	B-2e	B-3	B-3a	B-4	B-5	SUB-TOTAL FISCAL YEAR #1 07/01/18-06/30/19	TOTAL (4.5 YRS): CONTRACT TERM 07/01/18-12/31/22	
	3808	38A4	8966	38GM	3809	3863	3837	8985	38GH	8984	3853	3854/3	3838	3811			
Program Name	La Posada	Avenues	Shrader	Dore Residence	La Amistad	Cortland	Progress House	Clay	Loso House	Ashbury	Seniors/Rypins	Seniors/Carroll	SLP	Dore Clinic			
Program Code	38081/OP	38A41/2	89661/OP	38GM1/3	38091	38631	38371MH	89851	38GH1	89811	38531/2	38541	3838OP	38112			
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
FUNDING USES																	
Salaries	\$ 911,721	\$ 926,695	\$ 892,332	\$ 974,046	\$ 597,260	\$ 531,627	\$ 531,268	\$ 757,005	\$ 709,568	\$ 689,629	\$ 596,628	\$ 255,699	\$ 422,433	\$ 2,076,654	\$ 10,872,565	\$ 51,054,249	
Employee Benefits	\$ 264,667	\$ 277,127	\$ 261,426	\$ 276,672	\$ 178,180	\$ 158,979	\$ 159,447	\$ 227,121	\$ 211,386	\$ 208,590	\$ 178,163	\$ 82,108	\$ 121,569	\$ 447,092	\$ 3,052,527	\$ 14,333,736	
Subtotal Salaries & Employee Benefits	\$ 1,176,388	\$ 1,203,822	\$ 1,153,758	\$ 1,250,718	\$ 775,440	\$ 690,606	\$ 690,715	\$ 984,126	\$ 920,954	\$ 898,219	\$ 774,791	\$ 337,807	\$ 544,002	\$ 2,523,746	\$ 13,925,092	\$ 65,387,985	
Operating Expenses	\$ 221,929	\$ 251,942	\$ 272,504	\$ 280,964	\$ 229,936	\$ 188,645	\$ 141,819	\$ 245,640	\$ 294,542	\$ 239,632	\$ 188,860	\$ 123,797	\$ 245,565	\$ 368,596	\$ 3,294,371	\$ 15,469,360	
Capital Expenses																	
Subtotal Direct Expenses	\$ 1,398,317	\$ 1,455,764	\$ 1,426,262	\$ 1,531,682	\$ 1,005,376	\$ 879,251	\$ 832,534	\$ 1,229,766	\$ 1,215,496	\$ 1,137,851	\$ 963,651	\$ 461,604	\$ 789,567	\$ 2,892,342	\$ 17,219,463	\$ 80,857,345	
Indirect Expenses	\$ 129,145	\$ 134,451	\$ 131,726	\$ 141,463	\$ 92,854	\$ 81,206	\$ 76,891	\$ 113,578	\$ 112,260	\$ 105,089	\$ 89,011	\$ 42,622	\$ 67,002	\$ 267,130	\$ 1,584,428	\$ 7,439,984	
Indirect %	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	9.2%	8.5%	9.2%	9.2%	9.2%	
TOTAL FUNDING USES	\$ 1,527,462	\$ 1,590,215	\$ 1,557,988	\$ 1,673,145	\$ 1,098,230	\$ 960,457	\$ 909,425	\$ 1,343,344	\$ 1,327,756	\$ 1,242,940	\$ 1,052,662	\$ 504,226	\$ 856,569	\$ 3,159,472	\$ 18,803,891	\$ 88,297,329	
															Employee Benefits Rate	27.6%	28.1%
BHS MENTAL HEALTH FUNDING SOURCES																	
MH Adult Fed SDMC FFP (50%)	\$ 503,287	\$ 652,981	\$ 530,697	\$ 658,624	\$ 372,005	\$ 327,365	\$ 373,131	\$ 509,434	\$ 521,698	\$ 234,696	\$ 375,504	\$ 147,404	\$ 318,198	\$ 1,463,534	\$ 6,988,458	\$ 32,815,668	
MH Adult County General Fund	\$ 585,737	\$ 411,504	\$ 529,819	\$ 471,824	\$ 359,582	\$ 300,370	\$ 202,892	\$ 187,120	\$ 118,384	\$ 245,263	\$ 283,586	\$ 215,324	\$ 195,655	\$ 807,460	\$ 4,914,520	\$ 23,077,084	
MH Adult State 1991 MH Realignment	\$ 405,235	\$ 465,187	\$ 430,677	\$ 483,633	\$ 311,272	\$ 283,709	\$ 282,321	\$ 542,786	\$ 587,179	\$ 276,724	\$ 326,310	\$ 124,862	\$ 325,376	\$ 808,805	\$ 5,654,076	\$ 26,549,815	
MH WO HSA Calworks										\$ 405,859				\$ 405,859	\$ 1,905,790		
MH Adult County GF WO CODB										\$ 10,146				\$ 10,146	\$ 47,641		
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,494,259	\$ 1,529,572	\$ 1,491,193	\$ 1,614,081	\$ 1,042,859	\$ 911,444	\$ 858,344	\$ 1,239,340	\$ 1,227,261	\$ 1,172,688	\$ 985,400	\$ 487,590	\$ 839,229	\$ 3,079,799	\$ 17,973,059	\$ 84,395,998	
BHS SUD FUNDING SOURCES																	
															\$ -	\$ -	
															\$ -	\$ -	
															\$ -	\$ -	
															\$ -	\$ -	
															\$ -	\$ -	
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES																	
															\$ -	\$ -	
															\$ -	\$ -	
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES	\$ 1,494,259	\$ 1,529,572	\$ 1,491,193	\$ 1,614,081	\$ 1,042,859	\$ 911,444	\$ 858,344	\$ 1,239,340	\$ 1,227,261	\$ 1,172,688	\$ 985,400	\$ 487,590	\$ 839,229	\$ 3,079,799	\$ 17,973,059	\$ 84,395,998	
NON-DPH FUNDING SOURCES																	
Revenue from use of ADU units by Non-DPH Entities	\$ 21,203	\$ 48,643	\$ 54,795	\$ 47,064	\$ 25,371	\$ 21,013	\$ 21,081	\$ 22,004	\$ 18,495	\$ 40,252	\$ 37,262	\$ 4,636	\$ 17,340	\$ 79,673	\$ 458,832	\$ 2,154,532	
Non DPH 3rd Party Patient/Client Fees	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 30,000	\$ 28,000	\$ 30,000	\$ 82,000	\$ 82,000	\$ 30,000	\$ 30,000	\$ 12,000			\$ 372,000	\$ 1,746,799	
TOTAL NON-DPH FUNDING SOURCES	\$ 33,203	\$ 60,643	\$ 66,795	\$ 59,064	\$ 55,371	\$ 49,013	\$ 51,081	\$ 104,004	\$ 100,495	\$ 70,252	\$ 67,262	\$ 16,636	\$ 17,340	\$ 79,673	\$ 830,832	\$ 3,901,331	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,527,462	\$ 1,590,215	\$ 1,557,988	\$ 1,673,145	\$ 1,098,230	\$ 960,457	\$ 909,425	\$ 1,343,344	\$ 1,327,756	\$ 1,242,940	\$ 1,052,662	\$ 504,226	\$ 856,569	\$ 3,159,472	\$ 18,803,891	\$ 88,297,329	
Prepared By	Dave Chenok			Phone Number	415 816-0828												

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

DHCS Legal Entity Number: <u>00271</u>		Page: <u>6</u>			
Legal Entity Name/Contractor Name: <u>Progress Foundation</u>		Fiscal Year: <u>2018-2019</u>			
Contract ID Number: <u>1000010016</u>		Funding Notification Date: <u>09/20/18</u>			
*NOTE: Assumes 2.39% COLA on each year's total contract amount to reflect the CODB ratio of total funding subject to a CODB.					
	SUBTOTAL: (see *NOTE)	SUBTOTAL: (see *NOTE)	SUBTOTAL: (see *NOTE)	SUBTOTAL: (see *NOTE)	SUB-TOTAL (3.5 Yrs): (see *NOTE)
1.02395458	FISCAL YEAR #2	FISCAL YEAR #3	FISCAL YEAR #4	FISCAL YEAR #4.5	FISCAL YEAR #s 2-4.5
Funding Term	07/01/19-06/30/20	07/01/20-06/30/21	07/01/21-06/30/22	07/01/22-12/31/22	07/01/19-12/31/22
FUNDING USES					
Salaries	\$ 11,133,013	\$ 11,399,700	\$ 11,672,775	\$ 5,976,196	\$ 40,181,684
Employee Benefits	\$ 3,125,649	\$ 3,200,523	\$ 3,277,190	\$ 1,677,847	\$ 11,281,209
Subtotal Salaries & Employee Benefits	\$ 14,258,662	\$ 14,600,223	\$ 14,949,965	\$ 7,654,043	\$ 51,462,893
Operating Expenses	\$ 3,373,286	\$ 3,454,092	\$ 3,536,833	\$ 1,810,778	\$ 12,174,989
Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Direct Expenses	\$ 17,631,948	\$ 18,054,315	\$ 18,486,798	\$ 9,464,821	\$ 63,637,882
Indirect Expenses	\$ 1,622,381	\$ 1,661,244	\$ 1,701,038	\$ 870,893	\$ 5,855,556
Indirect %	9.2%	9.2%	9.2%	9.2%	9.2%
TOTAL FUNDING USES	\$ 19,254,329	\$ 19,715,559	\$ 20,187,836	\$ 10,335,714	\$ 69,493,438
BHS MENTAL HEALTH FUNDING SOURCES					
MH Adult Fed SDMC FFP (50%)	\$ 7,155,864	\$ 7,327,280	\$ 7,502,802	\$ 3,841,264	\$ 25,827,210
MH Adult County General Fund	\$ 5,032,245	\$ 5,152,790	\$ 5,276,223	\$ 2,701,306	\$ 18,162,564
MH Adult State 1991 MH Realignment	\$ 5,789,517	\$ 5,928,202	\$ 6,070,210	\$ 3,107,810	\$ 20,895,739
MH WO HSA Calworks	\$ 415,581	\$ 425,536	\$ 435,730	\$ 223,084	\$ 1,499,931
MH Adult County GF WO CODB	\$ 10,388	\$ 10,638	\$ 10,892	\$ 5,577	\$ 37,495
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 18,403,595	\$ 18,844,446	\$ 19,295,857	\$ 9,879,041	\$ 66,422,939
BHS SUD FUNDING SOURCES					
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES					
TOTAL OTHER DPH FUNDING SOURCES					
TOTAL DPH FUNDING SOURCES	\$ 18,403,595	\$ 18,844,446	\$ 19,295,857	\$ 9,879,041	\$ 66,422,939
NON-DPH FUNDING SOURCES					
Revenue from use of ADU units by Non-DPH Entities	\$ 469,823	\$ 481,077	\$ 492,600	\$ 252,200	\$ 1,695,700
Non DPH 3rd Party Patient/Client Fees	\$ 380,911	\$ 390,036	\$ 399,379	\$ 204,473	\$ 1,374,799
TOTAL NON-DPH FUNDING SOURCES	\$ 850,734	\$ 871,113	\$ 891,979	\$ 456,673	\$ 3,070,499
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 19,254,329	\$ 19,715,559	\$ 20,187,836	\$ 10,335,714	\$ 69,493,438
Prepared By	Dave Chenok			Phone Number	

