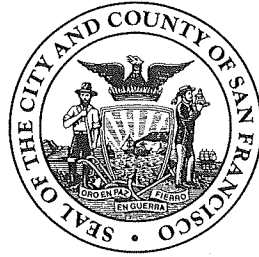


BOARD of SUPERVISORS



City Hall  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco 94102-4689  
Tel. No. 554-5184  
Fax No. 554-5163  
TDD/TTY No. 554-5227

## MEMORANDUM

### BUDGET AND FINANCE COMMITTEE

### SAN FRANCISCO BOARD OF SUPERVISORS

TO: Supervisor Malia Cohen, Chair  
Budget and Finance Committee

FROM: Linda Wong, Assistant Clerk

DATE: December 10, 2018

SUBJECT: **COMMITTEE REPORT, BOARD MEETING**  
Tuesday, December 11, 2018

The following file should be presented as a **COMMITTEE REPORT** at the Board meeting on Tuesday, December 11, 2018, at 2:00 p.m. This item was acted upon at the Committee Meeting on Thursday, December 6, 2018, at 10:00 a.m., by the votes indicated.

**Item No. 53      File No. 181075**

Resolution approving an Amendment No. 1 to the agreement between the Progress Foundation and the Department of Public Health, for behavioral health services, to increase the agreement amount by \$84,877,827 for an amount not to exceed \$94,523,518 and extend the term by four years from December 31, 2018, for a total agreement term of July 1, 2018, through December 31, 2022.

#### **RECOMMENDED AS A COMMITTEE REPORT**

Vote: Supervisor Malia Cohen - Aye  
Supervisor Sandra Lee Fewer - Aye  
Supervisor Catherine Stefani - Aye

c: Board of Supervisors  
Angela Calvillo, Clerk of the Board  
Jon Givner, Deputy City Attorney  
Alisa Somera, Legislative Deputy Director



1 [Agreement Amendment - Progress Foundation - Behavioral Health Services - Not to  
2 Exceed \$94,523,518]

3 **Resolution approving an Amendment No. 1 to the agreement between the**  
4 **Progress Foundation and the Department of Public Health, for behavioral health**  
5 **services, to increase the agreement amount by \$84,877,827 for an amount not to**  
6 **exceed \$94,523,518, and extend the term by four years from December 31, 2018,**  
7 **for a total agreement term of July 1, 2018, through December 31, 2022.**

8  
9 WHEREAS, The Department of Public Health selected the Progress Foundation  
10 through two competitive solicitations to provide residential and outpatient mental health  
11 treatment services; and

12 WHEREAS, A copy of the proposed original agreement is on file with the Clerk of  
13 the Board of Supervisors in File No. 181075, which is hereby declared to be a part of  
14 this Resolution as if set forth fully herein; and

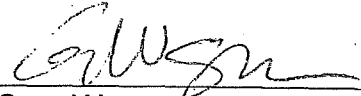
15 RESOLVED, That the Board of Supervisors hereby authorizes the Director of  
16 Public Health and the Director of the Office of Contract Administration/Purchaser, on  
17 behalf of the City and County of San Francisco, to execute a contract with Progress  
18 Foundation to increase the agreement amount by \$84,877,827 for an amount not to  
19 exceed \$94,523,518, and extend the term by four years from December 31, 2018, for a  
20 total term of July 1, 2018, through December 31, 2022; and, be it

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

1 effectuate the purposes of the contract, and are in compliance with all applicable laws;  
2 and, be it

3 FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed  
4 by all parties, the Director of Health and/or the Director of the Office of Contract  
5 Administration/Purchaser shall provide the final contracts to the Clerk of the Board for  
6 inclusion into the official File No. 181075.

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8 RECOMMENDED:

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10 Greg Wagner  
11 Acting Director of Health

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|   |   |
|---|---|
| <p><b>Item 4</b><br/><b>File 18-1075</b></p>  | <p><b>Department:</b><br/>Department of Public Health (DPH)</p> |
| <p><b>EXECUTIVE SUMMARY</b></p>   |   |
| <p style="text-align: center;"><b>Legislative Objectives</b></p> <p>The proposed resolution approves Amendment No. 1 to the contract between the Progress Foundation and the Department of Public Health (DPH), for behavioral health services, to (1) increase the agreement not-to-exceed amount by \$84,877,827 from \$9,645,691 to \$94,523,518 and (2) extend the term by four years from December 31, 2018, for a total agreement term of July 1, 2018, through December 31, 2022.</p> <p style="text-align: center;"><b>Key Points</b></p> <ul style="list-style-type: none"> <li>• In July 2018, DPH entered into a contract with the Progress Foundation for residential and outpatient behavioral health services for adults. The original contract is for a term of six months, from July 1, 2018 through December 31, 2018 in the amount of \$9,645,691.</li> <li>• DPH selected the Progress Foundation following issuance of Requests for Proposals for mental health residential treatment programs in October 2017, and mental health outpatient programs for adults/older adults in August 2017.</li> </ul> <p style="text-align: center;"><b>Fiscal Impact</b></p> <ul style="list-style-type: none"> <li>• Sources of funds for the proposed contract amendment include City General Funds and State and Federal grants.</li> <li>• Actual expenditures on the contract since July 1, 2018 total \$4,446,715. DPH projects additional expenditures of \$4,811,401 by December 31, 2018, and a total of \$17,973,059 in expenditures in FY 2018-19.</li> <li>• Based on an annual average cost-of-doing-business adjustment of approximately 2.4 percent (subject to future Board of Supervisors approval) and a 12 percent contingency, expenditures over the 4.5-year contract period from July 1, 2018 to December 31, 2022 are projected to total \$94,523,518, which is \$84,877,827 more than the current not-to-exceed amount of \$9,645,691.</li> </ul> <p style="text-align: center;"><b>Recommendation</b></p> <ul style="list-style-type: none"> <li>• Approve the proposed resolution.</li> </ul> |   |

## MANDATE STATEMENT

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

## BACKGROUND

In July 2018, the Department of Public Health (DPH) entered into a contract with the Progress Foundation for residential and outpatient behavioral health services for adults. The original contract is for a term of six months, from July 1, 2018 through December 31, 2018 in the not-to-exceed amount of \$9,645,691, which is below the \$10 million threshold that requires Board of Supervisors approval.

DPH selected the Progress Foundation following issuance of two Requests for Proposals (RFPs) for: (1) mental health residential treatment programs in October 2017; and (2) mental health outpatient programs for adults/older adults in August 2017. The residential treatment program RFP specified that the contract would have an original term of one year from July 1, 2018 to June 30, 2019, with two options to extend the term for a total of 10 years. The outpatient program RFP specified that the contract would have an original term of one-and-a-half years from January 1, 2018 to June 30, 2019, with two options to extend the term for a total of 10 years.

## DETAILS OF PROPOSED LEGISLATION

The proposed resolution approves Amendment No. 1 to the contract between the Progress Foundation and the Department of Public Health, for behavioral health services, to (1) increase the agreement not-to-exceed amount by \$84,877,827 from \$9,645,691 to \$94,523,518 and (2) extend the term by four years from December 31, 2018, for a total agreement term of 4 ½ years from July 1, 2018 through December 31, 2022.

## FISCAL IMPACT

Sources of funds for the proposed contract amendment include City General Funds and State and Federal grants.

Actual expenditures on the contract since July 1, 2018 total \$4,446,715. DPH projects additional expenditures of \$4,811,401 by December 31, 2018, and a total of \$17,973,059 in expenditures in FY 2018-19. Based on an annual average cost-of-doing-business adjustment of approximately 2.4 percent<sup>1</sup> and a 12 percent contingency, expenditures over the 4.5-year contract period from July 1, 2018 to December 31, 2022 are projected to total \$94,523,518, which is \$84,877,827 more than the current not-to-exceed amount, as shown in Table 1 below.

<sup>1</sup> Annual Cost of Doing Business increases to contracts with nonprofit organizations are subject to Board of Supervisors approval in the City's annual budget.

**Table 1: Actual and Projected Expenditures – July 1, 2018 to December 31, 2022**

| <b>Contract Term</b>                      | <b>Actual Expenditures</b> | <b>Projected Expenditures</b>               | <b>Total</b>        |
|---|----------------------------|---|---------------------|
| FY 2018-19                                | \$4,446,715                | \$13,526,344                                | \$17,973,059        |
| FY 2019-20                                |                            | 18,403,595                                  | 18,403,595          |
| FY 2020-21                                |                            | 18,844,446                                  | 18,844,446          |
| FY 2021-22                                |                            | 19,295,857                                  | 19,295,857          |
| July 1, 2022 through<br>December 31, 2022 |                            | 9,879,041                                   | 9,879,041           |
| <b>Subtotal</b>                           | <b>\$4,446,715</b>         | <b>\$79,949,283</b>                         | <b>\$84,395,998</b> |
| <b>Contingency (12%)</b>                  |                            |   | <b>10,127,520</b>   |
|   |                            | <b>Total</b>                                | <b>\$94,523,518</b> |
|   |                            | <b>Less Existing Not-to-Exceed Amount</b>   | <b>(9,645,691)</b>  |
|   |                            | <b>New Total Requested Increased Amount</b> | <b>\$84,877,827</b> |

**RECOMMENDATION**

Approve the proposed resolution.

**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**

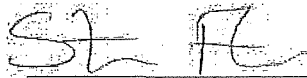
**CONTRACTOR**

Recommended by:

Progress Foundation

\_\_\_\_\_  
Greg Wagner  
Acting Director of Health  
Department of Public Health

Date



11/2/18

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

Date

Supplier ID: 0000012820

Approved as to Form:

Dennis J. Herrera  
City Attorney

By: \_\_\_\_\_

Deputy City Attorney      Date

Approved:

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

Date

**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 7<sup>th</sup> 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: *38GMI, 38GM3*

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

Name and Title of Person Completing: Stephanie Spilker, Director of Administration  
Telephone: 415-861-0828  
Email Address: [sspilker@progressfoundation.org](mailto: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](http://www.progressfoundation.org)

Name and Title of Person Completing: Stephanie Spilker, Director of Administration  
Telephone: 415-861-0828  
Email Address: [sspilker@progressfoundation.org](mailto: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](http://www.progressfoundation.org)

Name and Title of Person Completing: Stephanie Spilker, Director of Administration  
Telephone: 415-861-0828  
Email Address: [sspilker@progressfoundation.org](mailto: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](http://www.progressfoundation.org)

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

**Contractor Name:** Progress Foundation  
**Program Name:** Dore Urgent Care Clinic  
**Contract ID #:** 1000010016

**Appendix A-5**  
11/01/2018

**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](http://www.progressfoundation.org)

Name and Title of Person Completing: Stephanie Spilker, Director of Administration  
Telephone: 415-861-0828  
Email Address: [sspilker@progressfoundation.org](mailto: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 (15<sup>th</sup>) calendar day of each month, based upon the number of units of service that were delivered in the preceding month. All deliverables associated with the SERVICES defined in Appendix A times the unit rate as shown in the appendices cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this Agreement shall be due and payable only after SERVICES have been rendered and in no case in advance of such SERVICES.

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon the effective date of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of an invoice or claim submitted by Contractor, and of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and MHSA (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 & Day Treatment |
| 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 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **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         |
| <b>Subtotal - July 1, 2018 through December 31, 2022</b> | <b>\$ 84,395,998</b> |
| Contingency  | \$ 10,127,520        |
| <b>TOTAL - July 1, 2018 through December 31, 2022</b>    | <b>\$ 94,523,518</b> |

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.



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

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



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

|   |                                |                       |                         |               |
|---|--------------------------------|-----------------------|-------------------------|---------------|
| DHCS Legal Entity Number 00271                                |                                |                       |                         |               |
| Provider Name Progress Foundation                             |                                |                       |                         |               |
| Provider Number 3808  |                                |                       |                         |               |
|   |                                |                       |                         | Fundir        |
| 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       |               |
| <b>FUNDING USES</b>   |                                |                       |                         |               |
| Salaries & Employee Benefits                                  | 1,118,660                      | 57,727                |                         |               |
| Operating Expenses  | 144,621                        |                       | 77,308                  |               |
| Capital Expenses  |                                |                       |                         |               |
| <b>Subtotal Direct Expenses</b>                               | <b>1,263,281</b>               | <b>57,727</b>         | <b>77,308</b>           |               |
| Indirect Expenses   | 116,722                        | 5,311                 | 7,112                   |               |
| <b>TOTAL FUNDING USES</b>                                     | <b>1,380,003</b>               | <b>63,038</b>         | <b>84,420</b>           |               |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                                |                       |                         |               |
|   | Dept-Auth-Proj-Activity        |                       |                         |               |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001     | 482,274               | 21,013                  |               |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001     | 459,292               | 42,025                  | 84,420        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001     | 405,234               |                         |               |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |               |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                                | <b>1,346,800</b>      | <b>63,038</b>           | <b>84,420</b> |
| <b>BHS SUD FUNDING SOURCES</b>                                |                                |                       |                         |               |
|   | Dept-Auth-Proj-Activity        |                       |                         |               |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |               |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                                | -                     | -                       | -             |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                                |                       |                         |               |
|   | Dept-Auth-Proj-Activity        |                       |                         |               |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |               |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                                | -                     | -                       | -             |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                                | <b>1,346,800</b>      | <b>63,038</b>           | <b>84,420</b> |
| <b>NON-DPH FUNDING SOURCES</b>                                |                                |                       |                         |               |
| Non DPH 3rd Party Patient/Client Fees                         | NA                             | 12,000                |                         |               |
| Revenue from use of ADU units by Non-DPH Entities             |                                | 21,203                |                         |               |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                                | <b>33,203</b>         | -                       | -             |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                                | <b>1,380,003</b>      | <b>63,038</b>           | <b>84,420</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                                |                       |                         |               |
| 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             |
| 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                     |               |





Appendix B - DPH 4: Operating Expenses Detail

Program Name La Posada  
 Program Code 38081/3808OP

Fur

| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | Client Program Fees | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 77,078</b>  | <b>\$ 77,078</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 22,570         | \$ 22,570         |                     |                         |                         |
| Photocopying  | \$ -              |                   |                     |                         |                         |
| Program Supplies  | \$ 13,093         | \$ 11,171         | \$ 1,922            |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 35,663</b>  | <b>\$ 33,741</b>  | <b>\$ 1,922</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 2,697          | \$ 2,245          | \$ 452              |                         |                         |
| Insurance   | \$ 13,300         | \$ 10,590         | \$ 2,710            |                         |                         |
| Professional License  | \$ -              |                   |                     |                         |                         |
| Permits   | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 15,997</b>  | <b>\$ 12,835</b>  | <b>\$ 3,162</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 3,257          | \$ 3,257          |                     |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                     |                         |                         |
| Field Expenses  | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 3,257</b>   | <b>\$ 3,257</b>   | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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              |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 48,547</b>  | <b>\$ 41,631</b>  | <b>\$ 6,916</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ 39,678         | \$ 39,678         |                     |                         |                         |
| Linen   | \$ 1,709          | \$ 1,709          |                     |                         |                         |
| Prescriptions   | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>   | <b>\$ 41,387</b>  | <b>\$ 41,387</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 221,929</b> | <b>\$ 209,929</b> | <b>\$ 12,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                                |                       |                         |                |
|---|--------------------------------|-----------------------|-------------------------|----------------|
| DHCS Legal Entity Number 00271                                |                                |                       |                         |                |
| Provider Name Progress Foundation                             |                                |                       |                         |                |
| Provider Number 38A4  |                                |                       |                         |                |
| Fundir  |                                |                       |                         |                |
| 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       |                |
| <b>FUNDING USES</b>   |                                |                       |                         |                |
| Salaries & Employee Benefits                                  | 1,122,022                      | 81,800                |                         |                |
| Operating Expenses  | 133,501                        |                       | 118,441                 |                |
| Capital Expenses  |                                |                       |                         |                |
| <b>Subtotal Direct Expenses</b>                               | <b>1,255,523</b>               | <b>81,800</b>         | <b>118,441</b>          |                |
| Indirect Expenses   | 116,029                        | 7,525                 | 10,897                  |                |
| <b>TOTAL FUNDING USES</b>                                     | <b>1,371,552</b>               | <b>89,325</b>         | <b>129,338</b>          |                |
| <b>BHS MENTAL HEALTH FUNDING SOURCE</b>                       | <b>Dept-Auth-Proj-Activity</b> |                       |                         |                |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001     | 631,846               | 21,035                  |                |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001     | 213,876               | 68,290                  | 129,338        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001     | 465,187               |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                                | <b>1,310,909</b>      | <b>89,325</b>           | <b>129,338</b> |
| <b>BHS SUD FUNDING SOURCES</b>                                | <b>Dept-Auth-Proj-Activity</b> |                       |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                                | -                     | -                       | -              |
| <b>OTHER DPH FUNDING SOURCES</b>                              | <b>Dept-Auth-Proj-Activity</b> |                       |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                                | -                     | -                       | -              |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                                | <b>1,310,909</b>      | <b>89,325</b>           | <b>129,338</b> |
| <b>NON-DPH FUNDING SOURCES</b>                                |                                |                       |                         |                |
| Non DPH 3rd Party Patient/Client Fees                         | NA                             | 12,000                |                         |                |
| Revenue from use of ADU units by Non-DPH Entities             |                                | 48,643                |                         |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                                | <b>60,643</b>         | -                       | -              |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                                | <b>1,371,552</b>      | <b>89,325</b>           | <b>129,338</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                                |                       |                         |                |
| 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              |
| 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                     |                |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Avenues  
 Program Code 38A41/38A43