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Progress Foundation
 Contract ID Number 1000010016

Page: 7
 Fiscal Year: 2018-2019
 Funding Notification Date: 09/20/18

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Payroll and Benefits Specialist	1.54	\$ 116,576
HR Generalist	1.54	\$ 79,552
Relief Counselor Manager	0.77	\$ 55,437
Bookkeeper	1.54	\$ 93,188
Assistant Director of Clinical Services	0.77	\$ 70,880
Executive Director	0.77	\$ 178,649
Director of Administration	0.77	\$ 73,374
Human Resource Manager	0.77	\$ 98,444
Receptionist	0.77	\$ 38,183
Chief Operating Officer	0.77	\$ 31,118
Controller	0.77	\$ 86,413
Senior Accountant	0.77	\$ 49,223
Subtotal:	11.55	\$ 971,035.00
Employee Benefits:	22.3%	\$ 216,914.00
Total Salaries and Employee Benefits:		\$ 1,187,949.00

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Telephone	\$ 20,761
Utilities	\$ 6,875
Repair and Maintenance	\$ 16,258
Dues and Subscriptions	\$ 10,237
Staff Education	\$ 4,020
Legal	\$ 97,016
Auto- Consists of mileage reimbursement and ride-share costs for Central Office staff to and from programs and for travel outside SF for conferences and and related. Includes auto reimbursement for Maintenance staff averaging \$6K per individual. Includes any associated auto/travel costs. Reimbursed at \$0.545 per mile	\$ 48,055
Audit	\$ 55,624
Office Expense (Stationary & Supplies including small equipment- \$25,000, Postage- \$3,000, Printing and Copier Costs-\$9,000, Shredding- \$1,000, P/R Processing- \$2,000, Recruiting \$5,000, Registration and Renewals- \$2,500, Other Office Expense- \$2,560)	\$ 50,060
Bank Charges Check Clearing- \$2,000, Desk Top Deposits- \$1,400, Statements- \$2,600, Fraud Filters- \$950, Monthly on-line Basic banking transactions- \$9,754)	\$ 16,704
Miscellaneous	\$ 1,794
IT Consulting- Software and Hardware- SF portion of Monthly expenses for new automated phone system- \$5,000, Monthly System Support expenses- \$26,000, Annual accounting system update and related support- expense \$5,000, Upgrades (H/W, S/W) for five workstations, each \$1,400, Misc- approx- \$2,792.	\$ 45,792
Financial and other Consulting (includes specialty recruiting)	\$ 23,284
Total Operating Costs	\$ 396,479.00
Total Indirect Costs	\$ 1,584,428.00

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

DHCS Legal Entity Number 00271		Appendix Number: B-1				
Provider Name Progress Foundation		Page Number: 1				
Provider Number 3808		Fiscal Year: 2018-2019				
		Funding Notification Date: 09/20/18				
Program Name	La Posada	La Posada	La Posada			
Program Code	38081	3808OP	38081			
Mode/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49			
Service Description	24-Hr Adult Crisis Residential	OP-Medication Support	SS-Life Support-Bd&Care			
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
FUNDING USES						TOTAL
Salaries & Employee Benefits	1,118,660	57,727				1,176,387
Operating Expenses	144,621		77,308			221,929
Capital Expenses						-
Subtotal Direct Expenses	1,263,281	57,727	77,308	-	-	1,398,316
Indirect Expenses	116,722	5,311	7,112			129,145
TOTAL FUNDING USES	1,380,003	63,038	84,420	-	-	1,527,461
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	482,274	21,013			503,287
MH Adult County General Fund	251984-10000-10001792-0001	459,292	42,025	84,420		585,737
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	405,234				405,234
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,346,800	63,038	84,420	-	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,346,800	63,038	84,420	-	-
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA	12,000				12,000
Revenue from use of ADU units by Non-DPH Entities		21,203				21,203
TOTAL NON-DPH FUNDING SOURCES		33,203	-	-	-	33,203
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,380,003	63,038	84,420	-	-
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	2,521	23,594	2,521			
Unit Type	Client Day	Staff Minute	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 534.23	\$ 2.67	\$ 33.49	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 547.40	\$ 2.67	\$ 33.49	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 650.00	\$ 9.00				
Unduplicated Clients (UDC)	177	177	177			Total UDC 177

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name: La Posada
 Program Code: 38081/3808OP

Appendix Number: B-1
 Page Number: 2
 Fiscal Year: 2018-2019
 Funding Notification Date: 09/20/18

Funding Term	TOTAL		HMHMCC730515		Revenue from use of ADU units by Non-DPH Entities		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 79,188	0.98	\$ 77,761	0.02	\$ 1,427								
Asistant Director	2.00	\$ 112,486	1.96	\$ 110,459	0.04	\$ 2,027								
Nurse Practitioner	0.40	\$ 72,931	0.39	\$ 71,617	0.01	\$ 1,315								
Clerk	0.38	\$ 12,764	0.37	\$ 12,534	0.01	\$ 230								
Counselor	11.00	\$ 506,629	10.80	\$ 497,498	0.20	\$ 9,132								
Relief Staff	2.46	\$ 76,771	2.42	\$ 75,387	0.04	\$ 1,384								
Admin. Asst	0.06	\$ 2,805	0.06	\$ 2,754	0.00	\$ 51								
Clerk	0.02	\$ 1,034	0.02	\$ 1,015	0.00	\$ 19								
Director of Clinical Services	0.08	\$ 11,400	0.08	\$ 11,195	0.00	\$ 205								
Asst Dir Clinical Services	0.08	\$ 7,221	0.08	\$ 7,091	0.00	\$ 130								
DET	0.08	\$ 7,061	0.08	\$ 6,934	0.00	\$ 127								
Compliance Officer	0.08	\$ 7,061	0.08	\$ 6,934	0.00	\$ 127								
Snr. Maint Tech	0.08	\$ 5,314	0.08	\$ 5,218	0.00	\$ 96								
Maint Tech	0.16	\$ 9,056	0.16	\$ 8,893	0.00	\$ 163								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
Totals:	17.88	\$ 911,721	17.56	\$ 895,288	0.32	\$ 16,433	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.03%	\$ 264,667	29.03%	\$ 259,896	29.03%	\$ 4,770	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,176,387		\$ 1,155,184		\$ 21,203		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name La Posada
 Program Code 38081/3808OP

Appendix Number: B-1
 Page Number: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ -	\$ -					
Mortgage Interest	\$ 28,582	\$ 28,582					
Depreciation	\$ 7,846	\$ 7,846					
Utilities (telephone, electricity, water, gas)	\$ 28,075	\$ 28,075					
Building Repair/Maintenance	\$ 12,575	\$ 12,575					
Occupancy Total:	\$ 77,078	\$ 77,078	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 22,570	\$ 22,570					
Photocopying	\$ -						
Program Supplies	\$ 13,093	\$ 11,171	\$ 1,922				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 35,663	\$ 33,741	\$ 1,922	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,697	\$ 2,245	\$ 452				
Insurance	\$ 13,300	\$ 10,590	\$ 2,710				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 15,997	\$ 12,835	\$ 3,162	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,257	\$ 3,257					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,257	\$ 3,257	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents - Nursing; various dates, 376.45 hrs per year @ 104.17/hour=\$39,215	\$ 39,215	\$ 32,771	\$ 6,444				
Alternative Technology - IT Network support and troubleshooting, 152.98 hours at \$61 per hour=\$9,332	\$ 9,332	\$ 8,860	\$ 472				
Consultant/Subcontractor Total:	\$ 48,547	\$ 41,631	\$ 6,916	\$ -	\$ -	\$ -	\$ -
Food	\$ 39,678	\$ 39,678					
Linen	\$ 1,709	\$ 1,709					
Prescriptions	\$ -						
Other Total:	\$ 41,387	\$ 41,387	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 221,929	\$ 209,929	\$ 12,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number: B-1a				
Provider Name Progress Foundation		Page Number: 1				
Provider Number 38A4		Fiscal Year: 2018-2019				
		Funding Notification Date: 09/20/18				
Program Name	Avenues	Avenues	Avenues			
Program Code	38A41	38A43	38A41			
Mode/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49			
Service Description	24-Hr Adult Crisis Residential	OP-Medication Support	SS-Life Support-Bd&Care			
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
FUNDING USES						TOTAL
Salaries & Employee Benefits	1,122,022	81,800				1,203,822
Operating Expenses	133,501		118,441			251,942
Capital Expenses						-
Subtotal Direct Expenses	1,255,523	81,800	118,441	-	-	1,455,764
Indirect Expenses	116,029	7,525	10,897			134,451
TOTAL FUNDING USES	1,371,552	89,325	129,338	-	-	1,590,215
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	631,846	21,035			652,881
MH Adult County General Fund	251984-10000-10001792-0001	213,876	68,290	129,338		411,504
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	465,187				465,187
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,310,909	89,325	129,338	-	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,310,909	89,325	129,338	-	-
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA	12,000				12,000
Revenue from use of ADU units by Non-DPH Entities		48,643				48,643
TOTAL NON-DPH FUNDING SOURCES		60,643	-	-	-	60,643
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,371,552	89,325	129,338	-	-
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	3,302	28,642	3,302			
Unit Type	Client Day	Staff Minute	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 397.00	\$ 3.12	\$ 39.17	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 415.37	\$ 3.12	\$ 39.17	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 650.00	\$ 9.00				
Unduplicated Clients (UDC)	224	224	224			Total UDC 224