Fur

| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Program Fees | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>  | <b>\$ 111,281</b> | <b>\$ 111,281</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies  | \$ 20,268         | \$ 20,268         |                     |                         |                         |
| Photocopying   | \$ -              |                   |                     |                         |                         |
| Program Supplies   | \$ 11,206         | \$ 8,892          | \$ 2,314            |                         |                         |
| Computer Hardware/Software   | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 31,474</b>  | <b>\$ 29,160</b>  | <b>\$ 2,314</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development   | \$ 2,254          | \$ 1,710          | \$ 544              |                         |                         |
| Insurance  | \$ 15,769         | \$ 13,283         | \$ 2,486            |                         |                         |
| Professional License   | \$ -              |                   |                     |                         |                         |
| Permits  | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>  | <b>\$ 18,023</b>  | <b>\$ 14,993</b>  | <b>\$ 3,030</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel   | \$ 519            | \$ 519            |                     |                         |                         |
| Out-of-Town Travel   | \$ -              |                   |                     |                         |                         |
| Field Expenses   | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 519</b>     | <b>\$ 519</b>     | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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              |                         |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 39,309</b>  | <b>\$ 32,653</b>  | <b>\$ 6,656</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Food   | \$ 49,784         | \$ 49,784         |                     |                         |                         |
| Linen  | \$ 1,552          | \$ 1,552          |                     |                         |                         |
| Prescriptions  | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>  | <b>\$ 51,336</b>  | <b>\$ 51,336</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 251,942</b> | <b>\$ 239,942</b> | <b>\$ 12,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                                |                       |                         |                |
|---|--------------------------------|-----------------------|-------------------------|----------------|
| DHCS Legal Entity Number 00271                                |                                |                       |                         |                |
| Provider Name Progress Foundation                             |                                |                       |                         |                |
| Provider Number 8966  |                                |                       |                         |                |
|   |                                |                       |                         | Fundir         |
| 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       |                |
| <b>FUNDING USES</b>   |                                |                       |                         |                |
| Salaries & Employee Benefits                                  | 1,086,414                      | 67,344                |                         |                |
| Operating Expenses  | 145,956                        |                       | 126,548                 |                |
| Capital Expenses  |                                |                       |                         |                |
| <b>Subtotal Direct Expenses</b>                               | <b>1,232,370</b>               | <b>67,344</b>         | <b>126,548</b>          |                |
| Indirect Expenses   | 113,888                        | 6,196                 | 11,642                  |                |
| <b>TOTAL FUNDING USES</b>                                     | <b>1,346,258</b>               | <b>73,540</b>         | <b>138,190</b>          |                |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                                |                       |                         |                |
|   | Dept-Auth-Proj-Activity        |                       |                         |                |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001     | 493,927               | 36,770                  |                |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001     | 354,859               | 36,770                  | 138,190        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001     | 430,677               |                         | -              |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                                | <b>1,279,463</b>      | <b>73,540</b>           | <b>138,190</b> |
| <b>BHS SUD FUNDING SOURCES</b>                                |                                |                       |                         |                |
|   | Dept-Auth-Proj-Activity        |                       |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                                | -                     | -                       | -              |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                                |                       |                         |                |
|   | Dept-Auth-Proj-Activity        |                       |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                                | -                     | -                       | -              |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                                | <b>1,279,463</b>      | <b>73,540</b>           | <b>138,190</b> |
| <b>NON-DPH FUNDING SOURCES</b>                                |                                |                       |                         |                |
| Non DPH 3rd Party Patient/Client Fees                         | NA                             | 12,000                |                         |                |
| Revenue from use of ADU units by Non-DPH Entities             |                                | 54,796                |                         |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                                | <b>66,796</b>         | -                       | -              |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                                | <b>1,346,259</b>      | <b>73,540</b>           | <b>138,190</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                                |                       |                         |                |
| 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              |
| 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                     |                |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Shrader  
 Program Code 89661/OP

Fur

| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | Client Program Fees | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 149,059</b> | <b>\$ 149,059</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 21,812         | \$ 21,812         |                     |                         |                         |
| Photocopying  | \$ -              |                   |                     |                         |                         |
| Program Supplies  | \$ 12,166         | \$ 10,118         | \$ 2,048            |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 33,978</b>  | <b>\$ 31,930</b>  | <b>\$ 2,048</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 2,469          | \$ 1,801          | \$ 668              |                         |                         |
| Insurance   | \$ 15,461         | \$ 13,061         | \$ 2,400            |                         |                         |
| Professional License  | \$ -              |                   |                     |                         |                         |
| Permits   | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 17,930</b>  | <b>\$ 14,862</b>  | <b>\$ 3,068</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 1,682          | \$ 1,682          |                     |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                     |                         |                         |
| Field Expenses  | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 1,682</b>   | <b>\$ 1,682</b>   | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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              |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 26,782</b>  | <b>\$ 19,898</b>  | <b>\$ 6,884</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ 40,858         | \$ 40,858         |                     |                         |                         |
| Linen   | \$ 2,215          | \$ 2,215          |                     |                         |                         |
| Prescriptions   | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>   | <b>\$ 43,073</b>  | <b>\$ 43,073</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 272,504</b> | <b>\$ 260,504</b> | <b>\$ 12,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |



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

|   |                                |                       |                         |                |
|---|--------------------------------|-----------------------|-------------------------|----------------|
| DHCS Legal Entity Number 00271                                |                                |                       |                         |                |
| Provider Name Progress Foundation                             |                                |                       |                         |                |
| Provider Number 38GM  |                                |                       |                         |                |
|   |                                |                       |                         | Fundir         |
| 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       |                |
| <b>FUNDING USES</b>   |                                |                       |                         |                |
| Salaries & Employee Benefits                                  | 1,173,750                      | 76,968                |                         |                |
| Operating Expenses  | 141,377                        |                       | 139,587                 |                |
| Capital Expenses  |                                |                       |                         |                |
| <b>Subtotal Direct Expenses</b>                               | <b>1,315,127</b>               | <b>76,968</b>         | <b>139,587</b>          |                |
| Indirect Expenses   | 121,539                        | 7,082                 | 12,842                  |                |
| <b>TOTAL FUNDING USES</b>                                     | <b>1,436,666</b>               | <b>84,050</b>         | <b>152,429</b>          |                |
| <b>BHS MENTAL HEALTH FUNDING SOURCE</b>                       | <b>Dept-Auth-Proj-Activity</b> |                       |                         |                |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001     | 616,599               | 42,025                  |                |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001     | 277,370               | 42,025                  | 152,429        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001     | 483,633               |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                                | <b>1,377,602</b>      | <b>84,050</b>           | <b>152,429</b> |
| <b>BHS SUD FUNDING SOURCES</b>                                | <b>Dept-Auth-Proj-Activity</b> |                       |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                                | -                     | -                       | -              |
| <b>OTHER DPH FUNDING SOURCES</b>                              | <b>Dept-Auth-Proj-Activity</b> |                       |                         |                |
| This row left blank for funding sources not in drop-down list |                                |                       |                         |                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                                | -                     | -                       | -              |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                                | <b>1,377,602</b>      | <b>84,050</b>           | <b>152,429</b> |
| <b>NON-DPH FUNDING SOURCES</b>                                |                                |                       |                         |                |
| Non DPH 3rd Party Patient/Client Fees                         | NA                             | 12,000                |                         |                |
| Revenue from use of ADU units by Non-DPH Entities             |                                | 47,064                |                         |                |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                                | <b>59,064</b>         | -                       | -              |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                                | <b>1,436,666</b>      | <b>84,050</b>           | <b>152,429</b> |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                                |                       |                         |                |
| 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              |
| 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                     |                |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Dore Residence  
 Program Code 38GM1/3

Fur

| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | Client Program Fees | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity |
|---|-------------------|-------------------|---------------------|-------------------------|-------------------------|
| <b>Funding Term</b>   | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 154,329</b> | <b>\$ 154,329</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 25,422         | \$ 25,422         |                     |                         |                         |
| Photocopying  | \$ -              |                   |                     |                         |                         |
| Program Supplies  | \$ 15,548         | \$ 10,714         | \$ 4,834            |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 40,970</b>  | <b>\$ 36,136</b>  | <b>\$ 4,834</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 2,522          | \$ 1,358          | \$ 1,164            |                         |                         |
| Insurance   | \$ 13,253         | \$ 8,217          | \$ 5,036            |                         |                         |
| Professional License  | \$ -              |                   |                     |                         |                         |
| Permits   | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 15,775</b>  | <b>\$ 9,575</b>   | <b>\$ 6,200</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 1,970          | \$ 1,970          |                     |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                     |                         |                         |
| Field Expenses  | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 1,970</b>   | <b>\$ 1,970</b>   | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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              |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 10,462</b>  | <b>\$ 9,496</b>   | <b>\$ 966</b>       | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ 52,042         | \$ 52,042         |                     |                         |                         |
| Linen   | \$ 5,416          | \$ 5,416          |                     |                         |                         |
| Prescriptions   | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>   | <b>\$ 57,458</b>  | <b>\$ 57,458</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 280,964</b> | <b>\$ 268,964</b> | <b>\$ 12,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                            |                         |                       |       |
|---|----------------------------|-------------------------|-----------------------|-------|
| DHCS Legal Entity Number 00271                                |                            |                         |                       |       |
| Provider Name <u>Progress Foundation</u>                      |                            |                         |                       |       |
| Provider Number <u>3809</u>                                   |                            |                         |                       |       |
|   |                            |                         |                       | Fundi |
| 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       |                       |       |
| <b>FUNDING USES</b>   |                            |                         |                       |       |
| Salaries & Employee Benefits                                  | 775,440                    |                         |                       |       |
| Operating Expenses  | 85,218                     | 144,718                 |                       |       |
| Capital Expenses  |                            |                         |                       |       |
| <b>Subtotal Direct Expenses</b>                               | <b>860,658</b>             | <b>144,718</b>          |                       | -     |
| Indirect Expenses   | 79,540                     | 13,314                  |                       |       |
| <b>TOTAL FUNDING USES</b>                                     | <b>940,198</b>             | <b>158,032</b>          |                       | -     |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 372,005                 |                       |       |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 201,550                 | 158,032               |       |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 311,272                 |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>884,827</b>          | <b>158,032</b>        | -     |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            | -                       | -                     | -     |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                            | -                       | -                     | -     |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>884,827</b>          | <b>158,032</b>        | -     |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                         |                       |       |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         | 30,000                  |                       |       |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 25,371                  |                       |       |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>55,371</b>           |                       | -     |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>940,198</b>          | <b>158,032</b>        | -     |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                         |                       |       |
| 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     |
| 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                      |                       |       |



Appendix B - DPH 4: Operating Expenses Detail

Program Name La Amistad  
 Program Code 38091/OP

Fu

| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Program Fees | 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          |                     |                         |                         |
| <b>Occupancy Total:</b>  | <b>\$ 105,121</b> | <b>\$ 105,121</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies  | \$ 12,031         | \$ 1,715          | \$ 10,316           |                         |                         |
| Photocopying   | \$ -              |                   |                     |                         |                         |
| Program Supplies   | \$ 13,899         | \$ 13,899         |                     |                         |                         |
| Computer Hardware/Software   | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 25,930</b>  | <b>\$ 15,614</b>  | <b>\$ 10,316</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development   | \$ 1,655          | \$ 61             | \$ 1,594            |                         |                         |
| Insurance  | \$ 7,783          | \$ 183            | \$ 7,600            |                         |                         |
| Professional License   | \$ -              |                   |                     |                         |                         |
| Permits  | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>  | <b>\$ 9,438</b>   | <b>\$ 244</b>     | <b>\$ 9,194</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel   | \$ 2,451          | \$ 2,451          |                     |                         |                         |
| Out-of-Town Travel   | \$ -              |                   |                     |                         |                         |
| Field Expenses   | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 2,451</b>   | <b>\$ 2,451</b>   | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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            |                         |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 38,385</b>  | <b>\$ 27,895</b>  | <b>\$ 10,490</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Food   | \$ 46,596         | \$ 46,596         |                     |                         |                         |
| Linen  | \$ 2,015          | \$ 2,015          |                     |                         |                         |
| Prescriptions  | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>  | <b>\$ 48,611</b>  | <b>\$ 48,611</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 229,936</b> | <b>\$ 199,936</b> | <b>\$ 30,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                            |                         |                       |       |
|---|----------------------------|-------------------------|-----------------------|-------|
| DHCS Legal Entity Number <u>00271</u>                         |                            |                         |                       |       |
| Provider Name <u>Progress Foundation</u>                      |                            |                         |                       |       |
| Provider Number <u>3863</u>                                   |                            |                         |                       |       |
|   |                            |                         |                       | Fundi |
| 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       |                       |       |
| <b>FUNDING USES</b>   |                            |                         |                       |       |
| Salaries & Employee Benefits                                  | 690,606                    |                         |                       |       |
| Operating Expenses  | 65,169                     | 123,476                 |                       |       |
| Capital Expenses  |                            |                         |                       |       |
| <b>Subtotal Direct Expenses</b>                               | <b>755,775</b>             | <b>123,476</b>          |                       |       |
| Indirect Expenses   | 69,846                     | 11,360                  |                       |       |
| <b>TOTAL FUNDING USES</b>                                     | <b>825,621</b>             | <b>134,836</b>          |                       |       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 327,365                 |                       |       |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 165,534                 | 134,836               |       |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 283,709                 |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>776,608</b>          | <b>134,836</b>        |       |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            | -                       | -                     | -     |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                            | -                       | -                     | -     |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>776,608</b>          | <b>134,836</b>        |       |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                         |                       |       |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         | 28,000                  |                       |       |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 21,013                  |                       |       |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>49,013</b>           |                       |       |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>825,621</b>          | <b>134,836</b>        |       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                         |                       |       |
| 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     |
| 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                      |                       |       |





Appendix B - DPH 4: Operating Expenses Detail

Program Name Cortland  
 Program Code 38631

Fu

| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Program Fees | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>  | <b>\$ 105,120</b> | <b>\$ 105,120</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies  | \$ 14,945         | \$ 14,945         |                     |                         |                         |
| Photocopying   | \$ -              |                   |                     |                         |                         |
| Program Supplies   | \$ 6,163          | \$ 1,109          | \$ 5,054            |                         |                         |
| Computer Hardware/Software   | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 21,108</b>  | <b>\$ 16,054</b>  | <b>\$ 5,054</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development   | \$ 2,060          | \$ 286            | \$ 1,774            |                         |                         |
| Insurance  | \$ 10,855         | \$ 1,219          | \$ 9,636            |                         |                         |
| Professional License   | \$ -              |                   |                     |                         |                         |
| Permits  | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>  | <b>\$ 12,915</b>  | <b>\$ 1,505</b>   | <b>\$ 11,410</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel   | \$ 526            | \$ 526            |                     |                         |                         |
| Out-of-Town Travel   | \$ -              |                   |                     |                         |                         |
| Field Expenses   | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 526</b>     | <b>\$ 526</b>     | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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            |                         |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 20,534</b>  | <b>\$ 8,198</b>   | <b>\$ 12,336</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Food   | \$ 26,892         | \$ 26,892         |                     |                         |                         |
| Linen  | \$ 1,550          | \$ 1,550          |                     |                         |                         |
| Prescriptions  | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>  | <b>\$ 28,442</b>  | <b>\$ 28,442</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 188,645</b> | <b>\$ 159,845</b> | <b>\$ 28,800</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                            |                         |                       |       |
|---|----------------------------|-------------------------|-----------------------|-------|
| DHCS Legal Entity Number <u>00271</u>                         |                            |                         |                       |       |
| Provider Name <u>Progress Foundation</u>                      |                            |                         |                       |       |
| Provider Number <u>3837</u>                                   |                            |                         |                       |       |
|   |                            |                         |                       | Funds |
| 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       |                       |       |
| <b>FUNDING USES</b>   |                            |                         |                       |       |
| Salaries & Employee Benefits                                  | 690,715                    |                         |                       |       |
| Operating Expenses  | 83,724                     | 58,095                  |                       |       |
| Capital Expenses  |                            |                         |                       |       |
| <b>Subtotal Direct Expenses</b>                               | <b>774,439</b>             | <b>58,095</b>           |                       |       |
| Indirect Expenses   | 71,546                     | 5,345                   |                       |       |
| <b>TOTAL FUNDING USES</b>                                     | <b>845,985</b>             | <b>63,440</b>           |                       |       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                         |                       |       |
| Dept-Auth-Proj-Activity                                       |                            |                         |                       |       |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 373,131                 |                       |       |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 139,452                 | 63,440                |       |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 282,321                 |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>794,904</b>          | <b>63,440</b>         |       |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                         |                       |       |
| Dept-Auth-Proj-Activity                                       |                            |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            |                         |                       |       |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                         |                       |       |
| Dept-Auth-Proj-Activity                                       |                            |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                            |                         |                       |       |
| <b>TOTAL DPH FUNDING SOURCES</b>                              | <b>794,904</b>             | <b>63,440</b>           |                       |       |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                         |                       |       |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         | 30,000                  |                       |       |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 21,081                  |                       |       |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>51,081</b>           |                       |       |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                | <b>845,985</b>             | <b>63,440</b>           |                       |       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                         |                       |       |
| 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     |
| 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                      |                       |       |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Progress House  
 Program Code 38371

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| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | Client Program Fees | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity |
|---|-------------------|-------------------|---------------------|-------------------------|-------------------------|
| <b>Funding Term</b>   | 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          |                     |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 31,205</b>  | <b>\$ 31,205</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 12,555         | \$ 7,955          | \$ 4,600            |                         |                         |
| Photocopying  | \$ -              |                   |                     |                         |                         |
| Program Supplies  | \$ 6,392          | \$ 56             | \$ 6,336            |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 18,947</b>  | <b>\$ 8,011</b>   | <b>\$ 10,936</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 2,097          | \$ 1,069          | \$ 1,028            |                         |                         |
| Insurance   | \$ 6,650          | \$ 150            | \$ 6,500            |                         |                         |
| Professional License  | \$ -              |                   |                     |                         |                         |
| Permits   | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 8,747</b>   | <b>\$ 1,219</b>   | <b>\$ 7,528</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 1,360          | \$ 1,360          |                     |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                     |                         |                         |
| Field Expenses  | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 1,360</b>   | <b>\$ 1,360</b>   | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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            |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 46,938</b>  | <b>\$ 35,402</b>  | <b>\$ 11,536</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ 32,359         | \$ 32,359         |                     |                         |                         |
| Linen   | \$ 2,263          | \$ 2,263          |                     |                         |                         |
| Prescriptions   | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>   | <b>\$ 34,622</b>  | <b>\$ 34,622</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 141,819</b> | <b>\$ 111,819</b> | <b>\$ 30,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                                |                         |                       |       |
|---|--------------------------------|-------------------------|-----------------------|-------|
| DHCS Legal Entity Number 00271                                |                                |                         |                       |       |
| Provider Name Progress Foundation                             |                                |                         |                       |       |
| Provider Number 8985  |                                |                         |                       |       |
|   |                                |                         |                       | Fundi |
| 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       |                       |       |
| <b>FUNDING USES</b>   |                                |                         |                       |       |
| Salaries & Employee Benefits                                  | 984,126                        |                         |                       |       |
| Operating Expenses  | 164,997                        | 80,643                  |                       |       |
| Capital Expenses  |                                |                         |                       |       |
| <b>Subtotal Direct Expenses</b>                               | <b>1,149,123</b>               | <b>80,643</b>           |                       |       |
| Indirect Expenses   | 106,159                        | 7,419                   |                       |       |
| <b>TOTAL FUNDING USES</b>                                     | <b>1,255,282</b>               | <b>88,062</b>           |                       |       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      | <b>Dept-Auth-Proj-Activity</b> |                         |                       |       |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001     | 509,434                 |                       |       |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001     | 99,058                  | 88,062                |       |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001     | 542,786                 |                       |       |
| This row left blank for funding sources not in drop-down list |                                |                         |                       |       |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                                | <b>1,151,278</b>        | <b>88,062</b>         |       |
| <b>BHS SUD FUNDING SOURCES</b>                                | <b>Dept-Auth-Proj-Activity</b> |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                                |                         |                       |       |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                                | -                       | -                     | -     |
| <b>OTHER DPH FUNDING SOURCES</b>                              | <b>Dept-Auth-Proj-Activity</b> |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                                |                         |                       |       |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                                | -                       | -                     | -     |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                                | <b>1,151,278</b>        | <b>88,062</b>         |       |
| <b>NON-DPH FUNDING SOURCES</b>                                |                                |                         |                       |       |
| Non DPH 3rd Party Patient/Client Fees                         | NA                             | 82,000                  |                       |       |
| Revenue from use of ADU units by Non-DPH Entities             |                                | 22,004                  |                       |       |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                                | <b>104,004</b>          |                       |       |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                                | <b>1,255,282</b>        | <b>88,062</b>         |       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                                |                         |                       |       |
| 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     |
| 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                      |                       |       |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Clay  
 Program Code 89851