Appendix B - DPH 4: Operating Expenses Detail

Program Name Avenues
 Program Code 38A41/38A43

Appendix Number: B-1a
 Page Number: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ -	\$ -					
Mortgage Interest	\$ 28,582	\$ 28,582					
Depreciation	\$ 33,911	\$ 33,911					
Utilities (telephone, electricity, water, gas)	\$ 33,194	\$ 33,194					
Building Repair/Maintenance	\$ 15,594	\$ 15,594					
Occupancy Total:	\$ 111,281	\$ 111,281	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 20,268	\$ 20,268					
Photocopying	\$ -						
Program Supplies	\$ 11,206	\$ 8,892	\$ 2,314				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 31,474	\$ 29,160	\$ 2,314	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,254	\$ 1,710	\$ 544				
Insurance	\$ 15,769	\$ 13,283	\$ 2,486				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 18,023	\$ 14,993	\$ 3,030	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 519	\$ 519					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 519	\$ 519	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 282.35 hrs per year @104.17/hour=\$29,412	\$ 29,412	\$ 23,186	\$ 6,226				
Alternative Technology- IT Network support and troubleshooting, 162.25 hrs per year at \$61 per hour=\$9,897	\$ 9,897	\$ 9,467	\$ 430				
Consultant/Subcontractor Total:	\$ 39,309	\$ 32,653	\$ 6,656	\$ -	\$ -	\$ -	\$ -
Food	\$ 49,784	\$ 49,784					
Linen	\$ 1,552	\$ 1,552					
Prescriptions	\$ -						
Other Total:	\$ 51,336	\$ 51,336	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 251,942	\$ 239,942	\$ 12,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number: B-1b					
Provider Name Progress Foundation		Page Number: 1					
Provider Number 8966		Fiscal Year: 2018-2019					
		Funding Notification Date: 09/20/18					
Program Name	Shrader	Shrader	Shrader				
Program Code	89661	8966OP	89661				
Mode/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49				
Service Description	24-Hr Adult Crisis Residential	OP-Medication Support	SS-Life Support-Bd&Care				
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
FUNDING USES						TOTAL	
Salaries & Employee Benefits	1,086,414	67,344				1,153,758	
Operating Expenses	145,956		126,548			272,504	
Capital Expenses						-	
Subtotal Direct Expenses	1,232,370	67,344	126,548	-	-	1,426,262	
Indirect Expenses	113,888	6,196	11,642			131,726	
TOTAL FUNDING USES	1,346,258	73,540	138,190	-	-	1,557,988	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	493,927	36,770			530,697	
MH Adult County General Fund	251984-10000-10001792-0001	354,859	36,770	138,190		529,819	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	430,677		-		430,677	
						-	
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,279,463	73,540	138,190	-	-	1,491,193
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
						-	
						-	
						-	
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						-	
						-	
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,279,463	73,540	138,190	-	-	1,491,193
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	12,000				12,000	
Revenue from use of ADU units by Non-DPH Entities		54,796				54,796	
TOTAL NON-DPH FUNDING SOURCES		66,796	-	-	-	66,796	
						-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,346,259	73,540	138,190	-	-	1,557,989
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service	3,022	33,482	3,022				
Unit Type	Client Day	Staff Minute	Client Full Day	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 423.38	\$ 2.20	\$ 45.73	\$ -	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 445.49	\$ 2.20	\$ 45.73	\$ -	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 650.00	\$ 9.00					
Unduplicated Clients (UDC)	224	224	224			Total UDC 224	

Appendix B - DPH 4: Operating Expenses Detail

Program Name Shrader
 Program Code 89661/OP

Appendix Number: B-1b
 Page Number: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ 1,200	\$ 1,200					
Mortgage Interest	\$ 50,868	\$ 50,868					
Depreciation	\$ 49,549	\$ 49,549					
Utilities (telephone, electricity, water, gas)	\$ 32,726	\$ 32,726					
Building Repair/Maintenance	\$ 14,716	\$ 14,716					
Occupancy Total:	\$ 149,059	\$ 149,059	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 21,812	\$ 21,812					
Photocopying	\$ -						
Program Supplies	\$ 12,166	\$ 10,118	\$ 2,048				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 33,978	\$ 31,930	\$ 2,048	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,469	\$ 1,801	\$ 668				
Insurance	\$ 15,461	\$ 13,061	\$ 2,400				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 17,930	\$ 14,862	\$ 3,068	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,682	\$ 1,682					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 1,682	\$ 1,682	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 164.21 hrs per year @104.17/hour=\$17,106	\$ 17,106	\$ 10,686	\$ 6,420				
Alternative Technology-IT Network support and troubleshooting, 158.62 hrs per year at \$61 per hour=\$9,676	\$ 9,676	\$ 9,212	\$ 464				
Consultant/Subcontractor Total:	\$ 26,782	\$ 19,898	\$ 6,884	\$ -	\$ -	\$ -	\$ -
Food	\$ 40,858	\$ 40,858					
Linen	\$ 2,215	\$ 2,215					
Prescriptions	\$ -						
Other Total:	\$ 43,073	\$ 43,073	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 272,504	\$ 260,504	\$ 12,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number: B-1c				
Provider Name Progress Foundation		Page Number: 1				
Provider Number 38GM		Fiscal Year: 2018-2019				
		Funding Notification Date: 09/20/18				
Program Name	Dore Residence	Dore Residence	Dore Residence			
Program Code	38GM1	38GM3	38GM1			
Mode/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49			
Service Description	24-Hr Adult Crisis Residential	OP-Medication Support	SS-Life Support-Bd&Care			
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
FUNDING USES						TOTAL
Salaries & Employee Benefits	1,173,750	76,968				1,250,718
Operating Expenses	141,377		139,587			280,964
Capital Expenses						-
Subtotal Direct Expenses	1,315,127	76,968	139,587	-	-	1,531,682
Indirect Expenses	121,539	7,082	12,842			141,463
TOTAL FUNDING USES	1,436,666	84,050	152,429	-	-	1,673,145
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	616,599	42,025			658,624
MH Adult County General Fund	251984-10000-10001792-0001	277,370	42,025	152,429		471,824
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	483,633				483,633
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,377,602	84,050	152,429	-	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,377,602	84,050	152,429	-	-
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA	12,000				12,000
Revenue from use of ADU units by Non-DPH Entities		47,064				47,064
TOTAL NON-DPH FUNDING SOURCES		59,064	-	-	-	59,064
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,436,666	84,050	152,429	-	-
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	3,953	36,398	3,953			
Unit Type	Client Day	Staff Minute	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 348.50	\$ 2.31	\$ 38.56	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 363.44	\$ 2.31	\$ 38.56	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 650.00	\$ 9.00				
Unduplicated Clients (UDC)	247	247	247			Total UDC 247

Appendix B - DPH 4: Operating Expenses Detail

Program Name Dore Residence
 Program Code 38GM1/3

Appendix Number: B-1c
 Page Number: 3
 Fiscal Year: 2018-2019
 Funding Notification Date: 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ -	\$ -					
Mortgage Interest	\$ 55,516	\$ 55,516					
Depreciation	\$ 49,420	\$ 49,420					
Utilities (telephone, electricity, water, gas)	\$ 32,709	\$ 32,709					
Building Repair/Maintenance	\$ 16,684	\$ 16,684					
Occupancy Total:	\$ 154,329	\$ 154,329	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 25,422	\$ 25,422					
Photocopying	\$ -						
Program Supplies	\$ 15,548	\$ 10,714	\$ 4,834				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 40,970	\$ 36,136	\$ 4,834	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,522	\$ 1,358	\$ 1,164				
Insurance	\$ 13,253	\$ 8,217	\$ 5,036				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 15,775	\$ 9,575	\$ 6,200	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,970	\$ 1,970					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 1,970	\$ 1,970	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	\$ -	\$ -				
Alternative Technology- IT Network support and troubleshooting, 171.51 hrs per year at \$61 per hour=\$10,462	\$ 10,462	\$ 9,496	\$ 966				
Consultant/Subcontractor Total:	\$ 10,462	\$ 9,496	\$ 966	\$ -	\$ -	\$ -	\$ -
Food	\$ 52,042	\$ 52,042					
Linen	\$ 5,416	\$ 5,416					
Prescriptions	\$ -						
Other Total:	\$ 57,458	\$ 57,458	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 280,964	\$ 268,964	\$ 12,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2
Provider Name Progress Foundation						Page Number	1
Provider Number 3809						Fiscal Year	2018-2019
						Funding Notification Date	09/20/18
Program Name	La Amistad	La Amistad					
Program Code	38091	38091					
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49					
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19					
FUNDING USES							TOTAL
Salaries & Employee Benefits	775,440						775,440
Operating Expenses	85,218	144,718					229,936
Capital Expenses							-
Subtotal Direct Expenses	860,658	144,718	-	-	-	-	1,005,376
Indirect Expenses	79,540	13,314					92,854
TOTAL FUNDING USES	940,198	158,032	-	-	-	-	1,098,230
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	372,005					372,005
MH Adult County General Fund	251984-10000-10001792-0001	201,550	158,032				359,582
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	311,272					311,272
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		884,827	158,032	-	-	-	1,042,859
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
							-
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		884,827	158,032	-	-	-	1,042,859
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	30,000					30,000
Revenue from use of ADU units by Non-DPH Entities		25,371					
TOTAL NON-DPH FUNDING SOURCES		55,371	-	-	-	-	55,371
							-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		940,198	158,032	-	-	-	1,098,230
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased							
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)				
DPH Units of Service	4,032	4,032					
Unit Type	Client Day	Client Full Day	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 219.45	\$ 39.19	\$ -	\$ -	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 233.18	\$ 39.19	\$ -	\$ -	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 500.00						
Unduplicated Clients (UDC)	75	75					Total UDC 75