Fu

| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | Client Program Fees | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity |
|---|-------------------|-------------------|---------------------|-------------------------|-------------------------|
| <b>Funding Term</b>   | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 103,264</b> | <b>\$ 103,264</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 17,949         | \$ 2,575          | \$ 15,374           |                         |                         |
| Photocopying  | \$ -              |                   |                     |                         |                         |
| Program Supplies  | \$ 21,314         | \$ 1,314          | \$ 20,000           |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 39,263</b>  | <b>\$ 3,889</b>   | <b>\$ 35,374</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 5,752          | \$ 3,188          | \$ 2,564            |                         |                         |
| Insurance   | \$ 14,431         | \$ 431            | \$ 14,000           |                         |                         |
| Professional License  | \$ -              |                   |                     |                         |                         |
| Permits   | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 20,183</b>  | <b>\$ 3,619</b>   | <b>\$ 16,564</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 2,325          | \$ 2,325          |                     |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                     |                         |                         |
| Field Expenses  | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 2,325</b>   | <b>\$ 2,325</b>   | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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               |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 45,418</b>  | <b>\$ 15,356</b>  | <b>\$ 30,062</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ 33,487         | \$ 33,487         |                     |                         |                         |
| Linen   | \$ 1,700          | \$ 1,700          |                     |                         |                         |
| Prescriptions   | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>   | <b>\$ 35,187</b>  | <b>\$ 35,187</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 245,640</b> | <b>\$ 163,640</b> | <b>\$ 82,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                            |                         |                       |       |
|---|----------------------------|-------------------------|-----------------------|-------|
| DHCS Legal Entity Number <u>00271</u>                         |                            |                         |                       |       |
| Provider Name <u>Progress Foundation</u>                      |                            |                         |                       |       |
| Provider Number <u>38GH</u>                                   |                            |                         |                       |       |
|   |                            |                         |                       | Fundi |
| 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       |                       |       |
| <b>FUNDING USES</b>   |                            |                         |                       |       |
| Salaries & Employee Benefits                                  | 920,954                    |                         |                       |       |
| Operating Expenses  | 193,378                    | 101,164                 |                       |       |
| Capital Expenses  |                            |                         |                       |       |
| <b>Subtotal Direct Expenses</b>                               | <b>1,114,332</b>           | <b>101,164</b>          |                       |       |
| Indirect Expenses   | 102,953                    | 9,307                   |                       |       |
| <b>TOTAL FUNDING USES</b>                                     | <b>1,217,285</b>           | <b>110,471</b>          |                       |       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 521,698                 |                       |       |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 7,913                   | 110,471               |       |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 587,179                 |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>1,116,790</b>        | <b>110,471</b>        |       |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            |                         |                       |       |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                         |                       |       |
|   | Dept-Auth-Proj-Activity    |                         |                       |       |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |       |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                            |                         |                       |       |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>1,116,790</b>        | <b>110,471</b>        |       |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                         |                       |       |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         | 82,000                  |                       |       |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 18,495                  |                       |       |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>100,495</b>          |                       |       |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>1,217,285</b>        | <b>110,471</b>        |       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                         |                       |       |
| 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     |
| 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                      |                       |       |





Appendix B - DPH 4: Operating Expenses Detail

Program Name Loso House  
 Program Code 38GH1

Fu

| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Program Fees | 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         |                     |                         |                         |
| <b>Occupancy Total:</b>  | <b>\$ 184,818</b> | <b>\$ 184,818</b> | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies  | \$ 25,920         | \$ 544            | \$ 25,376           |                         |                         |
| Photocopying   | \$ -              |                   |                     |                         |                         |
| Program Supplies   | \$ 11,742         | \$ 2,826          | \$ 8,916            |                         |                         |
| Computer Hardware/Software   | \$ -              |                   |                     |                         |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 37,662</b>  | <b>\$ 3,370</b>   | <b>\$ 34,292</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development   | \$ 13,544         | \$ 2,686          | \$ 10,858           |                         |                         |
| Insurance  | \$ 14,518         | \$ 168            | \$ 14,350           |                         |                         |
| Professional License   | \$ -              |                   |                     |                         |                         |
| Permits  | \$ -              |                   |                     |                         |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                     |                         |                         |
| <b>General Operating Total:</b>  | <b>\$ 28,062</b>  | <b>\$ 2,854</b>   | <b>\$ 25,208</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel   | \$ 879            | \$ 879            |                     |                         |                         |
| Out-of-Town Travel   | \$ -              |                   |                     |                         |                         |
| Field Expenses   | \$ -              |                   |                     |                         |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 879</b>     | <b>\$ 879</b>     | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| 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            |                         |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 23,237</b>  | <b>\$ 737</b>     | <b>\$ 22,500</b>    | <b>\$ -</b>             | <b>\$ -</b>             |
| Food   | \$ 18,332         | \$ 18,332         |                     |                         |                         |
| Linen  | \$ 1,552          | \$ 1,552          |                     |                         |                         |
| Prescriptions  | \$ -              |                   |                     |                         |                         |
| <b>Other Total:</b>  | <b>\$ 19,884</b>  | <b>\$ 19,884</b>  | <b>\$ -</b>         | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 294,542</b> | <b>\$ 212,542</b> | <b>\$ 82,000</b>    | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                                |                         |  |                |   |
|---|--------------------------------|-------------------------|--|----------------|---|
| DHCS Legal Entity Number 00271                                |                                |                         |  |                | A |
| Provider Name Progress Foundation                             |                                |                         |  |                |   |
| Provider Number 8984  |                                |                         |  |                |   |
|   |                                |                         |  | Funding I      |   |
| 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                                |                |   |
| <b>FUNDING USES</b>   |                                |                         |  |                |   |
| Salaries & Employee Benefits                                  | 492,360                        |                         | 405,859  |                |   |
| Operating Expenses  | 137,554                        | 102,078                 |  |                |   |
| Capital Expenses  |                                |                         |  |                |   |
| <b>Subtotal Direct Expenses</b>                               | <b>629,914</b>                 | <b>102,078</b>          | <b>405,859</b>                                   | -              |   |
| Indirect Expenses   | 85,552                         | 9,391                   | 10,146   |                |   |
| <b>TOTAL FUNDING USES</b>                                     | <b>715,466</b>                 | <b>111,469</b>          | <b>416,005</b>                                   | -              |   |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      | <b>Dept-Auth-Proj-Activity</b> |                         |  |                |   |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001     | 234,696                 |  |                |   |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001     | 133,794                 | 111,469  |                |   |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001     | 276,724                 |  |                |   |
| MH WO HSA Calworks  | 251962-10002-10001803-0014     | -                       |  | 405,859        |   |
| MH Adult County GF WO CODB                                    | 251984-10000-10001792-0001     | -                       |  | 10,146         |   |
| This row left blank for funding sources not in drop-down list |                                |                         |  |                |   |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                                | <b>645,214</b>          | <b>111,469</b>                                   | <b>416,005</b> |   |
| <b>BHS SUD FUNDING SOURCES</b>                                | <b>Dept-Auth-Proj-Activity</b> |                         |  |                |   |
|   |                                |                         |  |                |   |
|   |                                |                         |  |                |   |
| This row left blank for funding sources not in drop-down list |                                |                         |  |                |   |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                                | -                       | -  | -              |   |
| <b>OTHER DPH FUNDING SOURCES</b>                              | <b>Dept-Auth-Proj-Activity</b> |                         |  |                |   |
|   |                                |                         |  |                |   |
| This row left blank for funding sources not in drop-down list |                                |                         |  |                |   |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                                | -                       | -  | -              |   |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                                | <b>645,214</b>          | <b>111,469</b>                                   | <b>416,005</b> |   |
| <b>NON-DPH FUNDING SOURCES</b>                                |                                |                         |  |                |   |
| Non DPH 3rd Party Patient/Client Fees                         | NA                             | 30,000                  |  |                |   |
| Revenue from use of ADU units by Non-DPH Entities             |                                | 40,252                  |  |                |   |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                                | <b>70,252</b>           | -  | -              |   |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                                | <b>715,466</b>          | <b>111,469</b>                                   | <b>416,005</b> |   |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                                |                         |  |                |   |
| 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              |   |
| 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   |                |   |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Ashbury  
 Program Code 89841

Fu

| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Program Fees | HMHM-CALW-BH      | 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          |                         |
| <b>Occupancy Total:</b>  | <b>\$ 97,450</b>  | <b>\$ 93,814</b>  | <b>\$ -</b>         | <b>\$ 3,636</b>   | <b>\$ -</b>             |
| Office Supplies  | \$ 17,301         | \$ 17,301         |                     |                   |                         |
| Photocopying   | \$ -              |                   |                     |                   |                         |
| Program Supplies   | \$ 22,431         | \$ 13,649         | \$ 5,502            | \$ 3,280          |                         |
| Computer Hardware/Software   | \$ -              |                   |                     |                   |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 39,732</b>  | <b>\$ 30,950</b>  | <b>\$ 5,502</b>     | <b>\$ 3,280</b>   | <b>\$ -</b>             |
| Training/Staff Development   | \$ 2,144          | \$ 58             | \$ 2,086            |                   |                         |
| Insurance  | \$ 9,567          | \$ 899            | \$ 7,232            | \$ 1,436          |                         |
| Professional License   | \$ -              |                   |                     |                   |                         |
| Permits  | \$ -              |                   |                     |                   |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                     |                   |                         |
| <b>General Operating Total:</b>  | <b>\$ 11,711</b>  | <b>\$ 957</b>     | <b>\$ 9,318</b>     | <b>\$ 1,436</b>   | <b>\$ -</b>             |
| Local Travel   | \$ 292            | \$ 292            |                     |                   |                         |
| Out-of-Town Travel   | \$ -              |                   |                     |                   |                         |
| Field Expenses   | \$ -              |                   |                     |                   |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 292</b>     | <b>\$ 292</b>     | <b>\$ -</b>         | <b>\$ -</b>       | <b>\$ -</b>             |
| 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            |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 46,776</b>  | <b>\$ 29,802</b>  | <b>\$ 15,180</b>    | <b>\$ 1,794</b>   | <b>\$ -</b>             |
| Food   | \$ 42,122         | \$ 42,122         |                     |                   |                         |
| Linen  | \$ 1,549          | \$ 1,549          |                     |                   |                         |
| Prescriptions  | \$ -              |                   |                     |                   |                         |
| <b>Other Total:</b>  | <b>\$ 43,671</b>  | <b>\$ 43,671</b>  | <b>\$ -</b>         | <b>\$ -</b>       | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 239,632</b> | <b>\$ 199,486</b> | <b>\$ 30,000</b>    | <b>\$ 10,146</b>  | <b>\$ -</b>             |

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

|   |                            |                       |                         |         |
|---|----------------------------|-----------------------|-------------------------|---------|
| DHCS Legal Entity Number 00271                                |                            |                       |                         |         |
| Provider Name Progress Foundation                             |                            |                       |                         |         |
| Provider Number 8984  |                            |                       |                         |         |
|   |                            |                       |                         | Fundir  |
| 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       |         |
| <b>FUNDING USES</b>   |                            |                       |                         |         |
| Salaries & Employee Benefits                                  | 471,485                    | 303,306               |                         |         |
| Operating Expenses  | 44,857                     |                       | 144,003                 |         |
| Capital Expenses  |                            |                       |                         |         |
| <b>Subtotal Direct Expenses</b>                               | <b>516,342</b>             | <b>303,306</b>        | <b>144,003</b>          | -       |
| Indirect Expenses   | 47,859                     | 27,904                | 13,248                  |         |
| <b>TOTAL FUNDING USES</b>                                     | <b>564,201</b>             | <b>331,210</b>        | <b>157,251</b>          | -       |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                       |                         |         |
| Dept-Auth-Proj-Activity                                       |                            |                       |                         |         |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 233,404               | 142,100                 |         |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 73,805                | 52,530                  | 157,251 |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 189,730               | 136,580                 |         |
| This row left blank for funding sources not in drop-down list |                            |                       |                         |         |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                | <b>496,939</b>             | <b>331,210</b>        | <b>157,251</b>          | -       |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                       |                         |         |
| Dept-Auth-Proj-Activity                                       |                            |                       |                         |         |
| This row left blank for funding sources not in drop-down list |                            |                       |                         |         |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          | -                          | -                     | -                       | -       |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                       |                         |         |
| Dept-Auth-Proj-Activity                                       |                            |                       |                         |         |
| This row left blank for funding sources not in drop-down list |                            |                       |                         |         |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        | -                          | -                     | -                       | -       |
| <b>TOTAL DPH FUNDING SOURCES</b>                              | <b>496,939</b>             | <b>331,210</b>        | <b>157,251</b>          | -       |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                       |                         |         |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         | 30,000                |                         |         |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 37,262                |                         |         |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          | <b>67,262</b>              | -                     | -                       | -       |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                | <b>564,201</b>             | <b>331,210</b>        | <b>157,251</b>          | -       |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                       |                         |         |
| 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       |
| 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                      |         |



Appendix B - DPH 4: Operating Expenses Detail

Program Name Seniors-Rypins  
 Program Code 38531

Fu

| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Fees       | 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          |                   |                         |                         |
| <b>Occupancy Total:</b>  | <b>\$ 122,759</b> | <b>\$ 122,759</b> | <b>\$ -</b>       | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies  | \$ 7,424          | \$ 4,298          | \$ 3,126          |                         |                         |
| Photocopying   | \$ -              |                   |                   |                         |                         |
| Program Supplies   | \$ 6,206          | \$ 1,196          | \$ 5,010          |                         |                         |
| Computer Hardware/Software   | \$ -              |                   |                   |                         |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 13,630</b>  | <b>\$ 5,494</b>   | <b>\$ 8,136</b>   | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development   | \$ 1,768          | \$ 436            | \$ 1,332          |                         |                         |
| Insurance  | \$ 10,072         | \$ 334            | \$ 9,738          |                         |                         |
| Professional License   | \$ -              |                   |                   |                         |                         |
| Permits  | \$ -              |                   |                   |                         |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                   |                         |                         |
| <b>General Operating Total:</b>  | <b>\$ 11,840</b>  | <b>\$ 770</b>     | <b>\$ 11,070</b>  | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel   | \$ 3,123          | \$ 3,123          |                   |                         |                         |
| Out-of-Town Travel   | \$ -              |                   |                   |                         |                         |
| Field Expenses   | \$ -              |                   |                   |                         |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 3,123</b>   | <b>\$ 3,123</b>   | <b>\$ -</b>       | <b>\$ -</b>             | <b>\$ -</b>             |
| 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          |                   |                         |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 8,637</b>   | <b>\$ 6,843</b>   | <b>\$ 1,794</b>   | <b>\$ -</b>             | <b>\$ -</b>             |
| Food   | \$ 27,013         | \$ 27,013         |                   |                         |                         |
| Linen  | \$ 1,858          | \$ 1,858          |                   |                         |                         |
| Prescriptions  | \$ -              |                   |                   |                         |                         |
| <b>Other Total:</b>  | <b>\$ 28,871</b>  | <b>\$ 28,871</b>  | <b>\$ -</b>       | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 188,860</b> | <b>\$ 167,860</b> | <b>\$ 21,000</b>  | <b>\$ -</b>             | <b>\$ -</b>             |



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

|   |                            |                         |                       |        |
|---|----------------------------|-------------------------|-----------------------|--------|
| DHCS Legal Entity Number <u>00271</u>                         |                            |                         |                       |        |
| Provider Name <u>Progress Foundation</u>                      |                            |                         |                       |        |
| Provider Number <u>3854</u>                                   |                            |                         |                       |        |
|   |                            |                         |                       | Fundir |
| 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       |                       |        |
| <b>FUNDING USES</b>   |                            |                         |                       |        |
| Salaries & Employee Benefits                                  | 337,807                    |                         |                       |        |
| Operating Expenses  | 65,466                     | 58,331                  |                       |        |
| Capital Expenses  |                            |                         |                       |        |
| Subtotal Direct Expenses                                      | 403,273                    | 58,331                  | -                     | -      |
| Indirect Expenses   | 37,256                     | 5,366                   |                       |        |
| <b>TOTAL FUNDING USES</b>                                     | <b>440,529</b>             | <b>63,697</b>           | -                     | -      |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                         |                       |        |
| Dept-Auth-Proj-Activity                                       |                            |                         |                       |        |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 147,404                 |                       |        |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 151,627                 | 63,697                |        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 124,862                 |                       |        |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |        |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>423,893</b>          | <b>63,697</b>         | -      |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                         |                       |        |
| Dept-Auth-Proj-Activity                                       |                            |                         |                       |        |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |        |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            | -                       | -                     | -      |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                         |                       |        |
| Dept-Auth-Proj-Activity                                       |                            |                         |                       |        |
| This row left blank for funding sources not in drop-down list |                            |                         |                       |        |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                            | -                       | -                     | -      |
| <b>TOTAL DPH FUNDING SOURCES</b>                              | <b>423,893</b>             | <b>63,697</b>           | -                     | -      |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                         |                       |        |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         | 12,000                  |                       |        |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 4,636                   |                       |        |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>16,636</b>           | -                     | -      |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                | <b>440,529</b>             | <b>63,697</b>           | -                     | -      |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                         |                       |        |
| 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      |
| 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                      |                       |        |



**Appendix B - DPH 4: Operating Expenses Detail**

Program Name Seniors-Carroll  
 Program Code 38541

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| Expense Categories & Line Items  | TOTAL             | HMHMCC730515      | Client Fees       | 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          |                         |                         |
| <b>Occupancy Total:</b>  | <b>\$ 66,896</b>  | <b>\$ 60,440</b>  | <b>\$ 6,456</b>   | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies  | \$ 7,468          | \$ 2,958          | \$ 4,510          |                         |                         |
| Photocopying   | \$ -              |                   |                   |                         |                         |
| Program Supplies   | \$ 2,660          | \$ 520            | \$ 2,140          |                         |                         |
| Computer Hardware/Software   | \$ -              |                   |                   |                         |                         |
| <b>Materials &amp; Supplies Total:</b>   | <b>\$ 10,128</b>  | <b>\$ 3,478</b>   | <b>\$ 6,650</b>   | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development   | \$ 757            | \$ 142            | \$ 615            |                         |                         |
| Insurance  | \$ 4,317          | \$ 627            | \$ 3,690          |                         |                         |
| Professional License   | \$ -              |                   |                   |                         |                         |
| Permits  | \$ -              |                   |                   |                         |                         |
| Equipment Lease & Maintenance  | \$ -              |                   |                   |                         |                         |
| <b>General Operating Total:</b>  | <b>\$ 5,074</b>   | <b>\$ 769</b>     | <b>\$ 4,305</b>   | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel   | \$ 1,339          | \$ 723            | \$ 616            |                         |                         |
| Out-of-Town Travel   | \$ -              |                   |                   |                         |                         |
| Field Expenses   | \$ -              |                   |                   |                         |                         |
| <b>Staff Travel Total:</b>   | <b>\$ 1,339</b>   | <b>\$ 723</b>     | <b>\$ 616</b>     | <b>\$ -</b>             | <b>\$ -</b>             |
| 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            |                         |                         |
| <b>Consultant/Subcontractor Total:</b>   | <b>\$ 27,988</b>  | <b>\$ 25,015</b>  | <b>\$ 2,973</b>   | <b>\$ -</b>             | <b>\$ -</b>             |
| Food   | \$ 11,576         | \$ 11,576         |                   |                         |                         |
| Linen  | \$ 796            | \$ 796            |                   |                         |                         |
| Prescriptions  | \$ -              |                   |                   |                         |                         |
| <b>Other Total:</b>  | <b>\$ 12,372</b>  | <b>\$ 12,372</b>  | <b>\$ -</b>       | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>   | <b>\$ 123,797</b> | <b>\$ 102,797</b> | <b>\$ 21,000</b>  | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                            |                |      |        |
|---|----------------------------|----------------|------|--------|
| DHCS Legal Entity Number <u>00271</u>                         |                            |                |      |        |
| Provider Name <u>Progress Foundation</u>                      |                            |                |      |        |
| Provider Number <u>3838</u>                                   |                            |                |      |        |
|   |                            |                |      | Fundir |
| 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          |                |      |        |
| <b>FUNDING USES</b>   |                            |                |      |        |
| Salaries & Employee Benefits                                  | 544,002                    |                |      |        |
| Operating Expenses  | 245,565                    |                |      |        |
| Capital Expenses  |                            |                |      |        |
| <b>Subtotal Direct Expenses</b>                               | <b>789,567</b>             | -              | -    | -      |
| Indirect Expenses   | 67,002                     |                |      |        |
| <b>TOTAL FUNDING USES</b>                                     | <b>856,569</b>             | -              | -    | -      |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                            |                |      |        |
|   | Dept-Auth-Proj-Activity    |                |      |        |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001 | 318,198        |      |        |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001 | 195,655        |      |        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001 | 325,376        |      |        |
| This row left blank for funding sources not in drop-down list |                            |                |      |        |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                |                            | <b>839,229</b> | -    | -      |
| <b>BHS SUD FUNDING SOURCES</b>                                |                            |                |      |        |
|   | Dept-Auth-Proj-Activity    |                |      |        |
| This row left blank for funding sources not in drop-down list |                            |                |      |        |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          |                            | -              | -    | -      |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                            |                |      |        |
|   | Dept-Auth-Proj-Activity    |                |      |        |
| This row left blank for funding sources not in drop-down list |                            |                |      |        |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        |                            | -              | -    | -      |
| <b>TOTAL DPH FUNDING SOURCES</b>                              |                            | <b>839,229</b> | -    | -      |
| <b>NON-DPH FUNDING SOURCES</b>                                |                            |                |      |        |
| Non DPH 3rd Party Patient/Client Fees                         | NA                         |                |      |        |
| Revenue from use of ADU units by Non-DPH Entities             |                            | 17,340         |      |        |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          |                            | <b>17,340</b>  | -    | -      |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                |                            | <b>856,569</b> | -    | -      |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                            |                |      |        |
| 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      |
| 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                         |                |      |        |



Appendix B - DPH 4: Operating Expenses Detail

Program Name SLP  
 Program Code 3838OP

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| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | 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          |                         |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 51,321</b>  | <b>\$ 51,321</b>  | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 9,077          | \$ 9,077          |                         |                         |                         |
| Photocopying  | \$ -              |                   |                         |                         |                         |
| Program Supplies  | \$ 611            | \$ 611            |                         |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                         |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 9,688</b>   | <b>\$ 9,688</b>   | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 1,015          | \$ 1,015          |                         |                         |                         |
| Insurance   | \$ 6,453          | \$ 6,453          |                         |                         |                         |
| Professional License  | \$ -              |                   |                         |                         |                         |
| Permits   | \$ -              |                   |                         |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                         |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 7,468</b>   | <b>\$ 7,468</b>   | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 5,621          | \$ 5,621          |                         |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                         |                         |                         |
| Field Expenses  | \$ -              |                   |                         |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 5,621</b>   | <b>\$ 5,621</b>   | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| 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          |                         |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 5,128</b>   | <b>\$ 5,128</b>   | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ -              |                   |                         |                         |                         |
| Client Expense (Rent Subsidy net Client Pay)  | \$ 166,082        | \$ 166,082        |                         |                         |                         |
| Linen   | \$ 217            | \$ 217            |                         |                         |                         |
| Prescriptions   | \$ 40             | \$ 40             |                         |                         |                         |
| <b>Other Total:</b>   | <b>\$ 166,339</b> | <b>\$ 166,339</b> | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 245,565</b> | <b>\$ 245,565</b> | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |

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

|   |                               |           |      |        |
|---|-------------------------------|-----------|------|--------|
| DHCS Legal Entity Number <u>00271</u>                         |                               |           |      |        |
| Provider Name <u>Progress Foundation</u>                      |                               |           |      |        |
| Provider Number <u>3811</u>                                   |                               |           |      |        |
|   |                               |           |      | Fundir |
| Program Name  | Dore Clinic                   |           |      |        |
| Program Code  | 38112                         |           |      |        |
| Mode/SFC (MH) or Modality (SUD)                               | 10/25-29                      |           |      |        |
| Service Description   | DS-Crisis Stab<br>Urgent Care |           |      |        |
| Funding Term (mm/dd/yy-mm/dd/yy)                              | 07/01/18-06/30/19             |           |      |        |
| <b>FUNDING USES</b>   |                               |           |      |        |
| Salaries & Employee Benefits                                  | 2,523,746                     |           |      |        |
| Operating Expenses  | 368,596                       |           |      |        |
| Capital Expenses  |                               |           |      |        |
| Subtotal Direct Expenses                                      | 2,892,342                     | -         | -    | -      |
| Indirect Expenses   | 267,130                       |           |      |        |
| <b>TOTAL FUNDING USES</b>                                     | <b>3,159,472</b>              | -         | -    | -      |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>                      |                               |           |      |        |
| Dept-Auth-Proj-Activity                                       |                               |           |      |        |
| MH Adult Fed SDMC FFP (50%)                                   | 251984-10000-10001792-0001    | 1,463,534 |      |        |
| MH Adult County General Fund                                  | 251984-10000-10001792-0001    | 807,460   |      |        |
| MH Adult State 1991 MH Realignment                            | 251984-10000-10001792-0001    | 808,805   |      |        |
| This row left blank for funding sources not in drop-down list |                               |           |      |        |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>                | <b>3,079,799</b>              | -         | -    | -      |
| <b>BHS SUD FUNDING SOURCES</b>                                |                               |           |      |        |
| Dept-Auth-Proj-Activity                                       |                               |           |      |        |
| This row left blank for funding sources not in drop-down list |                               |           |      |        |
| <b>TOTAL BHS SUD FUNDING SOURCES</b>                          | <b>-</b>                      | -         | -    | -      |
| <b>OTHER DPH FUNDING SOURCES</b>                              |                               |           |      |        |
| Dept-Auth-Proj-Activity                                       |                               |           |      |        |
| This row left blank for funding sources not in drop-down list |                               |           |      |        |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                        | <b>-</b>                      | -         | -    | -      |
| <b>TOTAL DPH FUNDING SOURCES</b>                              | <b>3,079,799</b>              | -         | -    | -      |
| <b>NON-DPH FUNDING SOURCES</b>                                |                               |           |      |        |
| Non DPH 3rd Party Patient/Client Fees                         | NA                            |           |      |        |
| Revenue from use of ADU units by Non-DPH Entities             | 79,673                        |           |      |        |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                          | <b>79,673</b>                 | -         | -    | -      |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>                | <b>3,159,472</b>              | -         | -    | -      |
| <b>BHS UNITS OF SERVICE AND UNIT COST</b>                     |                               |           |      |        |
| 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      |
| 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                          |           |      |        |





Appendix B - DPH 4: Operating Expenses Detail

Program Name Dore Clinic  
 Program Code 38112

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| Expense Categories & Line Items   | TOTAL             | HMHMCC730515      | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity | Dept-Auth-Proj-Activity |
|---|-------------------|-------------------|-------------------------|-------------------------|-------------------------|
| <b>Funding Term</b>   | 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         |                         |                         |                         |
| <b>Occupancy Total:</b>   | <b>\$ 164,411</b> | <b>\$ 164,411</b> | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Office Supplies   | \$ 51,109         | \$ 51,109         |                         |                         |                         |
| Photocopying  | \$ -              |                   |                         |                         |                         |
| Program Supplies  | \$ 25,709         | \$ 25,709         |                         |                         |                         |
| Computer Hardware/Software  | \$ -              |                   |                         |                         |                         |
| <b>Materials &amp; Supplies Total:</b>  | <b>\$ 76,818</b>  | <b>\$ 76,818</b>  | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Training/Staff Development  | \$ 4,691          | \$ 4,691          |                         |                         |                         |
| Insurance   | \$ 23,041         | \$ 23,041         |                         |                         |                         |
| Professional License  | \$ -              |                   |                         |                         |                         |
| Permits   | \$ -              |                   |                         |                         |                         |
| Equipment Lease & Maintenance   | \$ -              |                   |                         |                         |                         |
| <b>General Operating Total:</b>   | <b>\$ 27,732</b>  | <b>\$ 27,732</b>  | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Local Travel  | \$ 595            | \$ 595            |                         |                         |                         |
| Out-of-Town Travel  | \$ -              |                   |                         |                         |                         |
| Field Expenses  | \$ -              |                   |                         |                         |                         |
| <b>Staff Travel Total:</b>  | <b>\$ 595</b>     | <b>\$ 595</b>     | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| 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         |                         |                         |                         |
| <b>Consultant/Subcontractor Total:</b>  | <b>\$ 45,741</b>  | <b>\$ 45,741</b>  | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| Food  | \$ 48,216         | \$ 48,216         |                         |                         |                         |
| Linen   | \$ 5,083          | \$ 5,083          |                         |                         |                         |
| Prescriptions   | \$ -              |                   |                         |                         |                         |
| <b>Other Total:</b>   | <b>\$ 53,299</b>  | <b>\$ 53,299</b>  | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |
| <b>TOTAL OPERATING EXPENSE</b>  | <b>\$ 368,596</b> | <b>\$ 368,596</b> | <b>\$ -</b>             | <b>\$ -</b>             | <b>\$ -</b>             |

**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: 388 Fell St., San Francisco, CA 94102

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

Funding Term: 07/01/2016 - 09/30/2019

PHP Division: Behavioral Health Services

**BHS**

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

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

| DELIVERABLES<br>Program Name/Repig. Unit<br>Modality/Mode # - Svc Func (see cov) | Total Contracted |         | Delivered THIS PERIOD |         | Unit Rate | AMOUNT DUE | Delivered to Date |         | % of TOTAL   |         | Remaining Deliverables |                            |
|--|------------------|---------|-----------------------|---------|-----------|------------|-------------------|---------|--------------|---------|------------------------|----------------------------|
|  | UDC              | CLIENTS | UDC                   | CLIENTS |           |            | UDC               | CLIENTS | UDC          | CLIENTS | UDC                    | CLIENTS                    |
| <b>B-1 La Posada (HMHMCC730516) 251984-10000-10001792-0001</b>                   |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/40 - 49 24-Hr Adult Crisis Residential PC# - 38081                            | 2,521            |         |                       |         | \$ 534.23 | \$ -       | 0.00%             |         | 0.00%        |         | 2,521.000              | 1,346,793.83               |
| 15/ 60 - 69 OP - Medication Support PC# - 3808OP                                 | 23,594           |         |                       |         | \$ 2.67   | \$ -       | 0.00%             |         | 0.00%        |         | 23,594.000             | 62,095.08                  |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38081                                | 2,521            |         |                       |         | \$ 33.49  | \$ -       | 0.00%             |         | 0.00%        |         | 2,521.000              | 84,428.29 \$ 1,494,218.10  |
| <b>B-2 La Amistad PC# - 38091</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 40 - 49 24-Hr Adult Residential  | 4,032            |         |                       |         | \$ 219.45 | \$ -       | 0.00%             |         | 0.00%        |         | 4,032.000              | 884,822.40                 |
| 60/ 40 - 49 SS-Life Support Bd & Care  | 4,032            |         |                       |         | \$ 39.19  | \$ -       | 0.00%             |         | 0.00%        |         | 4,032.000              | 158,014.08 \$ 1,042,836.48 |
| <b>B-1b Shradar</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 89681                           | 3,022            |         |                       |         | \$ 423.38 | \$ -       | 0.00%             |         | 0.00%        |         | 3,022.000              | 1,279,454.36               |
| 60/ 40 - 49 SS-Life Support - Bed & Care PC# - 89881                             | 3,022            |         |                       |         | \$ 45.73  | \$ -       | 0.00%             |         | 0.00%        |         | 3,022.000              | 138,196.08                 |
| 15/ 60 - 69 OP - Medication Support PC# - 3808OP                                 | 33,482           |         |                       |         | \$ 2.20   | \$ -       | 0.00%             |         | 0.00%        |         | 33,482.000             | 73,660.40 \$ 1,491,310.82  |
| <b>B-2b Progress House PC# - 38371</b>   |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential  | 3,104            |         |                       |         | \$ 256.09 | \$ -       | 0.00%             |         | 0.00%        |         | 3,104.000              | 794,903.36                 |
| 60/ 40 - 49 SS-Life Support Bd & Care  | 3,104            |         |                       |         | \$ 20.44  | \$ -       | 0.00%             |         | 0.00%        |         | 3,104.000              | 63,445.76 \$ 858,349.12    |
| <b>B-2a Ashbury PC# - 89841</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential  | 3,104            |         |                       |         | \$ 207.87 | \$ -       | 0.00%             |         | 0.00%        |         | 3,104.000              | 645,228.48                 |
| 60/ 40 - 49 SS-Life Support Bd & Care  | 3,104            |         |                       |         | \$ 35.91  | \$ -       | 0.00%             |         | 0.00%        |         | 3,104.000              | 111,464.84 \$ 756,693.12   |
| <b>B-2c Clay PC# - 89851</b>   |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential  | 4,964            |         |                       |         | \$ 231.93 | \$ -       | 0.00%             |         | 0.00%        |         | 4,964.000              | 1,161,300.52               |
| 60/ 40 - 49 SS-Life Support Bd & Care  | 4,964            |         |                       |         | \$ 17.74  | \$ -       | 0.00%             |         | 0.00%        |         | 4,964.000              | 88,061.36 \$ 1,239,361.88  |
| <b>B-2d Loaco House PC# - 89851</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential  | 4,344            |         |                       |         | \$ 257.09 | \$ -       | 0.00%             |         | 0.00%        |         | 4,344.000              | 1,116,788.96               |
| 60/ 40 - 49 Life Support Bd & Care   | 4,344            |         |                       |         | \$ 25.43  | \$ -       | 0.00%             |         | 0.00%        |         | 4,344.000              | 110,467.92 \$ 1,227,256.88 |
| <b>B-3 Seniors-Rypins</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 38531                                  | 1,862            |         |                       |         | \$ 286.88 | \$ -       | 0.00%             |         | 0.00%        |         | 1,862.000              | 498,830.56                 |
| 10/ 65 - 99 DS-Day Rehab Full Day PC# - 38532                                    | 4,120            |         |                       |         | \$ 80.39  | \$ -       | 0.00%             |         | 0.00%        |         | 4,120.000              | 331,206.80                 |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38531                                | 1,862            |         |                       |         | \$ 84.45  | \$ -       | 0.00%             |         | 0.00%        |         | 1,862.000              | 157,245.90 \$ 985,381.26   |
| <b>B-2a Cortland PC# - 38631</b>   |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential  | 3,104            |         |                       |         | \$ 250.20 | \$ -       | 0.00%             |         | 0.00%        |         | 3,104.000              | 776,820.80                 |
| 60/ 40 - 49 SS-Life Support Bd & Care  | 3,104            |         |                       |         | \$ 43.44  | \$ -       | 0.00%             |         | 0.00%        |         | 3,104.000              | 134,837.76 \$ 911,658.56   |
| <b>B-4 SLP PC# - 3838OP</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 15/ 10 - 57, 59 OP - MH Svcs   | 268,750          |         |                       |         | \$ 3.12   | \$ -       | 0.00%             |         | 0.00%        |         | 268,750.000            | 838,500.00 \$ 838,500.00   |
| <b>B-1a Avenues</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 38A41                           | 3,302            |         |                       |         | \$ 397.00 | \$ -       | 0.00%             |         | 0.00%        |         | 3,302.000              | 1,310,884.00               |
| 15/ 60 - 69 OP - Medication Support PC# - 38A43                                  | 29,642           |         |                       |         | \$ 3.12   | \$ -       | 0.00%             |         | 0.00%        |         | 29,642.000             | 89,383.04                  |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38A41                                | 3,302            |         |                       |         | \$ 39.17  | \$ -       | 0.00%             |         | 0.00%        |         | 3,302.000              | 129,339.34 \$ 1,529,597.38 |
| <b>B-3a Seniors-Carroll PC# 38541</b>  |                  |         |                       |         |           |            |                   |         |              |         |                        |                            |
| 05/ 65 - 79 24-Hr Adult Residential  | 1,862            |         |                       |         | \$ 227.65 | \$ -       | 0.00%             |         | 0.00%        |         | 1,862.000              | 423,884.30                 |
| 60/ 40 - 49 SS-Life Support Bd & Care  | 1,862            |         |                       |         | \$ 34.21  | \$ -       | 0.00%             |         | 0.00%        |         | 1,862.000              | 63,999.02 \$ 487,883.32    |
| <b>TOTAL</b>   | <b>429,030</b>   |         | <b>0.00%</b>          |         |           |            | <b>0.00%</b>      |         | <b>0.00%</b> |         | <b>429,030.000</b>     | <b>\$ 12,862,557.82</b>    |

|                                 |                  |                 |      |             |       |                  |                  |
|---------------------------------|------------------|-----------------|------|-------------|-------|------------------|------------------|
| Budget Amount                   | \$ 12,863,174.00 | Expense To Date | \$ - | % of Budget | 0.00% | Remaining Budget | \$ 12,863,174.00 |
| <b>SUBTOTAL AMOUNT DUE</b> \$   |                  | <b>NOTES:</b>   |      |             |       |                  |                  |
| Less: Initial Payment Recovery  |                  |                 |      |             |       |                  |                  |
| (For DPH Use) Other Adjustments |                  |                 |      |             |       |                  |                  |
| <b>NET REIMBURSEMENT</b> \$     |                  |                 |      |             |       |                  |                  |