Appendix B - DPH 4: Operating Expenses Detail

Program Name La Amistad
 Program Code 38091/OP

Appendix Number B-2
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ 69,396	\$ 69,396					
Mortgage Interest	\$ -						
Depreciation	\$ 1,343	\$ 1,343					
Utilities (telephone, electricity, water, gas)	\$ 25,368	\$ 25,368					
Building Repair/Maintenance	\$ 9,014	\$ 9,014					
Occupancy Total:	\$ 105,121	\$ 105,121	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,031	\$ 1,715	\$ 10,316				
Photocopying	\$ -						
Program Supplies	\$ 13,899	\$ 13,899					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 25,930	\$ 15,614	\$ 10,316	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,655	\$ 61	\$ 1,594				
Insurance	\$ 7,783	\$ 183	\$ 7,600				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 9,438	\$ 244	\$ 9,194	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 2,451	\$ 2,451					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 2,451	\$ 2,451	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 305.39 hrs per year @ \$104.17/hour=\$31,812	\$ 31,812	\$ 23,016	\$ 8,796				
Alternative Technology- IT Network support and troubleshooting, 107.75 hrs per year at \$61 per hour=\$6,573	\$ 6,573	\$ 4,879	\$ 1,694				
Consultant/Subcontractor Total:	\$ 38,385	\$ 27,895	\$ 10,490	\$ -	\$ -	\$ -	\$ -
Food	\$ 46,596	\$ 46,596					
Linen	\$ 2,015	\$ 2,015					
Prescriptions	\$ -						
Other Total:	\$ 48,611	\$ 48,611	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 229,936	\$ 199,936	\$ 30,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271				Appendix Number B-2a	
Provider Name Progress Foundation				Page Number 1	
Provider Number 3863				Fiscal Year 2018-2019	
				Funding Notification Date 09/20/18	
Program Name	Cortland	Cortland			
Program Code	38631	38631			
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49			
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care			
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19			
FUNDING USES					TOTAL
Salaries & Employee Benefits	690,606				690,606
Operating Expenses	65,169	123,476			188,645
Capital Expenses					-
Subtotal Direct Expenses	755,775	123,476	-	-	879,251
Indirect Expenses	69,846	11,360			81,206
TOTAL FUNDING USES	825,621	134,836	-	-	960,457
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	327,365			327,365
MH Adult County General Fund	251984-10000-10001792-0001	165,534	134,836		300,370
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	283,709			283,709
					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		776,608	134,836	-	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					-
					-
					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					-
					-
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		776,608	134,836	-	-
NON-DPH FUNDING SOURCES					
Non DPH 3rd Party Patient/Client Fees	NA	28,000			28,000
Revenue from use of ADU units by Non-DPH Entities		21,013			21,013
TOTAL NON-DPH FUNDING SOURCES		49,013	-	-	49,013
					-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		825,621	134,836	-	-
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	3,104	3,104			
Unit Type	Client Day	Client Full Day	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 250.20	\$ 43.44	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 265.99	\$ 43.44	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 500.00				
Unduplicated Clients (UDC)	40	40			Total UDC 40

Appendix B - DPH 4: Operating Expenses Detail

Program Name Cortland
 Program Code 38631

Appendix Number B-2a
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ 72,216	\$ 72,216					
Mortgage Interest	\$ -						
Depreciation	\$ -						
Utilities (telephone, electricity, water, gas)	\$ 22,818	\$ 22,818					
Building Repair/Maintenance	\$ 10,086	\$ 10,086					
Occupancy Total:	\$ 105,120	\$ 105,120	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 14,945	\$ 14,945					
Photocopying	\$ -						
Program Supplies	\$ 6,163	\$ 1,109	\$ 5,054				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 21,108	\$ 16,054	\$ 5,054	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,060	\$ 286	\$ 1,774				
Insurance	\$ 10,855	\$ 1,219	\$ 9,636				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 12,915	\$ 1,505	\$ 11,410	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 526	\$ 526					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 526	\$ 526	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing: various dates, 141.17 hrs per year @ \$104.17/hour=\$14,706	\$ 14,706	\$ 4,932	\$ 9,774				
Alternative Technology- IT Network support and troubleshooting, 95.54 hrs per year at \$61 per hour= \$5,828	\$ 5,828	\$ 3,266	\$ 2,562				
Consultant/Subcontractor Total:	\$ 20,534	\$ 8,198	\$ 12,336	\$ -	\$ -	\$ -	\$ -
Food	\$ 26,892	\$ 26,892					
Linen	\$ 1,550	\$ 1,550					
Prescriptions	\$ -						
Other Total:	\$ 28,442	\$ 28,442	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 188,645	\$ 159,845	\$ 28,800	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271					Appendix Number	B-2b
Provider Name Progress Foundation					Page Number	1
Provider Number 3837					Fiscal Year	2018-2019
					Funding Notification Date	09/20/18
Program Name	Progress House	Progress House				
Program Code	38371	38371				
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49				
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care				
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19				
FUNDING USES						TOTAL
Salaries & Employee Benefits	690,715					690,715
Operating Expenses	83,724	58,095				141,819
Capital Expenses						-
Subtotal Direct Expenses	774,439	58,095	-	-	-	832,534
Indirect Expenses	71,546	5,345				76,891
TOTAL FUNDING USES	845,985	63,440	-	-	-	909,425
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	373,131				373,131
MH Adult County General Fund	251984-10000-10001792-0001	139,452	63,440			202,892
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	282,321				282,321
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		794,904	63,440	-	-	858,344
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		794,904	63,440	-	-	858,344
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA	30,000				30,000
Revenue from use of ADU units by Non-DPH Entities		21,081				21,081
TOTAL NON-DPH FUNDING SOURCES		51,081	-	-	-	51,081
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		845,985	63,440	-	-	909,425
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	3,104	3,104				
Unit Type	Client Day	Client Full Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 256.09	\$ 20.44	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 272.55	\$ 20.44	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 500.00					
Unduplicated Clients (UDC)	40	40				Total UDC 40

Appendix B - DPH 4: Operating Expenses Detail

Program Name Progress House
 Program Code 38371

Appendix Number B-2b
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ -						
Mortgage Interest	\$ -						
Depreciation	\$ 1,185	\$ 1,185					
Utilities (telephone, electricity, water, gas)	\$ 22,288	\$ 22,288					
Building Repair/Maintenance	\$ 7,732	\$ 7,732					
Occupancy Total:	\$ 31,205	\$ 31,205	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,555	\$ 7,955	\$ 4,600				
Photocopying	\$ -						
Program Supplies	\$ 6,392	\$ 56	\$ 6,336				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 18,947	\$ 8,011	\$ 10,936	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,097	\$ 1,069	\$ 1,028				
Insurance	\$ 6,650	\$ 150	\$ 6,500				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 8,747	\$ 1,219	\$ 7,528	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,360	\$ 1,360					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 1,360	\$ 1,360	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors:UC Regents - Nursing; various dates, 399.50 hours per year @104.17/hour=\$41,616	\$ 41,616	\$ 31,616	\$ 10,000				
Alternative Technology- IT Network support and troubleshooting, 87.25 hrs per year at \$61 per hour=\$5,322	\$ 5,322	\$ 3,786	\$ 1,536				
Consultant/Subcontractor Total:	\$ 46,938	\$ 35,402	\$ 11,536	\$ -	\$ -	\$ -	\$ -
Food	\$ 32,359	\$ 32,359					
Linen	\$ 2,263	\$ 2,263					
Prescriptions	\$ -						
Other Total:	\$ 34,622	\$ 34,622	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 141,819	\$ 111,819	\$ 30,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2c
Provider Name Progress Foundation						Page Number	1
Provider Number 8985						Fiscal Year	2018-2019
						Funding Notification Date	09/20/18
Program Name	Clay	Clay					
Program Code	89851	89851					
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49					
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19					
FUNDING USES							TOTAL
Salaries & Employee Benefits	984,126						984,126
Operating Expenses	164,997	80,643					245,640
Capital Expenses							-
Subtotal Direct Expenses	1,149,123	80,643	-	-	-	-	1,229,766
Indirect Expenses	106,159	7,419					113,578
TOTAL FUNDING USES	1,255,282	88,062	-	-	-	-	1,343,344
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	509,434					509,434
MH Adult County General Fund	251984-10000-10001792-0001	99,058	88,062				187,120
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	542,786					542,786
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,151,278	88,062	-	-	-	1,239,340
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
							-
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,151,278	88,062	-	-	-	1,239,340
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	82,000					82,000
Revenue from use of ADU units by Non-DPH Entities		22,004					22,004
TOTAL NON-DPH FUNDING SOURCES		104,004	-	-	-	-	104,004
							-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,255,282	88,062	-	-	-	1,343,344
BHS UNITS OF SERVICE AND UNIT COST							
	Number of Beds Purchased						
	SUD Only - Number of Outpatient Group Counseling Sessions						
	SUD Only - Licensed Capacity for Narcotic Treatment Programs						
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
	DPH Units of Service	4,964	4,964				
	Unit Type	Client Day	Client Full Day	0	0	0	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 231.93	\$ 17.74	\$ -	\$ -	\$ -	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 252.88	\$ 17.74	\$ -	\$ -	\$ -	
	Published Rate (Medi-Cal Providers Only)	\$ 550.00					
	Unduplicated Clients (UDC)	20	20				Total UDC 20

Appendix B - DPH 4: Operating Expenses Detail

Program Name Clay
 Program Code 89851

Appendix Number B-2c
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ -						
Mortgage Interest	\$ 35,072	\$ 35,072					
Depreciation	\$ 17,224	\$ 17,224					
Utilities (telephone, electricity, water, gas)	\$ 28,232	\$ 28,232					
Building Repair/Maintenance	\$ 22,736	\$ 22,736					
Occupancy Total:	\$ 103,264	\$ 103,264	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 17,949	\$ 2,575	\$ 15,374				
Photocopying	\$ -						
Program Supplies	\$ 21,314	\$ 1,314	\$ 20,000				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 39,263	\$ 3,889	\$ 35,374	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,752	\$ 3,188	\$ 2,564				
Insurance	\$ 14,431	\$ 431	\$ 14,000				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 20,183	\$ 3,619	\$ 16,564	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 2,325	\$ 2,325					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 2,325	\$ 2,325	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 356.21 hours per year @ \$104.17/hour=\$37,106	\$ 37,106	\$ 7,106	\$ 30,000				
Alternative Technology- IT Network support and troubleshooting, 136.26 hrs per year at \$61 per hour=\$8,312	\$ 8,312	\$ 8,250	\$ 62				
Consultant/Subcontractor Total:	\$ 45,418	\$ 15,356	\$ 30,062	\$ -	\$ -	\$ -	\$ -
Food	\$ 33,487	\$ 33,487					
Linen	\$ 1,700	\$ 1,700					
Prescriptions	\$ -						
Other Total:	\$ 35,187	\$ 35,187	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 245,640	\$ 163,640	\$ 82,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2d
Provider Name Progress Foundation						Page Number	1
Provider Number 38GH						Fiscal Year	2018-2019
						Funding Notification Date	09/20/18
Program Name	Loso House	Loso House					
Program Code	89851	89851					
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49					
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19					
FUNDING USES							TOTAL
Salaries & Employee Benefits	920,954						920,954
Operating Expenses	193,378	101,164					294,542
Capital Expenses							-
Subtotal Direct Expenses	1,114,332	101,164	-	-	-	-	1,215,496
Indirect Expenses	102,953	9,307					112,260
TOTAL FUNDING USES	1,217,285	110,471	-	-	-	-	1,327,756
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	521,698					521,698
MH Adult County General Fund	251984-10000-10001792-0001	7,913	110,471				118,384
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	587,179					587,179
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,116,790	110,471	-	-	-	1,227,261
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
							-
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
							-
							-
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,116,790	110,471	-	-	-	1,227,261
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	82,000					82,000
Revenue from use of ADU units by Non-DPH Entities		18,495					18,495
TOTAL NON-DPH FUNDING SOURCES		100,495	-	-	-	-	100,495
							-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,217,285	110,471	-	-	-	1,327,756
BHS UNITS OF SERVICE AND UNIT COST							
	Number of Beds Purchased						
	SUD Only - Number of Outpatient Group Counseling Sessions						
	SUD Only - Licensed Capacity for Narcotic Treatment Programs						
	Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
	DPH Units of Service	4,344	4,344				
	Unit Type	Client Day	Client Full Day	0	0	0	
	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 257.09	\$ 25.43	\$ -	\$ -	\$ -	
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 280.22	\$ 25.43	\$ -	\$ -	\$ -	
	Published Rate (Medi-Cal Providers Only)	\$ 550.00					
	Unduplicated Clients (UDC)	18	18				Total UDC 18

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Loso House
 Program Code 38GH1

Appendix Number B-2d
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Funding Term	TOTAL		HMHMCC730515		Revenue from use of ADU units by Non-DPH Entities		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19	07/01/18-06/30/19		07/01/18-06/30/19											
Program Director	1.00	\$ 78,207	0.98	\$ 76,636	0.02	\$ 1,571								
Nurse Practitioner	0.20	\$ 31,024	0.20	\$ 30,401	0.00	\$ 623								
Counselor	11.00	\$ 489,493	10.78	\$ 479,663	0.22	\$ 9,830								
Relief Staff	2.12	\$ 66,218	2.08	\$ 64,888	0.04	\$ 1,330								
Admin. Asst	0.05	\$ 2,457	0.05	\$ 2,408	0.00	\$ 49								
Clerk	0.02	\$ 906	0.02	\$ 888	0.00	\$ 18								
Director of Clinical Services	0.07	\$ 9,985	0.07	\$ 9,784	0.00	\$ 201								
Asst Dir Clinical Services	0.07	\$ 6,325	0.07	\$ 6,198	0.00	\$ 127								
DET	0.07	\$ 6,184	0.07	\$ 6,060	0.00	\$ 124								
Compliance Officer	0.07	\$ 6,184	0.07	\$ 6,060	0.00	\$ 124								
Snr. Maint Tech	0.07	\$ 4,654	0.07	\$ 4,561	0.00	\$ 93								
Maint Tech	0.14	\$ 7,931	0.14	\$ 7,772	0.00	\$ 159								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	14.88	\$ 709,568	14.58	\$ 695,319	0.30	\$ 14,249	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.79%	\$ 211,386	29.79%	\$ 207,140	29.80%	\$ 4,246	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 920,954		\$ 902,459		\$ 18,495		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name Loso House
 Program Code 38GH1

Appendix Number B-2d
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ -						
Mortgage Interest	\$ 82,450	\$ 82,450					
Depreciation	\$ 47,308	\$ 47,308					
Utilities (telephone, electricity, water, gas)	\$ 33,972	\$ 33,972					
Building Repair/Maintenance	\$ 21,088	\$ 21,088					
Occupancy Total:	\$ 184,818	\$ 184,818	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 25,920	\$ 544	\$ 25,376				
Photocopying	\$ -						
Program Supplies	\$ 11,742	\$ 2,826	\$ 8,916				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 37,662	\$ 3,370	\$ 34,292	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 13,544	\$ 2,686	\$ 10,858				
Insurance	\$ 14,518	\$ 168	\$ 14,350				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 28,062	\$ 2,854	\$ 25,208	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 879	\$ 879					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 879	\$ 879	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 141.17 hrs oer year @ \$104.17/hour=\$14,706	\$ 14,706	\$ 706	\$ 14,000				
Alternative Technology- IT Network support and troubleshooting, 139.85 hrs per year at \$61 per hour=\$8,531	\$ 8,531	\$ 31	\$ 8,500				
Consultant/Subcontractor Total:	\$ 23,237	\$ 737	\$ 22,500	\$ -	\$ -	\$ -	\$ -
Food	\$ 18,332	\$ 18,332					
Linen	\$ 1,552	\$ 1,552					
Prescriptions	\$ -						
Other Total:	\$ 19,884	\$ 19,884	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 294,542	\$ 212,542	\$ 82,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271			Appendix Number B-2e		
Provider Name Progress Foundation			Page Number 1		
Provider Number 8984			Fiscal Year 2018-2019		
			Funding Notification Date 09/20/18		
Program Name	Ashbury	Ashbury	Ashbury		
Program Code	89841	89841	89841		
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49	60/78		
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care	SS-Other Non-MediCal Client Support Exp		
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
FUNDING USES					TOTAL
Salaries & Employee Benefits	492,360		405,859		898,219
Operating Expenses	137,554	102,078			239,632
Capital Expenses					-
Subtotal Direct Expenses	629,914	102,078	405,859	-	1,137,851
Indirect Expenses	85,552	9,391	10,146		105,089
TOTAL FUNDING USES	715,466	111,469	416,005	-	1,242,940
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	234,696			234,696
MH Adult County General Fund	251984-10000-10001792-0001	133,794	111,469		245,263
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	276,724			276,724
MH WO HSA Calworks	251962-10002-10001803-0014	-		405,859	405,859
MH Adult County GF WO CODB	251984-10000-10001792-0001	-		10,146	10,146
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		645,214	111,469	416,005	1,172,688
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					-
					-
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					-
					-
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-
TOTAL DPH FUNDING SOURCES		645,214	111,469	416,005	1,172,688
NON-DPH FUNDING SOURCES					
Non DPH 3rd Party Patient/Client Fees	NA	30,000			30,000
Revenue from use of ADU units by Non-DPH Entities		40,252			40,252
TOTAL NON-DPH FUNDING SOURCES		70,252	-	-	70,252
					-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		715,466	111,469	416,005	1,242,940
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased					
SUD Only - Number of Outpatient Group Counseling Sessions					
SUD Only - Licensed Capacity for Narcotic Treatment Programs					
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
DPH Units of Service	3,104	3,104	1,242		
Unit Type	Client Day	Client Full Day	Staff Hour or Client Day, depending on contract.	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 207.87	\$ 35.91	\$ 334.95	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 230.50	\$ 35.91	\$ 334.95	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 500.00		\$ 400.00		
Unduplicated Clients (UDC)	12	12	12		Total UDC 12