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory Date

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

Appendix F  
PAGE A

Control Number

[ ]

INVOICE NUMBER: M04 JL 18

Ct.Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: MH WO HSA CALWORKS

Invoice Period : July 2018

Final Invoice: (Check if Yes)

ACE 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**

| 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<br>Program Name/Reptg. Unit<br>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-2e Ashbury PC# - 89841 - (HMHM-CALW-BH) 251984-10000-10001792-0001             |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
| 60 / 78 SS-Other Non-MediCal Client Support Exp                                  | 1,242            |         |                       |         | \$ 334.95 | \$ -       | 0.000             |         | 0.00%      |         | 1,242.000              |         |
|  |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
|  |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
|  |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
|  |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
|  |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
|  |                  |         |                       |         |           |            |                   |         |            |         |                        |         |
| <b>TOTAL</b>   | 1,242            |         | 0,000                 |         |           |            | 0,000             |         | 0.00%      |         | 1,242,000              |         |

|                      |               |                         |      |                    |       |                         |               |
|----------------------|---------------|-------------------------|------|--------------------|-------|-------------------------|---------------|
| <b>Budget Amount</b> | \$ 416,005.00 | <b>Expenses To Date</b> | \$ - | <b>% of Budget</b> | 0.00% | <b>Remaining Budget</b> | \$ 416,005.00 |
|----------------------|---------------|-------------------------|------|--------------------|-------|-------------------------|---------------|

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

NOTES:  
 HSA CALWORKS - 251962-10002-10001803-0014 - \$405,859.00  
 GF - WO CODB - 251984-10000-10001782-0001 - \$10,146.00

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Title: \_\_\_\_\_

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

DPH Authorization for Payment  
 \_\_\_\_\_  
 Authorized Signatory \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 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  
 Cl.Blanket No.: BPHM TBD  
 Cl. 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<br>Program Name/Reptg. Unit<br>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               | 1,377,820.50           |
| 15/ 60 - 69 OP - Medication Support PC# - 38GM3                                  | 36,398           |         |                       |         | \$ 2.31                | \$ -       | 0.000             |                         | 0.00%              |         | 36,398.000              | 84,176.33              |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38GM1                                | 3,953            |         |                       |         | \$ 38.56               | \$ -       | 0.000             |                         | 0.00%              |         | 3,953.000               | 152,427.63             |
| <b>TOTAL</b>   | <b>44,304</b>    |         | <b>0.000</b>          |         |                        |            | <b>0.000</b>      |                         | <b>0.00%</b>       |         | <b>44,304.000</b>       | <b>\$ 1,614,127.56</b> |
| <b>Budget Amount</b>   |                  |         |                       |         | <b>\$ 1,614,081.00</b> |            |                   |                         |                    |         |                         |                        |
|  |                  |         |                       |         |                        |            |                   | <b>Expenses To Date</b> | <b>% of Budget</b> |         | <b>Remaining Budget</b> |                        |
|  |                  |         |                       |         |                        |            |                   |                         | <b>0.00%</b>       |         | <b>\$ 1,614,081.00</b>  |                        |

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

**BHS**

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

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

PHP Division: Behavioral Health Services

INVOICE NUMBER: M07 JL 18  
 Ct. Blanket No.: BPHM TBD  
 User Cd  
 Cl. 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<br>Program Name/Replg. Unit<br>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<br>10/ 25 - 29 Crisis Stab Urgent Care   | 33,640               |         |                       |         | \$ 91.55               | \$ -       | 0.000             |         | 0.00%        |         | 33,640.000             |         |
| <b>TOTAL</b>   | <b>33,640</b>        |         | <b>0.000</b>          |         |                        |            | <b>0.000</b>      |         | <b>0.00%</b> |         | <b>33,640.000</b>      |         |
|  | <b>Budget Amount</b> |         |                       |         | <b>\$ 3,079,799.00</b> |            | <b>\$ -</b>       |         | <b>0.00%</b> |         | <b>\$ 3,079,799.00</b> |         |

\$ 3,079,742.00

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  
 380 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<br><br>ERNEST BROOMFIELD & ASSOCIATES<br>REHABILITATION & RECOVERY INSURANCE AGENCY, INC.<br>P.O. BOX 2153<br>SAN RAFAEL, CA 94912 | CONTACT NAME<br>MARY@EBASSOC.COM                                  |
|   | PHONE (A/C No, Ext): 415-272-0417      FAX (A/C No): 415-361-1303 |
| LOCAL ADDRESS:  |   |
| INSURER(S) AFFORDING COVERAGE      NAIC #   |   |
| INSURER A. AMERICAN STATES INS. CO.   |   |
| INSURER B. FIRST NATIONAL INS. CO. OF AMERICA   |   |
| INSURER C.  |   |
| INSURER D.  |   |
| INSURER E.  |   |
| INSURER F.  |   |

INSURED  
  
 PROGRESS FOUNDATION, INC.  
 366 FELL STREET  
 SAN FRANCISCO, CA 94102

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<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |           |          | 01C1888214    | 05/31/2018              | 05/31/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | AUTOMOBILE LIABILITY<br><input checked="" type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS<br>UMBRELLA LIAB <input type="checkbox"/> OCCUR<br>EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED      RETENTION \$ |           |          | 01CH403765    | 05/31/2018              | 05/31/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  |           |          |               |                         |                         | WC STAT. TORY LIMITS      OTHER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| B        | PROFESSIONAL LIABILITY  |           |          | 01C1888214    | 05/31/2018              | 05/31/2019              | \$1,000,000 OCC/\$3,000,000 AGG.  |
| C        | EMPLOYEE DISHONESTY   |           |          | 01C1888214    | 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<br><br>CITY & COUNTY OF SAN FRANCISCO<br>OFFICE OF CONTRACT MANAGEMENT & COMPLIANCE -DEPARTMENT OF PUBLIC HEALTH<br>1380 HOWARD STREET, RM 442 -4TH FLOOR<br>SAN FRANCISCO, CA 94103 ATTN: ANNALIE EUSEBIO | CANCELLATION<br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|---|---|

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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

|  |
|--|
| Name Of Additional Insured Person(s) Or Organization(s)  |
| City and County of San Francisco<br>Community Behavioral Health Services<br>1380 Howard Street, 4 <sup>th</sup> Floor<br>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<br>PROGRESS FOUNDATION, INC. | Countersigned by<br><br>(Authorized Representative) |

|  |
|--|
| Schedule   |
| Name of Person or Organization:  |
| City & County of San Francisco,<br>Its Officers, Agents & Employees<br>Community Behavioral Health Services<br>1380 Howard St., 4 <sup>th</sup> Floor<br>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

**City and County of San Francisco  
Office of Contract Administration  
Purchasing Division  
City Hall, Room 430  
1 Dr. Carlton B. Goodlett Place  
San Francisco, California 94102-4685**

**Agreement between the City and County of San Francisco and**

**Progress Foundation  
Contract ID: 1000010016**

This Agreement is made this 14th day of May, 2018, in the City and County of San Francisco, State of California, by and between Progress Foundation, 368 Fell Street, San Francisco, CA 94102 (“Contractor”) and City.

**Recitals**

WHEREAS, the Department of Public Health (“Department”) wishes to provide mental health services; and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 and a Request for Proposals (“RFP”) issued on October 27, 2017, in which City selected Contractor pursuant to the RFP; and

WHEREAS, there is no Local Business Entity (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, Contractor represents and warrants that it is qualified to perform the Services required by City as set forth under this Agreement; and

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

Now, THEREFORE, the parties agree as follows:

**Article 1 Definitions**

The following definitions apply to this Agreement:

1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."

1.3 "CMD" means the Contract Monitoring Division of the City.

"Contractor" or "Consultant" means Edgewood Center for Children and Families, 1801 Vicente Street, San Francisco, CA 94116.

1.4 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.

1.5 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.

1.6 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.

1.7 "Party" and "Parties" mean the City and Contractor either collectively or individually.

1.8 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

## **Article 2 Term of the Agreement**

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

## **Article 3 Financial Matters**

3.1 **Certification of Funds; Budget and Fiscal Provisions; Termination in the Event of Non-Appropriation.** This Agreement is subject to the budget and fiscal provisions of the City's Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City's obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

**THIS SECTION CONTROLS AGAINST ANY AND ALL OTHER PROVISIONS OF THIS AGREEMENT.**

3.2 **Guaranteed Maximum Costs.** The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 **Compensation.**

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

3.3.2 **Payment Limited to Satisfactory Services.** Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay at no cost to the City.

3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.

3.3.4 **Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6; or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 **Getting paid for goods and/or services from the City.**

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House

(ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit [www.sfgov.org/ach](http://www.sfgov.org/ach).

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

### 3.3.6 Grant Funded Contracts.

(a) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement between Contractor and City.

(b) Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.

**3.4 Audit and Inspection of Records.** Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not fewer than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any Federal agency having an interest in the subject matter of this Agreement shall have the same rights as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.

3.4.1 Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$750,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>.

If Contractor expends less than \$750,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

3.4.3 Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

3.5 **Submitting False Claims.** The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 **Reserved. (Payment of Prevailing Wages) Services and Resources**

3.7 **Services Contractor Agrees to Perform.** Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."

3.8 **Qualified Personnel.** Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

3.9 **Subcontracting.**

3.9.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on



the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

3.9.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below:

See Appendix B, Operating Expense Details pages for names of subcontractors

**3.10 Independent Contractor; Payment of Employment Taxes and Other Expenses.**

**3.10.1 Independent Contractor.** For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.

**3.10.2 Payment of Employment Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to

Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

3.11 **Assignment.** The Services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

3.12 **Warranty.** Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

3.13 **Reserved. Liquidated Damages.**

3.14 **Bonding Requirements.** The Contractor is required to furnish a performance bond on the form in a form acceptable to the City, in a sum of not less than \$3,700,000 of the annual amount of the contract to guarantee the faithful performance of this contract. The bond must be approved as to sufficiency and qualifications of the surety by the Controller.

#### **Article 4 Insurance and Indemnity**

##### **4.1 Insurance.**

4.1.1 **Required Coverages.** Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

(a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

(b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.

(c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

(d) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

(e) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of any Initial Payment included under this Agreement.

4.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

(a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

4.1.3 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

4.1.4 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

4.1.5 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

4.1.6 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

4.1.7 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

4.1.8 The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

4.1.9 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

4.2 **Indemnification.** Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as

set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor’s performance of this Agreement, including, but not limited to, Contractor’s use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either’s agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor’s performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City’s costs of investigating any claims against the City.

In addition to Contractor’s obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys’ fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor’s Services.

## **Article 5      Liability of the Parties**

**5.1            Liability of City.** CITY’S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, “PAYMENT,” OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT

**5.2            Liability for Use of Equipment.** City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.

**5.3            Liability for Incidental and Consequential Damages.** Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor’s acts or omissions.

## **Article 6      Payment of Taxes**

6.1            Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.

6.2            Contractor acknowledges that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

6.2.1        Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest.

6.2.2        Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

6.2.3        Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

6.2.4        Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

## **Article 7      Termination and Default**

### **7.1            Termination for Convenience**

7.1.1        City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

7.1.2        Upon receipt of the notice of termination, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third

parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

(a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.

(b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.

(c) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.

(d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.

(e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.

(f) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

7.1.3 Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:

(a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for Services. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

(b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

(c) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

(d) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the Services or other work.

7.1.4 In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs

relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under Section 8.1.3.

7.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor’s final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City’s estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.

7.1.6 City’s payment obligation under this Section shall survive termination of this Agreement.

**7.2 Termination for Default; Remedies.**

7.2.1 Each of the following shall constitute an immediate event of default (“Event of Default”) under this Agreement:

(a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

|           |                              |            |   |
|-----------|------------------------------|------------|---|
| 3.5       | Submitting False Claims.     | 10.10      | Alcohol and Drug-Free Workplace                                   |
| 4.5       | Assignment                   | 10.13      | Working with Minors   |
| Article 5 | Insurance and Indemnity      | 11.10      | Compliance with Laws  |
| Article 7 | Payment of Taxes             | 13.1       | Nondisclosure of Private, Proprietary or Confidential Information |
| 13.4      | Protected Health Information | Article 12 | Data and Security   |

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.

(c) Contractor (i) is generally not paying its debts as they become due; (ii) files, or consents by answer or otherwise to the filing against it of a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors’ relief law of any jurisdiction; (iii) makes an assignment for the benefit of its creditors; (iv) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor’s property; or (v) takes action for the purpose of any of the foregoing.

(d) A court or government authority enters an order (i) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor’s property, (ii) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors’ relief law of any jurisdiction or (iii) ordering the dissolution, winding-up or liquidation of Contractor.

7.2.2 On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.

7.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

7.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.

7.3 **Non-Waiver of Rights.** The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

7.4 **Rights and Duties upon Termination or Expiration.**

7.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

|           |  |       |   |
|-----------|--|-------|---|
| 3.3.2     | Payment Limited to Satisfactory Services           | 9.1   | Ownership of Results  |
| 3.3.7(a)  | Grant Funded Contracts - Disallowance              | 9.2   | Works for Hire  |
| 3.4       | Audit and Inspection of Records                    | 11.6  | Dispute Resolution Procedure                                      |
| 3.5       | Submitting False Claims                            | 11.7  | Agreement Made in California; Venue                               |
| Article 5 | Insurance and Indemnity                            | 11.8  | Construction  |
| 6.1       | Liability of City                                  | 11.9  | Entire Agreement  |
| 6.3       | Liability for Incidental and Consequential Damages | 11.10 | Compliance with Laws  |
| Article 7 | Payment of Taxes                                   | 11.11 | Severability  |
| 8.1.6     | Payment Obligation                                 | 13.1  | Nondisclosure of Private, Proprietary or Confidential Information |



|      |                              |               |                   |
|------|------------------------------|---------------|-------------------|
| 13.4 | Protected Health Information | Article<br>12 | Data and Security |
|------|------------------------------|---------------|-------------------|

7.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City.

## Article 8 Rights In Deliverables

8.1 **Ownership of Results.** Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

8.2 **Works for Hire.** If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

## Article 9 Additional Requirements Incorporated by Reference

9.1 **Laws Incorporated by Reference.** The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at [http://www.amlegal.com/codes/client/san-francisco\\_ca/](http://www.amlegal.com/codes/client/san-francisco_ca/)

9.2 **Conflict of Interest.** By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 *et seq.*), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 *et seq.*), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.

9.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits

funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

9.4 **Reserved.**

9.5 **Nondiscrimination Requirements**

9.5.1 **Non Discrimination in Contracts.** Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.

9.5.2 **Nondiscrimination in the Provision of Employee Benefits.** San Francisco Administrative Code 12B.2. Contractor does not as of the date of this Agreement, and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section 12B.2.

9.6 **Local Business Enterprise and Non-Discrimination in Contracting Ordinance.** Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.

9.7 **Minimum Compensation Ordinance.** Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.

9.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.

9.9 **First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.

9.10 **Alcohol and Drug-Free Workplace.** City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means

possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

**9.11 Limitations on Contributions.** By executing this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

**9.12 Reserved. (Slavery Era Disclosure)**

**9.13 Working with Minors.** In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

**9.14 Consideration of Criminal History in Hiring and Employment Decisions**

9.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T, "City Contractor/Subcontractor Consideration of Criminal History in Hiring and

Employment Decisions,” of the San Francisco Administrative Code (“Chapter 12T”), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

9.14.2 The requirements of Chapter 12T shall only apply to a Contractor’s or Subcontractor’s operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

9.15 **Public Access to Nonprofit Records and Meetings.** If Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

9.16 **Food Service Waste Reduction Requirements.** Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.

9.17 **Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

9.18 **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

9.19 **Reserved. (Preservative Treated Wood Products)**

## Article 10 General Provisions

10.1 **Notices to the Parties.** Unless otherwise indicated in this Agreement, all written communications sent by the Parties may be by U.S. mail or e-mail, and shall be addressed as follows:

To CITY: Office of Contract Management and  
Compliance  
Department of Public Health  
1380 Howard Street, Room 420B FAX: (415) 252-3088  
San Francisco, California 94103 e-mail: [annalie.eusebio@sfdph.org](mailto:annalie.eusebio@sfdph.org)

And: Elizabeth Davis, Program Manager

Contract Development and Technical Assistance

1380 Howard Street, 5<sup>th</sup> Floor  
San Francisco, CA 94103

FAX: (415) 255-3928  
e-mail: elizabeth.davis@sfdph.org

To CONTRACTOR: Steve Fields, Executive Director  
Progress Foundation  
368 Fell Street  
San Francisco, CA 94102

FAX: (415) 861-0257  
e-mail: sfields@progressfoundation.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

**10.2 Compliance with Americans with Disabilities Act.** Contractor shall provide the Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.

**10.3 Reserved. (Payment Card Industry ("PCI") Requirements)**

**10.4 Sunshine Ordinance.** Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.

**10.5 Modification of this Agreement.** This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).

**10.6 Dispute Resolution Procedure.**

**10.6.1 Negotiation; Alternative Dispute Resolution.** The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

10.6.2 **Government Code Claim Requirement.** No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.

10.6.3 **Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.

10.7 **Agreement Made in California; Venue.** The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

10.8 **Construction.** All paragraph captions are for reference only and shall not be considered in construing this Agreement.