Appendix B - DPH 4: Operating Expenses Detail

Program Name Ashbury
 Program Code 89841

Appendix Number B-2e
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	HMHM-CALW-BH	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
Rent	\$ -						
Mortgage Interest	\$ 19,598	\$ 19,598					
Depreciation	\$ 26,811	\$ 26,811					
Utilities (telephone, electricity, water, gas)	\$ 31,596	\$ 31,596					
Building Repair/Maintenance	\$ 19,445	\$ 15,809		\$ 3,636			
Occupancy Total:	\$ 97,450	\$ 93,814	\$ -	\$ 3,636	\$ -	\$ -	\$ -
Office Supplies	\$ 17,301	\$ 17,301					
Photocopying	\$ -						
Program Supplies	\$ 22,431	\$ 13,649	\$ 5,502	\$ 3,280			
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 39,732	\$ 30,950	\$ 5,502	\$ 3,280	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,144	\$ 58	\$ 2,086				
Insurance	\$ 9,567	\$ 899	\$ 7,232	\$ 1,436			
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 11,711	\$ 957	\$ 9,318	\$ 1,436	\$ -	\$ -	\$ -
Local Travel	\$ 292	\$ 292					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 292	\$ 292	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing: various dates, 376.46 hrs per year @ \$104.17/hour=\$39,216	\$ 39,216	\$ 28,828	\$ 9,362	\$ 1,026			
Alternative Technology- IT Network support and troubleshooting, 123.93 hrs per year at \$61 per hour=\$7,560	\$ 7,560	\$ 974	\$ 5,818	\$ 768			
Consultant/Subcontractor Total:	\$ 46,776	\$ 29,802	\$ 15,180	\$ 1,794	\$ -	\$ -	\$ -
Food	\$ 42,122	\$ 42,122					
Linen	\$ 1,549	\$ 1,549					
Prescriptions	\$ -						
Other Total:	\$ 43,671	\$ 43,671	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 239,632	\$ 199,486	\$ 30,000	\$ 10,146	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number B-3				
Provider Name Progress Foundation		Page Number 1				
Provider Number 8984		Fiscal Year 2018-2019				
		Funding Notification Date 09/20/18				
Program Name	Seniors-Rypins	Seniors-Rypins	Seniors-Rypins			
Program Code	38531	38532	38531			
Mode/SFC (MH) or Modality (SUD)	05/65-79	10/95-99	60/40-49			
Service Description	24-Hr Adult Residential	DS_Day Rehab Full day	SS-Life Support-Bd&Care			
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
FUNDING USES						TOTAL
Salaries & Employee Benefits	471,485	303,306				774,791
Operating Expenses	44,857		144,003			188,860
Capital Expenses						-
Subtotal Direct Expenses	516,342	303,306	144,003	-	-	963,651
Indirect Expenses	47,859	27,904	13,248			89,011
TOTAL FUNDING USES	564,201	331,210	157,251	-	-	1,052,662
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	233,404	142,100			375,504
MH Adult County General Fund	251984-10000-10001792-0001	73,805	52,530	157,251		283,586
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	189,730	136,580			326,310
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		496,939	331,210	157,251	-	985,400
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		496,939	331,210	157,251	-	985,400
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA	30,000				30,000
Revenue from use of ADU units by Non-DPH Entities		37,262				37,262
TOTAL NON-DPH FUNDING SOURCES		67,262	-	-	-	67,262
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		564,201	331,210	157,251	-	1,052,662
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	1,862	4,120	1,862			
Unit Type	Client Day	Client Full Day	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 266.88	\$ 80.39	\$ 84.45	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 303.01	\$ 80.39	\$ 84.45	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 450.00	\$ 400.00				
Unduplicated Clients (UDC)	19	50	19			Total UDC 88

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Seniors-Rypins
 Program Code 38531

Appendix Number B-3
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Funding Term	TOTAL		HMHMCC730515		Revenue from use of ADU units by Non-DPH Entities		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/18-06/30/19														
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.70	\$ 52,128	0.67	\$ 49,621	0.03	\$ 2,507								
Asistant Director	0.70	\$ 39,952	0.67	\$ 38,031	0.03	\$ 1,921								
Nurse Practitioner	0.07	\$ 9,149	0.07	\$ 8,709	0.00	\$ 440								
Clerk	0.18	\$ 5,957	0.17	\$ 5,671	0.01	\$ 286								
Counselor	8.80	\$ 401,940	8.38	\$ 382,609	0.42	\$ 19,331								
Admin Assistant	0.05	\$ 2,013	0.05	\$ 1,916	0.00	\$ 97								
Clerk	0.04	\$ 743	0.04	\$ 707	0.00	\$ 36								
Dir of Clinical Services	0.05	\$ 8,179	0.05	\$ 7,786	0.00	\$ 393								
Asst Dir Clinical Services	0.05	\$ 5,181	0.05	\$ 4,932	0.00	\$ 249								
DET	0.05	\$ 5,066	0.05	\$ 4,822	0.00	\$ 244								
Compliance Officer	0.05	\$ 5,066	0.05	\$ 4,822	0.00	\$ 244								
Snr. Maint Tech	0.05	\$ 3,812	0.05	\$ 3,629	0.00	\$ 183								
Maint Tech	0.10	\$ 6,494	0.10	\$ 6,182	0.00	\$ 312								
Relief Counselors	1.63	\$ 50,948	1.55	\$ 48,498	0.08	\$ 2,450								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	12.52	\$ 596,628	11.92	\$ 567,935	0.60	\$ 28,693	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.86%	\$ 178,163	29.86%	\$ 169,594	29.86%	\$ 8,569	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 774,791		\$ 737,529		\$ 37,262		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name Seniors-Rypins
 Program Code 38531

Appendix Number B-3
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19			
Rent	\$ 86,260	\$ 86,260					
Mortgage Interest	\$ -						
Depreciation	\$ 5,485	\$ 5,485					
Utilities (telephone, electricity, water, gas)	\$ 23,387	\$ 23,387					
Building Repair/Maintenance	\$ 7,627	\$ 7,627					
Occupancy Total:	\$ 122,759	\$ 122,759	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 7,424	\$ 4,298	\$ 3,126				
Photocopying	\$ -						
Program Supplies	\$ 6,206	\$ 1,196	\$ 5,010				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 13,630	\$ 5,494	\$ 8,136	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,768	\$ 436	\$ 1,332				
Insurance	\$ 10,072	\$ 334	\$ 9,738				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 11,840	\$ 770	\$ 11,070	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,123	\$ 3,123					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,123	\$ 3,123	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 18.95 hrs per year @ \$104.17/hour=\$1,974	\$ 1,974	\$ 180	\$ 1,794				
Alternative Technology- IT Network support and troubleshooting, 109.23 hrs per year at \$61 per hour=\$6,663	\$ 6,663	\$ 6,663					
Consultant/Subcontractor Total:	\$ 8,637	\$ 6,843	\$ 1,794	\$ -	\$ -	\$ -	\$ -
Food	\$ 27,013	\$ 27,013					
Linen	\$ 1,858	\$ 1,858					
Prescriptions	\$ -						
Other Total:	\$ 28,871	\$ 28,871	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 188,860	\$ 167,860	\$ 21,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number B-3a				
Provider Name Progress Foundation		Page Number 1				
Provider Number 3854		Fiscal Year 2018-2019				
		Funding Notification Date 09/20/18				
Program Name	Seniors-Carroll	Seniors-Carroll				
Program Code	38541	38541				
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49				
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care				
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19				
FUNDING USES						TOTAL
Salaries & Employee Benefits	337,807					337,807
Operating Expenses	65,466	58,331				123,797
Capital Expenses						-
Subtotal Direct Expenses	403,273	58,331	-	-	-	461,604
Indirect Expenses	37,256	5,366				42,622
TOTAL FUNDING USES	440,529	63,697	-	-	-	504,226
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	147,404				147,404
MH Adult County General Fund	251984-10000-10001792-0001	151,627	63,697			215,324
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	124,862				124,862
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		423,893	63,697	-	-	487,590
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		423,893	63,697	-	-	487,590
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA	12,000				12,000
Revenue from use of ADU units by Non-DPH Entities		4,636				4,636
TOTAL NON-DPH FUNDING SOURCES		16,636	-	-	-	16,636
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		440,529	63,697	-	-	504,226
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)			
DPH Units of Service	1,862	1,862				
Unit Type	Client Day	Client Full Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 227.65	\$ 34.21	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 236.59	\$ 34.21	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 450.00					
Unduplicated Clients (UDC)	19	19				Total UDC 19

Appendix B - DPH 4: Operating Expenses Detail

Program Name Seniors-Carroll
 Program Code 38541

Appendix Number B-3a
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19				
Rent	\$ 36,968	\$ 36,968					
Mortgage Interest	\$ -	\$ -					
Depreciation	\$ 2,350	\$ 2,350					
Utilities (telephone, electricity, water, gas)	\$ 20,023	\$ 16,641	\$ 3,382				
Building Repair/Maintenance	\$ 7,555	\$ 4,481	\$ 3,074				
Occupancy Total:	\$ 66,896	\$ 60,440	\$ 6,456	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 7,468	\$ 2,958	\$ 4,510				
Photocopying	\$ -						
Program Supplies	\$ 2,660	\$ 520	\$ 2,140				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 10,128	\$ 3,478	\$ 6,650	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 757	\$ 142	\$ 615				
Insurance	\$ 4,317	\$ 627	\$ 3,690				
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 5,074	\$ 769	\$ 4,305	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,339	\$ 723	\$ 616				
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 1,339	\$ 723	\$ 616	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 241.26 hrs per year @ \$104.17/hour=\$25,132	\$ 25,132	\$ 22,877	\$ 2,255				
Alternative Technology- IT Network support and troubleshooting, 46.82 hrs per year at \$61 per hour=\$2,856	\$ 2,856	\$ 2,138	\$ 718				
Consultant/Subcontractor Total:	\$ 27,988	\$ 25,015	\$ 2,973	\$ -	\$ -	\$ -	\$ -
Food	\$ 11,576	\$ 11,576					
Linen	\$ 796	\$ 796					
Prescriptions	\$ -						
Other Total:	\$ 12,372	\$ 12,372	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 123,797	\$ 102,797	\$ 21,000	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number B-4				
Provider Name Progress Foundation		Page Number 1				
Provider Number 3838		Fiscal Year 2018-2019				
		Funding Notification Date 09/20/18				
Program Name	SLP					
Program Code	3838OP					
Mode/SFC (MH) or Modality (SUD)	15/10-57, 59					
Service Description	OP-MH Svcs					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19					
FUNDING USES						TOTAL
Salaries & Employee Benefits	544,002					544,002
Operating Expenses	245,565					245,565
Capital Expenses						-
Subtotal Direct Expenses	789,567	-	-	-	-	789,567
Indirect Expenses	67,002					67,002
TOTAL FUNDING USES	856,569	-	-	-	-	856,569
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	318,198				318,198
MH Adult County General Fund	251984-10000-10001792-0001	195,655				195,655
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	325,376				325,376
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		839,229	-	-	-	839,229
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		839,229	-	-	-	839,229
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA					
Revenue from use of ADU units by Non-DPH Entities		17,340				17,340
TOTAL NON-DPH FUNDING SOURCES		17,340	-	-	-	17,340
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		856,569	-	-	-	856,569
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)					
DPH Units of Service	268,750					
Unit Type	Staff Minute	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 3.12	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 3.19	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 6.00					
Unduplicated Clients (UDC)	73					Total UDC 73