10.9 **Entire Agreement.** This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."

10.10 **Compliance with Laws.** Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

10.11 **Severability.** Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

10.12 **Cooperative Drafting.** This Agreement has been drafted through a cooperative effort of City and Contractor, and both Parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No Party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the Party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

10.13 **Order of Precedence.** Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

## **Article 11 Department Specific Terms**

### **11.1 Third Party Beneficiaries.**

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

### **12.2 Certification Regarding Lobbying.**

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

### **12.3 Materials Review.**

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays on CONTRACTOR'S work, which may include review by members of target communities.

### **12.4 Emergency Response.**

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service site.

CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

## **Article 12 Data and Security**

### **12.1 Nondisclosure of Private, Proprietary or Confidential Information.**

12.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

12.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or confidential information.

### **12.2 Reserved.**

### **12.3 Business Associate Agreement.** The parties acknowledge that CONTRACTOR will:

#### **12.3.1 Do at least one or more of the following:**

A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or

B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

#### **A. Appendix E SFDPH Business Associate Agreement (BAA) (08-04-2017)**

##### **1. SFDPH Attestation 1 PRIVACY (06-07-2017)**



2. SFDPH Attestation 2 DATA SECURITY (06-07-2017), or

12.3.2  NOT do any of the activities listed above in subsection 1;  
Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

**This option requires review and approval from the SFDPH Office of Compliance and Privacy Affairs.**

12.4 **Protected Health Information.** Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

### **Article 13 MacBride And Signature**

13.1 **MacBride Principles -Northern Ireland.** The provisions of San Francisco Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

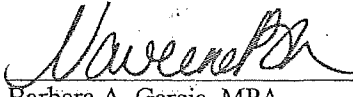
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.


CITY

CONTRACTOR

Recommended by:

Progress Foundation

 6/13/18  
Date  
Barbara A. Garcia, MPA  
Director of Health  
Department of Public Health

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

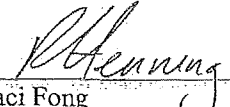
Supplier ID: 0000012820

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:  6/22/18  
Date  
Deputy City Attorney

Approved:

 7/13/18  
Date  
Jaci Fong  
Director of the Office of Contract Administration, and  
Purchaser

- A: Scope of Services
- B: Calculation of Charges
- C: Reserved (Insurance Waiver)
- D: Reserved (formerly "Additional Terms")
- E: SFDPH Protected Information Privacy & Security Agreement (PSA) & Attestations
- F: Invoice
- G: Dispute Resolution Procedure for Health and Human Services Nonprofit Contractors
- H: Privacy Policy Compliance Standards
- I: The Declaration of Compliance

Received By:  
JUN 28 '18 PM 1:17  
Purchasing Department

**Appendix A**  
**Scope of Services – DPH Behavioral Health Services**

**1. Terms**

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

- 2. Description of Services**  
**3. Services Provided by Attorneys**

**1. Terms**

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Sidney Lam, Program Manager, Contract Administrator for the City, or his designee.

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

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

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

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

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

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

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

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

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

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

J. Aerosol Transmissible Disease Program, Health and Safety:

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

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

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

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

K. Acknowledgment of Funding:

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

L. Client Fees and Third Party Revenue:

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

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to

increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

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

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

N. Patients' Rights:

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

O. Under-Utilization Reports:

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

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

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

V. Compliance with Grant Award Notices:

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

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

**2. Description of Services**

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1 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 & Day Treatment |
| Appendix A-3a | Seniors Program – Carroll House                |
| Appendix A-4  | Supported Living Program (SLP)                 |
| Appendix A-5  | Dore Street Clinic                             |

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



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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 1</b>                          |
| <b>ADUs</b>                            | <b>Contract Term: 7/1/18 through 12/31/18</b> |

1.

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 7<sup>th</sup> 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: 38GMI, 38GM3

Contractor Address: Progress Foundation  
 City, State, Zip Code: 368 Fell Street San Francisco, CA 94102  
 Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of  
 Clinical Services  
 Telephone: (415) 861-0828

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

New       Renewal       **Informal Modification One**

**3. Goal Statement**

The goal of the Acute Diversion Units (ADU's) 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

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 1</b>                          |
| <b>ADUs</b>                            | <b>Contract Term: 7/1/18 through 12/31/18</b> |
|  | <b>Funding Sources: (non-CBHS only):</b>      |

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

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 1</b>                          |
| <b>ADUs</b>                            | <b>Contract Term: 7/1/18 through 12/31/18</b> |
|  | <b>Funding Sources: (non-CBHS only):</b>      |

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.

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 1</b>                          |
| <b>ADUs</b>                            | <b>Contract Term: 7/1/18 through 12/31/18</b> |
|  | <b>Funding Sources: (non-CBHS only):</b>      |

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.

|  |   |
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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 1</b>                          |
| <b>ADUs</b>                            | <b>Contract Term: 7/1/18 through 12/31/18</b> |
|  | <b>Funding Sources: (non-CBHS only):</b>      |

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

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| Contractor: Progress Foundation | Appendix A- 1                          |
| ADUs                            | Contract Term: 7/1/18 through 12/31/18 |
|                                 | Funding Sources: (non-CBHS only):      |

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 FY17-18.

## 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.

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| Contractor: Progress Foundation | Appendix A- 1                          |
| ADUs                            | Contract Term: 7/1/18 through 12/31/18 |
|                                 | Funding Sources: (non-CBHS only):      |

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.**

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| Contractor: Progress Foundation             | Appendix A- 2                          |
| Transitional Residential Treatment Programs | Contract Term: 7/1/18 through 12/31/18 |

1.

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



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| Contractor: Progress Foundation             | Appendix A- 2                          |
| Transitional Residential Treatment Programs | Contract Term: 7/1/18 through 12/31/18 |

Contractor Address: Progress Foundation

City, State, Zip Code: 368 Fell Street San Francisco, CA 94102

Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of Clinical Services

Telephone: (415) 861-0828

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

New       Renewal       **Informal Modification One**

**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

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| <b>Contractor: Progress Foundation</b>             | <b>Appendix A- 2</b>                          |
| <b>Transitional Residential Treatment Programs</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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(ies)/Interventions**

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

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| <b>Contractor: Progress Foundation</b>             | <b>Appendix A- 2</b>                          |
| <b>Transitional Residential Treatment Programs</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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 decisions 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:

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| <b>Contractor: Progress Foundation</b>             | <b>Appendix A- 2</b>                          |
| <b>Transitional Residential Treatment Programs</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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.

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| Contractor: Progress Foundation             | Appendix A- 2                          |
| Transitional Residential Treatment Programs | Contract Term: 7/1/18 through 12/31/18 |

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 FY17-18.

## 8. Continuous Quality Assurance and 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

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| Contractor: Progress Foundation             | Appendix A- 2                          |
| Transitional Residential Treatment Programs | Contract Term: 7/1/18 through 12/31/18 |

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.**

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| <b>Contractor: Progress Foundation</b>   | <b>Appendix A- 3</b>                          |
| <b>Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

1.

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  
 Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of Clinical Services  
 Telephone: (415) 861-0828

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

New       Renewal       **Informal Modification One**

**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

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| <b>Contractor: Progress Foundation</b>   | <b>Appendix A- 3</b>                          |
| <b>Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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(ies)/Interventions**

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.



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| <b>Contractor: Progress Foundation</b>   | <b>Appendix A- 3</b>                          |
| <b>Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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.

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| Contractor: Progress Foundation   | Appendix A- 3                          |
| Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses | Contract Term: 7/1/18 through 12/31/18 |

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-terms 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

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| <b>Contractor: Progress Foundation</b>   | <b>Appendix A- 3</b>                          |
| <b>Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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

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| Contractor: Progress Foundation   | Appendix A- 3                          |
| Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses | Contract Term: 7/1/18 through 12/31/18 |

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18.

## 8. Continuous Quality Assurance and 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 are 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

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| <b>Contractor: Progress Foundation</b>   | <b>Appendix A- 3</b>                          |
| <b>Transitional Residential Treatment Program: Seniors Program - Rypins and Carroll Houses</b> | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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.**

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| Contractor: Progress Foundation | Appendix A-                            |
| Supported Living Program        | Contract Term: 7/1/18 through 12/31/18 |

**1.**

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  
 Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of Clinical Services  
 Telephone: (415) 861-0828

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

- New       Renewal       **Informal Modification One**

**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

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 4</b>                          |
| <b>Supported Living Program</b>        | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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(ies)/Interventions**

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

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 4</b>                          |
| <b>Supported Living Program</b>        | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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



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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 4</b>                          |
| <b>Supported Living Program</b>        | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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 FY17-18.

## 8. Continuous Quality Assurance and 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 are 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.

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| Contractor: Progress Foundation | Appendix A- 4                          |
| Supported Living Program        | Contract Term: 7/1/18 through 12/31/18 |

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.**

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 5</b>                          |
| <b>Dore Urgent Care Clinic</b>         | <b>Contract Term: 7/1/18 through 12/31/18</b> |

**1.**

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  
 Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of Clinical Services  
 Telephone: (415) 861-0828

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

- New       Renewal       **Informal Modification One**

**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 I 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(ies)/Interventions**

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| Contractor: Progress Foundation | Appendix A- 5                          |
| Dore Urgent Care Clinic         | Contract Term: 7/1/18 through 12/31/18 |

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.

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| Contractor: Progress Foundation | Appendix A- 5                          |
| Dore Urgent Care Clinic         | Contract Term: 7/1/18 through 12/31/18 |

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.

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| Contractor: Progress Foundation | Appendix A- 5                          |
| Dore Urgent Care Clinic         | Contract Term: 7/1/18 through 12/31/18 |

## 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.

## 8. Continuous Quality Assurance and 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 are 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

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| <b>Contractor: Progress Foundation</b> | <b>Appendix A- 5</b>                          |
| <b>Dore Urgent Care Clinic</b>         | <b>Contract Term: 7/1/18 through 12/31/18</b> |

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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



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

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

## 2. Program Budgets and Final Invoice

A. Program are listed below:

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

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Nine Million, Six Hundred and Forty-Five Thousand, Six Hundred and Ninety-One Dollars (\$9,645,691)** for the period of **January 1, 2018 through December 31, 2018**.

CONTRACTOR understands that, of this maximum dollar obligation, **\$1,033,467** 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 December 31, 2018                | \$        | 8,612,224        |
| Contingency   | \$        | 1,033,467        |
| <b>TOTAL - July 1, 2018 through December 31, 2018</b> | <b>\$</b> | <b>9,645,691</b> |

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.

**5. Adjustments Made by The City**

(1) Related to Federal and State Grants Administration:

Contractor understands and agrees to any reasonable adjustments to dates and amounts the City may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the City's Fiscal Year 17/18 budget and sources of revenue.

(2) Related to City's Current Fiscal Year Budget:

Contractor understands that the City may also need to adjust Appendix B, encumbrances of funds and related payments to Contractor in order to comply with the City's Fiscal Year 16/17 budget and sources of revenue, according to written notification provided to Contractor in Fiscal Year 17/18 Funding Notifications by the CITY.

**6. Revised Appendices A/Description of Services and B/Budget**

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, Department of Public Health Contract Budget Summary, Cost Reporting/Data Collection (CRDC), and Detail, based on the City's allocation of funding for services for the appropriate fiscal year, in compliance with the instructions of the Department of Public Health, including those instructions included in any Funding Notification letters. 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. Contractor understands, acknowledges and agrees that any Cost of Doing Business adjustment amount added to the attached (budget) by the City shall be assigned to specific budget items at such time that the Contractor submits this revised Appendix B.



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

|   |  |                       |                         |        |               |               |
|---|--|-----------------------|-------------------------|--------|---------------|---------------|
| H)/Contractor Name (SA) 00271   |  |                       |                         |        | Appendix #    | B-1           |
| Provider Name Progress Foundation   |  |                       |                         |        | Page #        | 1             |
| Provider Number 3808  |  |                       |                         |        | Fiscal Year   | 2018-19       |
|   |  |                       |                         |        | Document Date | 05/14/18      |
| Program Name  | La Posada                              | La Posada             | La Posada               |        |               |               |
| Program Code  | 38081                                  | 3808OP                | 38081                   |        |               |               |
| Mode/SFC (MH) or Modality (SA)  | 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)  | 07/01/18-12/31/18                      | 07/01/18-12/31/18     | 07/01/18-12/31/18       |        |               | TOTAL         |
| Salaries & Employee Benefits  | 513,092                                | 28,017                |                         |        |               | 541,109       |
| Operating Expenses  | 55,878                                 |                       | 38,512                  |        |               | 94,390        |
| Capital Expenses  | -                                      |                       |                         |        |               | -             |
| Subtotal Direct Expenses  | 568,970                                | 28,017                | 38,512                  | -      | -             | 635,499       |
| Indirect Expenses   | 50,114                                 | 2,733                 | 3,756                   |        |               | 56,603        |
| TOTAL FUNDING USES  | 619,084                                | 30,750                | 42,268                  | -      | -             | 692,102       |
| SOURCES   | Accounting Code (Index Code or Detail) |                       |                         |        |               |               |
|   | HMHMCC730515                           | \$ 241,392            | 10,250                  |        |               | 251,642       |
|   | HMHMCC730515                           | \$ 169,078            | 20,500                  | 42,268 |               | 231,846       |
|   | HMHMCC730515                           | \$ 202,614            |                         |        |               | 202,614       |
| not in drop-down list   |  |                       |                         |        |               |               |
| BHS MENTAL HEALTH FUNDING SOURCES   | 613,084                                | 30,750                | 42,268                  | -      | -             | 686,102       |
| SOURCES   | Accounting Code (Index Code or Detail) |                       |                         |        |               |               |
|   |  |                       |                         |        |               |               |
|   |  |                       |                         |        |               |               |
|   |  |                       |                         |        |               |               |
| not in drop-down list   |  |                       |                         |        |               |               |
| IS SUBSTANCE ABUSE FUNDING SOURCES  | -                                      | -                     | -                       | -      | -             | -             |
| SOURCES   | Accounting Code (Index Code or Detail) |                       |                         |        |               |               |
|   |  |                       |                         |        |               |               |
|   |  |                       |                         |        |               |               |
|   |  |                       |                         |        |               |               |
| not in drop-down list   |  |                       |                         |        |               |               |
| TOTAL OTHER DPH FUNDING SOURCES   | -                                      | -                     | -                       | -      | -             | -             |
| TOTAL DPH FUNDING SOURCES   | 613,084                                | 30,750                | 42,268                  | -      | -             | 686,102       |
|   |  |                       |                         |        |               |               |
| TOTAL NON-DPH FUNDING SOURCES   | 6,000                                  | -                     | -                       | -      | -             | 6,000         |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)   | 619,084                                | 30,750                | 42,268                  | -      | -             | 692,102       |
| COST  |  |                       |                         |        |               |               |
| Number of Beds Purchased (if applicable)  | 10                                     |                       |                         |        |               |               |
| Non-Res 33 - ODF # of Group Sessions (classes) for Medi-Cal Provider with Narcotic TX Program |  |                       |                         |        |               |               |
| Payment Method  | Fee-For-Service (FFS)                  | Fee-For-Service (FFS) | Fee-For-Service (FFS)   |        |               |               |
| DPH Units of Service  | 1,443                                  | 13,498                | 1,443                   |        |               |               |
| Unit Type   | Client Day                             | Staff Minute          | Client Full Day         | 0      | 0             |               |
| Rate - DPH Rate (DPH FUNDING SOURCES Only)  | \$ 424.87                              | \$ 2.28               | \$ 29.29                | \$ -   | \$ -          |               |
| Rate (DPH & Non-DPH FUNDING SOURCES)  | \$ 429.03                              | \$ 2.28               | \$ 29.29                | \$ -   | \$ -          |               |
| Published Rate (Medi-Cal Providers Only)  | \$ 650.00                              | \$ 9.00               |                         |        |               |               |
| Unduplicated Clients (UDC)  | 197                                    | 197                   | 197                     |        |               | Total UDC 197 |



Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-1  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515        | Client Program Fees | Accounting Code 3<br>(Index Code or Detail) | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|---------------------|---------------------|---|---|---|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18   | 07/01/18-12/31/18   |   |   |   |                                       |
| 7,364.00          | \$ 7,364.00         | \$ -                |   |   |   |                                       |
| 13,273.00         | \$ 13,273.00        | \$ -                |   |   |   |                                       |
| 8,275.00          | \$ 8,275.00         |                     |   |   |   |                                       |
| <b>28,912.00</b>  | <b>\$ 28,912.00</b> | <b>\$ -</b>         | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 8,827.00          | \$ 8,827.00         |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| 8,077.00          | \$ 7,116.00         | \$ 961.00           |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| <b>16,904.00</b>  | <b>\$ 15,943.00</b> | <b>\$ 961.00</b>    | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 1,308.00          | \$ 1,082.00         | \$ 226.00           |   |   |   |                                       |
| 5,527.00          | \$ 4,172.00         | \$ 1,355.00         |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| <b>6,835.00</b>   | <b>\$ 5,254.00</b>  | <b>\$ 1,581.00</b>  | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 1,067.00          | \$ 1,067.00         |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| <b>1,067.00</b>   | <b>\$ 1,067.00</b>  | <b>\$ -</b>         | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 18,438.00         | \$ 15,216.00        | \$ 3,222.00         |   |   |   |                                       |
| 3,037.00          | \$ 2,801.00         | \$ 236.00           |   |   |   |                                       |
| <b>21,475.00</b>  | <b>\$ 18,017.00</b> | <b>\$ 3,458.00</b>  | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 18,992.00         | \$ 18,992.00        |                     |   |   |   |                                       |
| 102.00            | \$ 102.00           |                     |   |   |   |                                       |
| 103.00            | \$ 103.00           |                     |   |   |   |                                       |
| <b>19,197.00</b>  | <b>\$ 19,197.00</b> | <b>\$ -</b>         | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| <b>94,390.00</b>  | <b>\$ 88,390.00</b> | <b>\$ 6,000.00</b>  | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |

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

| Agency (MH)/Contractor Name (SA) 00271                   |   |                       |                         |               | Appendix #    | B-1a                    |
|--|---|-----------------------|-------------------------|---------------|---------------|-------------------------|
| Provider Name Progress Foundation                        |   |                       |                         |               | Page #        | 1                       |
| Provider Number 38A4                                     |   |                       |                         |               | Fiscal Year   | 2018-19                 |
|  |   |                       |                         |               | Document Date | 05/14/18                |
| Program Name   | Avenues                                       | Avenues               | Avenues                 |               |               |                         |
| Program Code   | 38A41   | 38A43                 | 38A41                   |               |               |                         |
| Mode/SFC (MH) or Modality (SA)                           | 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)                       | 07/01/18-12/31/18                             | 07/01/18-12/31/18     | 07/01/18-12/31/18       |               |               | TOTAL                   |
| Salaries & Employee Benefits                             | 570,984                                       | 39,691                |                         |               |               | 610,675                 |
| Operating Expenses                                       | 53,382  |                       | 61,593                  |               |               | 114,975                 |
| Capital Expenses   |   |                       |                         |               |               | -                       |
| <b>Subtotal Direct Expenses</b>                          | <b>624,366</b>                                | <b>39,691</b>         | <b>61,593</b>           |               |               | <b>725,650</b>          |
| Indirect Expenses  | 54,717  | 3,872                 | 6,009                   |               |               | 64,598                  |
| <b>TOTAL FUNDING USES</b>                                | <b>679,083</b>                                | <b>43,563</b>         | <b>67,602</b>           |               |               | <b>790,248</b>          |
| <b>FUNDING SOURCES</b>                                   | <b>Accounting Code (Index Code or Detail)</b> |                       |                         |               |               |                         |
| Grant  | HMHMCC730515                                  | 316,191               | 10,250                  |               |               | 326,441                 |
| Fund   | HMHMCC730515                                  | 124,298               | 33,313                  | 67,602        |               | 225,213                 |
| Alignment  | HMHMCC730515                                  | 232,594               |                         |               |               | 232,594                 |
| sources not in drop-down list                            |   |                       |                         |               |               |                         |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>           |   | <b>673,083</b>        | <b>43,563</b>           | <b>67,602</b> |               | <b>784,248</b>          |
| <b>FUNDING SOURCES</b>                                   | <b>Accounting Code (Index Code or Detail)</b> |                       |                         |               |               |                         |
| sources not in drop-down list                            |   |                       |                         |               |               |                         |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>         |   | -                     | -                       | -             |               | -                       |
| <b>FUNDING SOURCES</b>                                   | <b>Accounting Code (Index Code or Detail)</b> |                       |                         |               |               |                         |
| sources not in drop-down list                            |   |                       |                         |               |               |                         |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                   |   | -                     | -                       | -             |               | -                       |
| <b>TOTAL DPH FUNDING SOURCES</b>                         |   | <b>673,083</b>        | <b>43,563</b>           | <b>67,602</b> |               | <b>784,248</b>          |
| <b>RESOURCES</b>   |   |                       |                         |               |               |                         |
| sources not in drop-down list                            |   |                       |                         |               |               |                         |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                     |   | 6,000                 |                         |               |               | 6,000                   |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                     |   | 6,000                 |                         |               |               | 6,000                   |
| <b>RESOURCES (DPH AND NON-DPH)</b>                       |   | <b>679,083</b>        | <b>43,563</b>           | <b>67,602</b> |               | <b>790,248</b>          |
| <b>UNIT COST</b>   |   |                       |                         |               |               |                         |
| Number of Beds Purchased (if applicable)                 |   | 12                    |                         |               |               |                         |
| Monthly - Non-Res 33 - ODF # of Group Sessions (classes) |   |                       |                         |               |               |                         |
| Capacity for Medi-Cal Provider with Narcotic Tx Program  |   |                       |                         |               |               |                         |
| Payment Method   | Fee-For-Service (FFS)                         | Fee-For-Service (FFS) | Fee-For-Service (FFS)   |               |               |                         |
| DPH Units of Service                                     | 1,834   | 15,912                | 1,834                   |               |               |                         |
| Unit Type  | Client Day                                    | Staff Minute          | Client Full Day         | 0             | 0             |                         |
| Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           | \$ 367.00                                     | \$ 2.74               | \$ 36.86                | \$ -          | \$ -          |                         |
| Contract Rate (DPH & Non-DPH FUNDING SOURCES)            | \$ 370.27                                     | \$ 2.74               | \$ 36.86                | \$ -          | \$ -          |                         |
| Published Rate (Medi-Cal Providers Only)                 | \$ 650.00                                     | \$ 9.00               |                         |               |               |                         |
| Unduplicated Clients (UDC)                               | 249   | 249                   |                         |               |               | <b>Total UDC</b><br>249 |



Appendix B - DPH 3: Salaries & Benefits Detail

| TOTAL         | HMHMCC730515  |                   | Accounting Code 2<br>(Index Code or Detail) |          | Accounting Code 3<br>(Index Code or Detail) |          | Accounting Code 4<br>(Index Code or Detail) |          | Accounting Code 5<br>(Index Code or Detail) |          | Accounting Code 6<br>(Index Code or Detail) |          |
|---------------|---------------|-------------------|---|----------|---|----------|---|----------|---|----------|---|----------|
|               | 1/18-12/31/18 | 07/01/18-12/31/18 | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| \$ 35,176.00  | 1.00          | \$ 35,176.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 54,597.00  | 2.00          | \$ 54,597.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 6,155.00   | 0.38          | \$ 6,155.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 245,312.00 | 11.50         | \$ 245,312.00     |   |          |   |          |   |          |   |          |   |          |
| \$ 43,459.00  | 0.50          | \$ 43,459.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 60,526.00  | 4.00          | \$ 60,526.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 5,091.00   | 0.08          | \$ 5,091.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 3,922.00   | 0.08          | \$ 3,922.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 3,430.00   | 0.08          | \$ 3,430.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 2,873.00   | 0.08          | \$ 2,873.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 3,057.00   | 0.08          | \$ 3,057.00       |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ -          |               | \$ -              |   |          |   |          |   |          |   |          |   |          |
| \$ 463,598.00 | 19.78         | \$ 463,598.00     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     |
| \$ 147,077.00 | 31.73%        | \$ 147,077.00     | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          |
| \$ 610,675.00 |               | \$ 610,675.00     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-1a  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515         | Client Program Fees | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|----------------------|---------------------|--|--|--|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18    | 07/01/18-12/31/18   |  |  |  |                                       |
| 28,715.00         | \$ 28,715.00         |                     |  |  |  |                                       |
| 13,831.00         | \$ 13,831.00         |                     |  |  |  |                                       |
| 5,660.00          | \$ 5,660.00          |                     |  |  |  |                                       |
| <b>48,206.00</b>  | <b>\$ 48,206.00</b>  | \$ -                | \$ -   | \$ -   |  |                                       |
| 9,961.00          | \$ 9,961.00          |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| 1,925.00          | \$ 768.00            | \$ 1,157.00         |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>11,886.00</b>  | <b>\$ 10,729.00</b>  | <b>\$ 1,157.00</b>  | \$ -   | \$ -   |  |                                       |
| 1,265.00          | \$ 993.00            | \$ 272.00           |  |  |  |                                       |
| 7,547.00          | \$ 6,304.00          | \$ 1,243.00         |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>8,812.00</b>   | <b>\$ 7,297.00</b>   | <b>\$ 1,515.00</b>  | \$ -   | \$ -   |  |                                       |
| 695.00            | \$ 695.00            |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>695.00</b>     | <b>\$ 695.00</b>     | \$ -                | \$ -   | \$ -   |  |                                       |
| 21,071.00         | \$ 17,958.00         | \$ 3,113.00         |  |  |  |                                       |
| 3,130.00          | \$ 2,915.00          | \$ 215.00           |  |  |  |                                       |
| <b>24,201.00</b>  | <b>\$ 20,873.00</b>  | <b>\$ 3,328.00</b>  | \$ -   | \$ -   |  |                                       |
| 21,014.00         | \$ 21,014.00         |                     |  |  |  |                                       |
| 92.00             | \$ 92.00             |                     |  |  |  |                                       |
| 69.00             | \$ 69.00             |                     |  |  |  |                                       |
| <b>21,175.00</b>  | <b>\$ 21,175.00</b>  | \$ -                | \$ -   | \$ -   |  |                                       |
| <b>114,975.00</b> | <b>\$ 108,975.00</b> | <b>\$ 6,000.00</b>  | \$ -   | \$ -   |  |                                       |

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

|  |  |                       |                         |        |               |               |
|--|--|-----------------------|-------------------------|--------|---------------|---------------|
| MH)/Contractor Name (SA) 00271   |  |                       |                         |        | Appendix #    | B-1b          |
| Provider Name Progress Foundation  |  |                       |                         |        | Page #        | 1             |
| Provider Number 8966   |  |                       |                         |        | Fiscal Year   | 2018-19       |
|  |  |                       |                         |        | Document Date | 05/14/18      |
| Program Name   | Shrader                                | Shrader               | Shrader                 |        |               |               |
| Program Code   | 89661                                  | 89661OP               | 89661                   |        |               |               |
| Mode/SFC (MH) or Modality (SA)   | 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)   | 07/01/18-12/31/18                      | 07/01/18-12/31/18     | 07/01/18-12/31/18       |        |               | TOTAL         |
| Salaries & Employee Benefits   | 512,672                                | 32,686                |                         |        |               | 545,358       |
| Operating Expenses   | 57,852                                 |                       | 74,432                  |        |               | 132,284       |
| Capital Expenses   |  |                       |                         |        |               | -             |
| Subtotal Direct Expenses   | 570,524                                | 32,686                | 74,432                  | -      | -             | 677,642       |
| Indirect Expenses  | 49,910                                 | 3,189                 | 7,261                   |        |               | 60,360        |
| TOTAL FUNDING USES   | 620,434                                | 35,875                | 81,693                  | -      | -             | 738,002       |
| FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                       |                         |        |               |               |
|  | HMHMCC730515                           | 247,411               | 17,938                  |        |               | 265,349       |
|  | HMHMCC730515                           | 151,684               | 17,937                  | 81,693 |               | 251,314       |
|  | HMHMCC730515                           | 215,339               |                         |        |               | 215,339       |
| Items not in drop-down list  |  |                       |                         |        |               |               |
| L BHS MENTAL HEALTH FUNDING SOURCES  |  | 614,434               | 35,875                  | 81,693 | -             | -             |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES  |  |                       |                         |        |               |               |
| Items not in drop-down list  |  |                       |                         |        |               |               |
| HS SUBSTANCE ABUSE FUNDING SOURCES   |  | -                     | -                       | -      | -             | -             |
| TOTAL HS SUBSTANCE ABUSE FUNDING SOURCES   |  |                       |                         |        |               |               |
| Items not in drop-down list  |  |                       |                         |        |               |               |
| TOTAL OTHER DPH FUNDING SOURCES  |  | -                     | -                       | -      | -             | -             |
| TOTAL DPH FUNDING SOURCES  |  |                       |                         |        |               |               |
| Items not in drop-down list  |  |                       |                         |        |               |               |
| TOTAL NON-DPH FUNDING SOURCES  |  | 6,000                 |                         |        |               | 6,000         |
| TOTAL NON-DPH FUNDING SOURCES  |  | 6,000                 | -                       | -      | -             | 6,000         |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)  |  | 620,434               | 35,875                  | 81,693 | -             | -             |
| UNIT COST  |  |                       |                         |        |               |               |
| Number of Beds Purchased (if applicable)   |  | 12                    |                         |        |               |               |
| Non-Res 33 - ODF # of Group Sessions (classes) by Medi-Cal Provider with Narcotic Tx Program |  |                       |                         |        |               |               |
| Payment Method   | Fee-For-Service (FFS)                  | Fee-For-Service (FFS) | Fee-For-Service (FFS)   |        |               |               |
| DPH Units of Service   | 1,694                                  | 18,768                | 1,694                   |        |               |               |
| Unit Type  | Client Day                             | Staff Minute          | Client Full Day         | 0      | 0             |               |
| Unit - DPH Rate (DPH FUNDING SOURCES Only)   | \$ 362.71                              | \$ 1.91               | \$ 48.22                | \$ -   | \$ -          |               |
| Unit - DPH & Non-DPH Rate (DPH & Non-DPH FUNDING SOURCES)                                    | \$ 366.25                              | \$ 1.91               | \$ 48.22                | \$ -   | \$ -          |               |
| Published Rate (Medi-Cal Providers Only)   | \$ 650.00                              | \$ 9.00               |                         |        |               |               |
| Unduplicated Clients (UDC)   | 249                                    | 249                   | 249                     |        |               | Total UDC 249 |

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-1b  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL | HMHMCC730515  |                   | Accounting Code 2<br>(Index Code or Detail) |       | Accounting Code 3<br>(Index Code or Detail) |       | Accounting Code 4<br>(Index Code or Detail) |       | Accounting Code 5<br>(Index Code or Detail) |       | Accounting Code 6<br>(Index Code or Detail) |       |          |
|-------|---------------|-------------------|---|-------|---|-------|---|-------|---|-------|---|-------|----------|
|       | 1/18-12/31/18 | 07/01/18-12/31/18 |   |       |   |       |   |       |   |       |   |       |          |
|       | Salaries      | FTE               | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries |
| \$    | 35,176.00     | 1.00              | \$ 35,176.00                                |       |   |       |   |       |   |       |   |       |          |
| \$    | 50,956.00     | 2.00              | \$ 50,956.00                                |       |   |       |   |       |   |       |   |       |          |
| \$    | 6,155.00      | 0.38              | \$ 6,155.00                                 |       |   |       |   |       |   |       |   |       |          |
| \$    | 232,923.00    | 11.00             | \$ 232,923.00                               |       |   |       |   |       |   |       |   |       |          |
| \$    | 39,004.00     | 0.38              | \$ 39,004.00                                |       |   |       |   |       |   |       |   |       |          |
| \$    | 32,636.00     | 1.88              | \$ 32,636.00                                |       |   |       |   |       |   |       |   |       |          |
| \$    | 4,923.00      | 0.07              | \$ 4,923.00                                 |       |   |       |   |       |   |       |   |       |          |
| \$    | 3,792.00      | 0.08              | \$ 3,792.00                                 |       |   |       |   |       |   |       |   |       |          |
| \$    | 3,316.00      | 0.08              | \$ 3,316.00                                 |       |   |       |   |       |   |       |   |       |          |
| \$    | 2,777.00      | 0.08              | \$ 2,777.00                                 |       |   |       |   |       |   |       |   |       |          |
| \$    | 2,956.00      | 0.08              | \$ 2,956.00                                 |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | -             |                   |   |       |   |       |   |       |   |       |   |       |          |
| \$    | 414,614.00    | 17.03             | \$ 414,614.00                               | 0.00  | \$ -  | 0.00  | \$ -  | 0.00  | \$ -  | 0.00  | \$ -  | 0.00  | \$ -     |
| \$    | 130,744.00    | 31.53%            | \$ 130,744.00                               | 0.00% |   | 0.00% |   | 0.00% |   | 0.00% |   | 0.00% |          |
| \$    | 545,358.00    |                   | \$ 545,358.00                               |       | \$ -  |       | \$ -  |       | \$ -  |       | \$ -  |       | \$ -     |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-1b  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515         | Client Program Fees | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|----------------------|---------------------|--|--|--|---------------------------------------|
|                   | 01/01/18-06/30/18    | 01/01/18-06/30/18   | 01/01/18-06/30/18                              |  |  |                                       |
| 45,752.00         | \$ 45,752.00         |                     |  |  |  |                                       |
| 15,518.00         | \$ 15,518.00         |                     |  |  |  |                                       |
| 2,700.00          | \$ 2,700.00          |                     |  |  |  |                                       |
| <b>63,970.00</b>  | <b>\$ 63,970.00</b>  | \$ -                | \$ -   | \$ -   |  |                                       |
| 14,572.00         | \$ 14,572.00         |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| 9,090.00          | \$ 8,066.00          | \$ 1,024.00         |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>23,662.00</b>  | <b>\$ 22,638.00</b>  | <b>\$ 1,024.00</b>  | \$ -   | \$ -   |  |                                       |
| 1,392.00          | \$ 1,058.00          | \$ 334.00           |  |  |  |                                       |
| 5,736.00          | \$ 4,536.00          | \$ 1,200.00         |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>7,128.00</b>   | <b>\$ 5,594.00</b>   | <b>\$ 1,534.00</b>  | \$ -   | \$ -   |  |                                       |
| 1,220.00          | \$ 1,220.00          |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>1,220.00</b>   | <b>\$ 1,220.00</b>   | \$ -                | \$ -   | \$ -   |  |                                       |
| 16,544.00         | \$ 13,334.00         | \$ 3,210.00         |  |  |  |                                       |
| 2,826.00          | \$ 2,594.00          | \$ 232.00           |  |  |  |                                       |
| <b>19,370.00</b>  | <b>\$ 15,928.00</b>  | <b>\$ 3,442.00</b>  | \$ -   | \$ -   |  |                                       |
| 16,601.00         | \$ 16,601.00         |                     |  |  |  |                                       |
| 256.00            | \$ 256.00            |                     |  |  |  |                                       |
| 77.00             | \$ 77.00             |                     |  |  |  |                                       |
| <b>16,934.00</b>  | <b>\$ 16,934.00</b>  | \$ -                | \$ -   | \$ -   |  |                                       |
| <b>132,284.00</b> | <b>\$ 126,284.00</b> | <b>\$ 6,000.00</b>  | \$ -   | \$ -   |  |                                       |