Appendix B - DPH 4: Operating Expenses Detail

Program Name SLP
 Program Code 3838OP

Appendix Number B-4
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19					
Rent	\$ 22,000	\$ 22,000					
Mortgage Interest	\$ -	\$ -					
Depreciation	\$ -	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 21,382	\$ 21,382					
Building Repair/Maintenance	\$ 7,939	\$ 7,939					
Occupancy Total:	\$ 51,321	\$ 51,321	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 9,077	\$ 9,077					
Photocopying	\$ -						
Program Supplies	\$ 611	\$ 611					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 9,688	\$ 9,688	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,015	\$ 1,015					
Insurance	\$ 6,453	\$ 6,453					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 7,468	\$ 7,468	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 5,621	\$ 5,621					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 5,621	\$ 5,621	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
Alternative Technology- IT Network support and troubleshooting, 84.07 hrs per year at \$61 per hour=\$5,128	\$ 5,128	\$ 5,128					
Consultant/Subcontractor Total:	\$ 5,128	\$ 5,128	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ -						
Client Expense (Rent Subsidy net Client Pay)	\$ 166,082	\$ 166,082					
Linen	\$ 217	\$ 217					
Prescriptions	\$ 40	\$ 40					
Other Total:	\$ 166,339	\$ 166,339	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 245,565	\$ 245,565	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271		Appendix Number B-5				
Provider Name Progress Foundation		Page Number 1				
Provider Number 3811		Fiscal Year 2018-2019				
		Funding Notification Date 09/20/18				
Program Name	Dore Clinic					
Program Code	38112					
Mode/SFC (MH) or Modality (SUD)	10/25-29					
Service Description	DS-Crisis Stab Urgent Care					
Funding Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19					
FUNDING USES						TOTAL
Salaries & Employee Benefits	2,523,746					2,523,746
Operating Expenses	368,596					368,596
Capital Expenses						-
Subtotal Direct Expenses	2,892,342	-	-	-	-	2,892,342
Indirect Expenses	267,130					267,130
TOTAL FUNDING USES	3,159,472	-	-	-	-	3,159,472
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	1,463,534				1,463,534
MH Adult County General Fund	251984-10000-10001792-0001	807,460				807,460
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	808,805				808,805
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		3,079,799	-	-	-	3,079,799
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL BHS SUD FUNDING SOURCES		-	-	-	-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity					
						-
						-
This row left blank for funding sources not in drop-down list						-
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	-
TOTAL DPH FUNDING SOURCES		3,079,799	-	-	-	3,079,799
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA					
Revenue from use of ADU units by Non-DPH Entities		79,673				79,673
TOTAL NON-DPH FUNDING SOURCES		79,673	-	-	-	79,673
						-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		3,159,472	-	-	-	3,159,472
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions						
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Fee-For-Service (FFS)					
DPH Units of Service	33,640					
Unit Type	Client Hour	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 91.55	\$ -	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 93.92	\$ -	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)	\$ 110.00					
Unduplicated Clients (UDC)	1000					Total UDC 1000

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Program Name Dore Clinic
 Program Code 38112

Appendix Number B-5
 Page Number 2
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Position Title	TOTAL		HMHMCC730515		Revenue from use of ADU units by Non-DPH Entities		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Funding Term	07/01/18-06/30/19		07/01/18-06/30/19		07/01/18-06/30/19									
Program Director	1.00	\$ 147,139	0.97	\$ 142,494	0.03	\$ 4,645								
Administrative Asst	1.00	\$ 55,194	0.97	\$ 53,452	0.03	\$ 1,742								
Clerk	0.38	\$ 12,764	0.37	\$ 12,361	0.01	\$ 403								
Psychiatrist	0.13	\$ 27,272	0.13	\$ 26,411	0.00	\$ 861								
Clinic Manager	1.00	\$ 96,394	0.97	\$ 93,351	0.03	\$ 3,043								
Nurse Practitioner	0.60	\$ 26,623	0.58	\$ 25,783	0.02	\$ 840								
Registered Nurse	6.50	\$ 859,167	6.29	\$ 832,044	0.21	\$ 27,123								
Clinical Counselor	4.00	\$ 176,375	3.87	\$ 170,807	0.13	\$ 5,568								
Counselor	0.90	\$ 44,801	0.87	\$ 43,387	0.03	\$ 1,414								
Lic Psychiatric Tech/ Liv Voc Nse	4.00	\$ 215,430	3.87	\$ 208,629	0.13	\$ 6,801								
Prescriber On-Call	0.80	\$ 119,394	0.77	\$ 115,625	0.03	\$ 3,769								
Admin. Asst	0.14	\$ 5,864	0.14	\$ 5,679	0.00	\$ 185								
Clerk	0.06	\$ 2,162	0.06	\$ 2,094	0.00	\$ 68								
Director of Clinical Services	0.17	\$ 23,830	0.16	\$ 23,078	0.01	\$ 752								
Asst Dir Clinical Services	0.17	\$ 15,095	0.16	\$ 14,618	0.01	\$ 477								
DET	0.17	\$ 14,759	0.16	\$ 14,293	0.01	\$ 466								
Compliance Officer	0.17	\$ 14,759	0.16	\$ 14,293	0.01	\$ 466								
Snr. Maint Tech	0.17	\$ 11,108	0.16	\$ 10,757	0.01	\$ 351								
Maint Tech	0.34	\$ 18,929	0.33	\$ 18,331	0.01	\$ 598								
Relief Staff	2.50	\$ 189,595	2.42	\$ 183,610	0.08	\$ 5,985								
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	24.20	\$ 2,076,654	23.44	\$ 2,011,097	0.76	\$ 65,557	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	21.53%	\$ 447,092	21.53%	\$ 432,976	21.53%	\$ 14,116	0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,523,746		\$ 2,444,073		\$ 79,673		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name Dore Clinic
 Program Code 38112

Appendix Number B-5
 Page Number 3
 Fiscal Year 2018-2019
 Funding Notification Date 09/20/18

Expense Categories & Line Items	TOTAL	HMHMCC730515	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19					
Rent	\$ -						
Mortgage Interest	\$ 55,516	\$ 55,516					
Depreciation	\$ 49,510	\$ 49,510					
Utilities (telephone, electricity, water, gas)	\$ 34,848	\$ 34,848					
Building Repair/Maintenance	\$ 24,537	\$ 24,537					
Occupancy Total:	\$ 164,411	\$ 164,411	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 51,109	\$ 51,109					
Photocopying	\$ -						
Program Supplies	\$ 25,709	\$ 25,709					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 76,818	\$ 76,818	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 4,691	\$ 4,691					
Insurance	\$ 23,041	\$ 23,041					
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 27,732	\$ 27,732	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 595	\$ 595					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 595	\$ 595	\$ -	\$ -	\$ -	\$ -	\$ -
Mahoney, MD- Primary care consult, prn, \$2,166.67/month x 12 months=\$26,000	\$ 26,000	\$ 26,000					
Alternative Technology- IT Network support and troubleshooting, 323.62 hrs per year at \$61 per hour=\$19,741	\$ 19,741	\$ 19,741					
Consultant/Subcontractor Total:	\$ 45,741	\$ 45,741	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 48,216	\$ 48,216					
Linen	\$ 5,083	\$ 5,083					
Prescriptions	\$ -						
Other Total:	\$ 53,299	\$ 53,299	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 368,596	\$ 368,596	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix F

Invoice

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

Appendix F
PAGE A

Control Number

Contractor: Progress Foundation

Address: 368 Fell St., San Francisco, CA 94102

BHS

Tel No.: (415) 861-0828
Fax No.:

Funding Term: 07/01/2018 - 08/30/2019

PHP Division: Behavioral Health Services

INVOICE NUMBER:	M03 JL 18
Cl. Blanket No.: BPHM	TBD
Cl. PO No.: POHM	SFGOV-0000208099
Fund Source:	MH Fed SDMC FFP (50%) Adult MH County Adult - General Fund MH State Adult 1991 MH Reassignment
Invoice Period :	July 2018
Final Invoice:	(Check if Yes)
ACE Control Number:	

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
-----------------------------------	------------------------------	-----------------------------------	-------------------------------	------------------------	------------------------------------

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Rptg, Unit Modality/Mode # - Svc Func (AID Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS		
B-1 La Posada (HMHCC730515) 251984-10000-10001792-0001												
05/40 - 49 24-Hr Adult Crisis Residential PC# - 38081	2,521				\$ 534.23	\$ -	0.000		0.00%		2,521.000	1,348,793.83
15/ 80 - 69 OP - Medication Support PC# - 3808OP	23,594				\$ 2.67	\$ -	0.000		0.00%		23,594.000	62,995.98
60/ 40 - 49 SS-Life Support Bd & Care PC# - 38081	2,521				\$ 33.49	\$ -	0.000		0.00%		2,521.000	84,428.29 \$ 1,494,211.10
B-2 La Amistad PC# - 38091												
05/ 40 - 49 24-Hr Adult Residential	4,032				\$ 219.45	\$ -	0.000		0.00%		4,032.000	884,822.40
60/ 40 - 49 SS-Life Support Bd & Care	4,032				\$ 39.19	\$ -	0.000		0.00%		4,032.000	158,014.08 \$ 1,042,836.43
B-1b Shrader												
05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 89681	3,022				\$ 423.38	\$ -	0.000		0.00%		3,022.000	1,279,454.36
60/ 40 - 49 SS-Life Support - Bed & Care PC# - 89681	3,022				\$ 45.73	\$ -	0.000		0.00%		3,022.000	138,198.06
15/ 60 - 69 OP - Medication Support PC# - 3808OP	33,482				\$ 2.20	\$ -	0.000		0.00%		33,482.000	73,660.40 \$ 1,491,310.82
B-2b Progress House PC# - 38371												
05/ 65 - 79 24-Hr Adult Residential	3,104				\$ 256.09	\$ -	0.000		0.00%		3,104.000	794,903.36
60/ 40 - 49 SS-Life Support Bd & Care	3,104				\$ 20.44	\$ -	0.000		0.00%		3,104.000	63,445.76 \$ 858,349.12
B-2e Ashbury PC# - 89841												
05/ 65 - 79 24-Hr Adult Residential	3,104				\$ 207.87	\$ -	0.000		0.00%		3,104.000	645,228.48
60/ 40 - 49 SS-Life Support Bd & Care	3,104				\$ 35.91	\$ -	0.000		0.00%		3,104.000	111,464.84 \$ 756,693.12
B-2c Clay PC# - 89851												
05/ 65 - 79 24-Hr Adult Residential	4,984				\$ 231.93	\$ -	0.000		0.00%		4,984.000	1,151,300.52
60/ 40 - 49 SS-Life Support Bd & Care	4,984				\$ 17.74	\$ -	0.000		0.00%		4,984.000	88,061.38 \$ 1,239,361.83
B-2d Loso House PC# - 89861												
05/ 65 - 79 24-Hr Adult Residential	4,344				\$ 257.09	\$ -	0.000		0.00%		4,344.000	1,116,788.96
60/ 40 - 49 Life Support Bd & Care	4,344				\$ 25.43	\$ -	0.000		0.00%		4,344.000	110,487.92 \$ 1,227,266.83
B-3 Seniors-Rybins												
05/ 65 - 79 24-Hr Adult Residential PC# - 38531	1,862				\$ 266.88	\$ -	0.000		0.00%		1,862.000	496,830.56
10/ 95 - 99 DS-Day Rehab Full Day PC# - 38532	4,120				\$ 80.39	\$ -	0.000		0.00%		4,120.000	331,206.80
60/ 40 - 49 SS-Life Support Bd & Care PC# - 38531	1,862				\$ 84.45	\$ -	0.000		0.00%		1,862.000	157,245.90 \$ 985,381.26
B-2a Cortland PC# - 38631												
05/ 65 - 79 24-Hr Adult Residential	3,104				\$ 250.20	\$ -	0.000		0.00%		3,104.000	776,820.80
60/ 40 - 49 SS-Life Support Bd & Care	3,104				\$ 43.44	\$ -	0.000		0.00%		3,104.000	134,837.76 \$ 911,451.56
B-4 SLP PC# - 3838OP												
15/ 10 - 57, 59 OP - MH Svcs	268,750				\$ 3.12	\$ -	0.000		0.00%		268,750.000	838,500.00 \$ 838,500.00
B-1a Avenues												
05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 38A41	3,302				\$ 397.00	\$ -	0.000		0.00%		3,302.000	1,310,894.00
15/ 60 - 69 OP - Medication Support PC# - 38A43	28,642				\$ 3.12	\$ -	0.000		0.00%		28,642.000	89,363.04
60/ 40 - 49 SS-Life Support Bd & Care PC# - 38A41	3,302				\$ 39.17	\$ -	0.000		0.00%		3,302.000	129,339.34 \$ 1,529,591.33
B-3a Seniors-Carroll PC# 38541												
05/ 65 - 79 24-Hr Adult Residential	1,862				\$ 227.65	\$ -	0.000		0.00%		1,862.000	423,884.30
60/ 40 - 49 SS-Life Support Bd & Care	1,862				\$ 34.21	\$ -	0.000		0.00%		1,862.000	63,899.02 \$ 487,581.32
TOTAL	429,030		0.000				0.000		0.00%		429,030.000	\$ 12,862,557.92
Budget Amount					\$ 12,863,174.00							
							Expenses To Date		% of Budget		Remaining Budget	

SUBTOTAL AMOUNT DUE \$
Less: Initial Payment Recovery
(For DPH Use) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

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

Signature: _____ Date: _____
Title: _____

Send to:
Behavioral Health Services-Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
PAGE A

Control Number

Contractor: Progress Foundation

Address: 368 Fell St., San Francisco, CA 94102

Tel No.: (415) 861-0828

Fax No.:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M05 JL 18

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Fed SDMC FFP (50%) Adult
MH County Adult - General Fund
MH State Adult 1991 MH Realignment

Invoice Period: July 2018

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
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*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Rept. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1c Dore Residence - (HMHMCC730515) 251984-10000-10001792-0001												
05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 38GM1	3,953				\$ 348.50	\$ -	0.000		0.00%		3,953.000	
15/ 60 - 69 OP - Medication Support PC# - 38GM3	36,398				\$ 2.31	\$ -	0.000		0.00%		36,398.000	1,377,620.50
60/ 40 - 49 SS-Life Support Bd & Care PC# - 38GM1	3,953				\$ 38.56	\$ -	0.000		0.00%		3,953.000	84,075.33
TOTAL	44,304		0.000				0.000		0.00%		44,304.000	152,427.63
Budget Amount					\$ 1,614,081.00							\$ 1,614,127.56
								Expenses To Date	% of Budget		Remaining Budget	
								\$ -	0.00%		\$ 1,614,081.00	

SUBTOTAL AMOUNT DUE \$ -
Less: Initial Payment Recovery
 (For DPH Use) **Other Adjustments**
NET REIMBURSEMENT \$ -

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

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

Appendix F
 PAGE A

Control Number

Contractor: Progress Foundation

Address: 368 Fell St., San Francisco, CA 94102

Tel No.: (415) 861-0828
 Fax No.:

Funding Term: 07/01/2018 - 06/30/2019

PHP Division: Behavioral Health Services

BHS

INVOICE NUMBER: M07 JL 18

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH Fed SDMC FFP (50%) Adult
 MH County Adult - General Fund
 MH State Adult 1991 MH Realignment

Invoice Period : July 2018

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Unduplicated Clients for Exhibit:	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Replg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
	B-5 Dore Clinic PC# - 38112 HMMCC730515 10/ 25 - 29 Crisis Stab Urgent Care	33,640						\$ 91.55	\$ -	0.000		0.00%
TOTAL	33,640		0.000				0.000		0.00%		33,640.000	
Budget Amount					\$ 3,079,799.00				Expenses To Date	% of Budget		Remaining Budget
									\$ -	0.00%		\$ 3,079,799.00
SUBTOTAL AMOUNT DUE						\$ -	NOTES:					
Less: Initial Payment Recovery												
(For DPH Use) Other Adjustments												
NET REIMBURSEMENT						\$ -						

\$ 3,079,742.00

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Behavioral Health Services-Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/10/2018

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 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 ERNEST BROOMFIELD & ASSOCIATES REHABILITATION & RECOVERY INSURANCE AGENCY, INC. P.O. BOX 2153 SAN RAFAEL, CA 94912	CONTACT NAME MARY@EBASSOC.COM
	PHONE (A/C, No, Ext): 415-272-0417 FAX (A/C, No): 415-381-1303
E-MAIL ADDRESS:	
INSURER(S) AFFORDING COVERAGE	
INSURER A. AMERICAN STATES INS. CO.	
INSURER B. FIRST NATIONAL INS. CO. OF AMERICA	
INSURER C.	
INSURER D.	
INSURER E.	
INSURER F.	

COVERAGES **CERTIFICATE NUMBER:** 101102 **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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			01CI888214	05/31/2018	05/31/2019	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 3,000,000
							PRODUCTS - COMP/OP AGG \$ 3,000,000
							\$
A	AUTOMOBILE LIABILITY			01CH403765	05/31/2018	05/31/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input checked="" type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$
							\$
							EACH OCCURRENCE \$
							AGGREGATE \$
			\$				
	UMBRELLA LIAB						WC STATUTORY LIMITS
	<input type="checkbox"/> EXCESS LIAB						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$
B	PROFESSIONAL LIABILITY			01CI888214	05/31/2018	05/31/2019	\$1,000,000 OCC/\$3,000,000 AGG.
C	EMPLOYEE DISHONESTY			01CI888214	05/31/2018	05/31/2019	\$4,300,000 / \$1,000 DEDUCTIBLE

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

CERTIFICATE HOLDER, ITS OFFICERS, AGENTS AND EMPLOYEES, ARE HEREBY NAMED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST AS A FUNDING SOURCE FOR THE NAMED INSURED (SEE ATTACHED FORMS CG-2026 AND CA7135).

TEN DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

CERTIFICATE HOLDER CITY & COUNTY OF SAN FRANCISCO OFFICE OF CONTRACT MANAGEMENT & COMPLIANCE -DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD STREET, RM 442 -4TH FLOOR SAN FRANCISCO, CA 94103 ATTN: ANNALIE EUSEBIO	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 
---	--

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)
City and County of San Francisco Community Behavioral Health Services 1380 Howard Street, 4 th Floor San Francisco, CA 94103
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

- A. In the performance of your ongoing operations; or
- B. In connection with your premises owned by or rented to you.

INSURED: PROGRESS FOUNDATION, INC.

ADDITIONAL INSURED

CA 71 35 12 93

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

With respect to coverage provided by this endorsement, the provisions of the Coverage Form apply unless modified by the endorsement.

Endorsement effective May 31, 2018	Policy No. 01CH403765
Named Insured PROGRESS FOUNDATION, INC.	Countersigned by (Authorized Representative)

Schedule
Name of Person or Organization:
City & County of San Francisco, Its Officers, Agents & Employees Community Behavioral Health Services 1380 Howard St., 4 th Floor San Francisco, CA 94103
Premium: \$ INCLUDED

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

- A. Under LIABILITY COVERAGE WHO IS AN INSURED is changed to include as an "insured" the person(s) or organization(s) shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the acts or omissions of:
1. You;
 2. Any of your employees or agents;
 3. Any person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with the permission of any of the above.
- B. The insurance afforded by this endorsement does not apply:
- To "bodily injury" or "property damage" arising out of the sole negligence of the person(s) or organization(s) shown in the Schedule.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

We have the right to recover our payments from anyone liable for an injury covered by this policy. We will not enforce our right against the person or organization named in the Schedule. (This agreement applies only to the extent that you perform work under a written contract that requires you to obtain this agreement from us.)

You must maintain payroll records accurately segregating the remuneration of your employees while engaged in the work described in the Schedule.

The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.

The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Specific Waiver

Person/Organization: City and County of San Francisco

Job Description: All CA Operations

Waiver Premium: 350.00

Class	State	Payroll Subject to Waiver
8804	CA	1.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 04/01/2018

Policy No.: PRWC915672

Endorsement No.:

Insured:

Premium \$

Insurance Company: Cypress Insurance Company