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

| MH)/Contractor Name (SA) 00271                  |  |                       |                         |               | Appendix #    | B-1c     |                  |
|---|--|-----------------------|-------------------------|---------------|---------------|----------|------------------|
| Provider Name Progress Foundation               |  |                       |                         |               | Page #        | 1        |                  |
| Provider Number 38GM                            |  |                       |                         |               | Fiscal Year   | 2018-19  |                  |
|   |  |                       |                         |               | Document Date | 05/14/18 |                  |
| Program Name                                    | Dore Residence                         | Dore Residence        | Dore Residence          |               |               |          |                  |
| Program Code                                    | 38GM1                                  | 38GM3                 | 38GM1                   |               |               |          |                  |
| Mode/SFC (MH) or Modality (SA)                  | 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)              | 07/01/18-12/31/18                      | 07/01/18-12/31/18     | 07/01/18-12/31/18       |               |               |          | <b>TOTAL</b>     |
| Salaries & Employee Benefits                    | 588,725                                | 37,356                |                         |               |               |          | 626,081          |
| Operating Expenses                              | 45,578                                 |                       | 85,864                  |               |               |          | 131,442          |
| Capital Expenses                                |  |                       |                         |               |               |          | -                |
| <b>Subtotal Direct Expenses</b>                 | <b>634,303</b>                         | <b>37,356</b>         | <b>85,864</b>           |               | -             | -        | <b>757,523</b>   |
| Indirect Expenses                               | 55,426                                 | 3,644                 | 8,376                   |               |               |          | 67,446           |
| <b>TOTAL FUNDING USES</b>                       | <b>689,729</b>                         | <b>41,000</b>         | <b>94,240</b>           |               | -             | -        | <b>824,969</b>   |
| FUNDING SOURCES                                 | Accounting Code (Index Code or Detail) |                       |                         |               |               |          |                  |
|   | HMHMCC730515                           | 308,812               | 20,500                  |               |               |          | 329,312          |
|   | HMHMCC730515                           | 133,100               | 20,500                  | 94,240        |               |          | 247,840          |
|   | HMHMCC730515                           | 241,817               |                         |               |               |          | 241,817          |
| Items not in drop-down list                     |  |                       |                         |               |               |          | -                |
| <b>L BHS MENTAL HEALTH FUNDING SOURCES</b>      |  | <b>683,729</b>        | <b>41,000</b>           | <b>94,240</b> | -             | -        | <b>818,969</b>   |
| FUNDING SOURCES                                 | Accounting Code (Index Code or Detail) |                       |                         |               |               |          |                  |
| Items not in drop-down list                     |  |                       |                         |               |               |          | -                |
| <b>LHS SUBSTANCE ABUSE FUNDING SOURCES</b>      |  | -                     | -                       | -             | -             | -        | -                |
| FUNDING SOURCES                                 | Accounting Code (Index Code or Detail) |                       |                         |               |               |          |                  |
| Items not in drop-down list                     |  |                       |                         |               |               |          | -                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>          |  | -                     | -                       | -             | -             | -        | -                |
| <b>TOTAL DPH FUNDING SOURCES</b>                |  | <b>683,729</b>        | <b>41,000</b>           | <b>94,240</b> | -             | -        | <b>818,969</b>   |
|   |  | 6,000                 |                         |               |               |          | 6,000            |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>            |  | <b>6,000</b>          | -                       | -             | -             | -        | <b>6,000</b>     |
| <b>FUNDING USES (DPH AND NON-DPH)</b>           |  | <b>689,729</b>        | <b>41,000</b>           | <b>94,240</b> | -             | -        | <b>824,969</b>   |
| <b>UNIT COST</b>                                |  |                       |                         |               |               |          |                  |
| Number of Beds Purchased (if applicable)        |  | 14                    |                         |               |               |          |                  |
| Non-Res 33 - ODF # of Group Sessions (classes)  |  |                       |                         |               |               |          |                  |
| Payment Method                                  | Fee-For-Service (FFS)                  | Fee-For-Service (FFS) | Fee-For-Service (FFS)   |               |               |          |                  |
| DPH Units of Service                            | 2,160                                  | 19,890                | 2,160                   |               |               |          |                  |
| Unit Type                                       | Client Day                             | Staff Minute          | Client Full Day         | 0             | 0             |          |                  |
| Unit - DPH Rate (DPH FUNDING SOURCES Only)      | \$ 316.54                              | \$ 2.06               | \$ 43.63                | \$ -          | \$ -          |          |                  |
| Unit - DPH Rate (DPH & Non-DPH FUNDING SOURCES) | \$ 319.32                              | \$ 2.06               | \$ 43.63                | \$ -          | \$ -          |          |                  |
| Published Rate (Medi-Cal Providers Only)        | \$ 650.00                              | \$ 9.00               |                         |               |               |          | <b>Total UDC</b> |
| Unduplicated Clients (UDC)                      | 275                                    | 275                   | 275                     |               |               |          | 275              |



Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-1c  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515         | Client Program Fees | Accounting Code 3<br>(Index Code or Detail) | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|----------------------|---------------------|---|---|---|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18    | 07/01/18-12/31/18   |   |   |   |                                       |
| 46,227.00         | \$ 46,227.00         |                     |   |   |   |                                       |
| 11,640.00         | \$ 11,640.00         |                     |   |   |   |                                       |
| 9,191.00          | \$ 9,191.00          |                     |   |   |   |                                       |
| <b>67,058.00</b>  | <b>\$ 67,058.00</b>  | \$ -                | \$ -  | \$ -  |   |                                       |
| 12,371.00         | \$ 12,371.00         |                     |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| 7,844.00          | \$ 5,427.00          | \$ 2,417.00         |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| <b>20,215.00</b>  | <b>\$ 17,798.00</b>  | <b>\$ 2,417.00</b>  | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 1,491.00          | \$ 909.00            | \$ 582.00           |   |   |   |                                       |
| 7,873.00          | \$ 5,355.00          | \$ 2,518.00         |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| <b>9,364.00</b>   | <b>\$ 6,264.00</b>   | <b>\$ 3,100.00</b>  | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 997.00            | \$ 997.00            |                     |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| <b>997.00</b>     | <b>\$ 997.00</b>     | <b>\$ -</b>         | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 3,495.00          | \$ 3,012.00          | \$ 483.00           |   |   |   |                                       |
| -                 |                      |                     |   |   |   |                                       |
| <b>3,495.00</b>   | <b>\$ 3,012.00</b>   | <b>\$ 483.00</b>    | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| 29,790.00         | \$ 29,790.00         |                     |   |   |   |                                       |
| 333.00            | \$ 333.00            |                     |   |   |   |                                       |
| 190.00            | \$ 190.00            |                     |   |   |   |                                       |
| <b>30,313.00</b>  | <b>\$ 30,313.00</b>  | <b>\$ -</b>         | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |
| <b>131,442.00</b> | <b>\$ 125,442.00</b> | <b>\$ 6,000.00</b>  | <b>\$ -</b>                                 | <b>\$ -</b>                                 |   |                                       |



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

|   |  |                         |        |      |      |   |               |          |
|---|--|-------------------------|--------|------|------|---|---------------|----------|
| H)/Contractor Name (SA) 00271   |  |                         |        |      |      |   | Appendix #    | B-2      |
| Provider Name Progress Foundation   |  |                         |        |      |      |   | Page #        | 1        |
| Provider Number 3809  |  |                         |        |      |      |   | Fiscal Year   | 2018-19  |
|   |  |                         |        |      |      |   | Document Date | 05/14/18 |
| Program Name  | La Amistad                             | La Amistad              |        |      |      |   |               |          |
| Program Code  | 38091                                  | 38091                   |        |      |      |   |               |          |
| Mode/SFC (MH) or Modality (SA)  | 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)  | 07/01/18-12/31/18                      | 07/01/18-12/31/18       |        |      |      |   | TOTAL         |          |
| Salaries & Employee Benefits  | 347,294                                |                         |        |      |      |   | 347,294       |          |
| Operating Expenses  | 31,154                                 | 60,820                  |        |      |      |   | 91,974        |          |
| Capital Expenses  |  |                         |        |      |      |   | -             |          |
| Subtotal Direct Expenses  | 378,448                                | 60,820                  | -      | -    | -    | - | 439,268       |          |
| Indirect Expenses   | 33,186                                 | 5,933                   |        |      |      |   | 39,119        |          |
| TOTAL FUNDING USES  | 411,634                                | 66,753                  | -      | -    | -    | - | 478,387       |          |
| SOURCES   | Accounting Code (Index Code or Detail) |                         |        |      |      |   |               |          |
|   | HMHMCC730515                           | 186,002                 |        |      |      |   | 186,002       |          |
|   | HMHMCC730515                           | 54,996                  | 66,753 |      |      |   | 121,749       |          |
|   | HMHMCC730515                           | 155,636                 |        |      |      |   | 155,636       |          |
| BHS MENTAL HEALTH FUNDING SOURCES   |  | 396,634                 | 66,753 | -    | -    | - | 463,387       |          |
| SOURCES   | Accounting Code (Index Code or Detail) |                         |        |      |      |   |               |          |
|   |  |                         |        |      |      |   |               |          |
|   |  |                         |        |      |      |   |               |          |
|   |  |                         |        |      |      |   |               |          |
| SIS SUBSTANCE ABUSE FUNDING SOURCES   |  | -                       | -      | -    | -    | - | -             |          |
| SOURCES   | Accounting Code (Index Code or Detail) |                         |        |      |      |   |               |          |
|   |  |                         |        |      |      |   |               |          |
|   |  |                         |        |      |      |   |               |          |
|   |  |                         |        |      |      |   |               |          |
| TOTAL OTHER DPH FUNDING SOURCES   |  | -                       | -      | -    | -    | - | -             |          |
| TOTAL DPH FUNDING SOURCES   |  | 396,634                 | 66,753 | -    | -    | - | 463,387       |          |
| TOTAL NON-DPH FUNDING SOURCES   |  | 15,000                  | -      | -    | -    | - | 15,000        |          |
| TOTAL (DPH AND NON-DPH)   |  | 411,634                 | 66,753 | -    | -    | - | 478,387       |          |
| COST  |  |                         |        |      |      |   |               |          |
| Number of Beds Purchased (if applicable)  |  | 13                      |        |      |      |   |               |          |
| Non-Res 33 - ODF # of Group Sessions (classes) for Medi-Cal Provider with Narcotic Tx Program |  |                         |        |      |      |   |               |          |
| Payment Method  | Fee-For-Service (FFS)                  | Fee-For-Service (FFS)   |        |      |      |   |               |          |
| DPH Units of Service  | 2,016                                  | 2,016                   |        |      |      |   |               |          |
| Unit Type   | Client Day                             | Client Full Day         | 0      | 0    | 0    |   |               |          |
| Rate - DPH Rate (DPH FUNDING SOURCES Only)  | \$ 196.74                              | \$ 33.11                | \$ -   | \$ - | \$ - |   |               |          |
| Rate (DPH & Non-DPH FUNDING SOURCES)  | \$ 204.18                              | \$ 33.11                | \$ -   | \$ - | \$ - |   |               |          |
| Published Rate (Medi-Cal Providers Only)  | \$ 450.00                              |                         |        |      |      |   | Total UDC     |          |
| Unduplicated Clients (UDC)  | 75                                     | 75                      |        |      |      |   | 75            |          |

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-2  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL | HMHMCC730515      |        | Accounting Code 2<br>(Index Code or Detail) |       | Accounting Code 3<br>(Index Code or Detail) |       | Accounting Code 4<br>(Index Code or Detail) |       | Accounting Code 5<br>(Index Code or Detail) |       | Accounting Code 6<br>(Index Code or Detail) |       |             |
|-------|-------------------|--------|---|-------|---|-------|---|-------|---|-------|---|-------|-------------|
|       | 07/01/18-12/31/18 |        | 07/01/18-12/31/18                           |       |   |       |   |       |   |       |   |       |             |
|       | Salaries          | FTE    | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries                                    | FTE   | Salaries    |
| \$    | 35,176.00         | 1.00   | \$ 35,176.00                                |       |   |       |   |       |   |       |   |       |             |
| \$    | 26,608.00         | 1.00   | \$ 26,608.00                                |       |   |       |   |       |   |       |   |       |             |
| \$    | 8,692.00          | 0.10   | \$ 8,692.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | 174,916.00        | 7.50   | \$ 174,916.00                               |       |   |       |   |       |   |       |   |       |             |
| \$    | 5,835.00          | 0.38   | \$ 5,835.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | 3,480.00          | 0.06   | \$ 3,480.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | 2,681.00          | 0.06   | \$ 2,681.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | 2,345.00          | 0.06   | \$ 2,345.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | 1,964.00          | 0.06   | \$ 1,964.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | 2,090.00          | 0.06   | \$ 2,090.00                                 |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | -                 |        |   |       |   |       |   |       |   |       |   |       |             |
| \$    | 263,787.00        | 10.28  | \$ 263,787.00                               | 0.00  | \$ -  | 0.00  | \$ -  | 0.00  | \$ -  | 0.00  | \$ -  | 0.00  | \$ -        |
| \$    | 83,507.00         | 31.66% | \$ 83,507.00                                | 0.00% |   | 0.00% |   | 0.00% |   | 0.00% |   | 0.00% |             |
| \$    | <b>347,294.00</b> |        | <b>\$ 347,294.00</b>                        |       | <b>\$ -</b>                                 |       | <b>\$ -</b>                                 |       | <b>\$ -</b>                                 |       | <b>\$ -</b>                                 |       | <b>\$ -</b> |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2  
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 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515      | Client Program Fees | Accounting Code 3<br>(Index Code or Detail) | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code 6<br>(Index Code or Detail) |
|-------------------|-------------------|---------------------|---|---|---|---|
| 07/01/18-12/31/18 | 07/01/18-12/31/18 | 07/01/18-12/31/18   |   |   |   |   |
| \$ 32,546.00      | \$ 32,546.00      |                     |   |   |   |   |
| \$ 1,453.00       | \$ 1,453.00       |                     |   |   |   |   |
| \$ 11,149.00      | \$ 11,149.00      |                     |   |   |   |   |
| \$ 962.00         | \$ 962.00         |                     |   |   |   |   |
| \$ 46,110.00      | \$ 46,110.00      | \$ -                | \$ -  | \$ -  |   |   |
| \$ 2,660.00       | \$ 2,660.00       |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 6,964.00       | \$ 1,806.00       | \$ 5,158.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 9,624.00       | \$ 4,466.00       | \$ 5,158.00         | \$ -  | \$ -  |   |   |
| \$ 1,059.00       | \$ 12.00          | \$ 1,047.00         |   |   |   |   |
| \$ 3,676.00       | \$ 126.00         | \$ 3,550.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 4,735.00       | \$ 138.00         | \$ 4,597.00         | \$ -  | \$ -  |   |   |
| \$ 870.00         | \$ 870.00         |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 870.00         | \$ 870.00         | \$ -                | \$ -  | \$ -  |   |   |
| \$ 7,901.00       | \$ 3,503.00       | \$ 4,398.00         |   |   |   |   |
| \$ 2,187.00       | \$ 1,340.00       | \$ 847.00           |   |   |   |   |
| \$ 10,088.00      | \$ 4,843.00       | \$ 5,245.00         | \$ -  | \$ -  |   |   |
| \$ 19,219.00      | \$ 19,219.00      |                     |   |   |   |   |
| \$ 1,230.00       | \$ 1,230.00       |                     |   |   |   |   |
| \$ 98.00          | \$ 98.00          |                     |   |   |   |   |
| \$ 20,547.00      | \$ 20,547.00      | \$ -                | \$ -  | \$ -  |   |   |
| \$ 91,974.00      | \$ 76,974.00      | \$ 15,000.00        | \$ -  | \$ -  |   |   |

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

| Contractor Name (SA) 00271                              |   | Appendix # B-2a         |               |      |      |                  |
|---|---|-------------------------|---------------|------|------|------------------|
| Provider Name Progress Foundation                       |   | Page # 1                |               |      |      |                  |
| Provider Number 3863                                    |   | Fiscal Year 2018-19     |               |      |      |                  |
|   |   | Document Date 05/14/18  |               |      |      |                  |
| Program Name  | Cortland                                      | Cortland                |               |      |      |                  |
| Program Code  | 38631   | 38631                   |               |      |      |                  |
| Mode/SFC (MH) or Modality (SA)                          | 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)                      | 07/01/18-12/31/18                             | 07/01/18-12/31/18       |               |      |      | <b>TOTAL</b>     |
| Salaries & Employee Benefits                            | 328,624                                       |                         |               |      |      | 328,624          |
| Operating Expenses                                      | 24,778  | 45,806                  |               |      |      | 70,584           |
| Capital Expenses  |   |                         |               |      |      | -                |
| <b>Subtotal Direct Expenses</b>                         | <b>353,402</b>                                | <b>45,806</b>           | -             | -    | -    | <b>399,208</b>   |
| Indirect Expenses                                       | 31,089  | 4,468                   |               |      |      | 35,557           |
| <b>TOTAL FUNDING USES</b>                               | <b>384,491</b>                                | <b>50,274</b>           | -             | -    | -    | <b>434,765</b>   |
| <b>FUNDING SOURCES</b>                                  | <b>Accounting Code (Index Code or Detail)</b> |                         |               |      |      |                  |
| ult   | HMHMCC730515                                  | 163,683                 |               |      |      | 163,683          |
| Fund  | HMHMCC730515                                  | 64,553                  | 50,274        |      |      | 114,827          |
| alignment   | HMHMCC730515                                  | 141,855                 |               |      |      | 141,855          |
| sources not in drop-down list                           |   |                         |               |      |      | -                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>          |   | <b>370,091</b>          | <b>50,274</b> | -    | -    | <b>420,365</b>   |
| <b>FUNDING SOURCES</b>                                  | <b>Accounting Code (Index Code or Detail)</b> |                         |               |      |      |                  |
| sources not in drop-down list                           |   |                         |               |      |      | -                |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>        |   | -                       | -             | -    | -    | -                |
| <b>SOURCES</b>  | <b>Accounting Code (Index Code or Detail)</b> |                         |               |      |      |                  |
| sources not in drop-down list                           |   |                         |               |      |      | -                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                  |   | -                       | -             | -    | -    | -                |
| <b>TOTAL DPH FUNDING SOURCES</b>                        |   | <b>370,091</b>          | <b>50,274</b> | -    | -    | <b>420,365</b>   |
| <b>ES</b>   |   |                         |               |      |      |                  |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                    |   | 14,400                  |               |      |      | 14,400           |
| <b>SOURCES (DPH AND NON-DPH)</b>                        |   | <b>384,491</b>          | <b>50,274</b> | -    | -    | <b>434,765</b>   |
| <b>UNIT COST</b>  |   |                         |               |      |      |                  |
| Number of Beds Purchased (if applicable)                |   | 10                      |               |      |      |                  |
| ly - Non-Res 33 - ODF # of Group Sessions (classes)     |   |                         |               |      |      |                  |
| capacity for Medi-Cal Provider with Narcotic Tx Program |   |                         |               |      |      |                  |
| Payment Method  | Fee-For-Service (FFS)                         | Fee-For-Service (FFS)   |               |      |      |                  |
| DPH Units of Service                                    | 1,552   | 1,552                   |               |      |      |                  |
| Unit Type   | Client Day                                    | Client Full Day         | 0             | 0    | 0    |                  |
| er Unit - DPH Rate (DPH FUNDING SOURCES Only)           | \$ 238.46                                     | \$ 32.39                | \$ -          | \$ - | \$ - |                  |
| tract Rate (DPH & Non-DPH FUNDING SOURCES)              | \$ 247.74                                     | \$ 32.39                | \$ -          | \$ - | \$ - |                  |
| Published Rate (Medi-Cal Providers Only)                | \$ 450.00                                     |                         |               |      |      | <b>Total UDC</b> |
| Unduplicated Clients (UDC)                              | 40  | 40                      |               |      |      | 40               |

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-2a  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL         | HMHMCC730515   |                   | Accounting Code 2<br>(Index Code or Detail) |          | Accounting Code 3<br>(Index Code or Detail) |          | Accounting Code 4<br>(Index Code or Detail) |          | Accounting Code 5<br>(Index Code or Detail) |          | Accounting Code 6<br>(Index Code or Detail) |          |
|---------------|----------------|-------------------|---|----------|---|----------|---|----------|---|----------|---|----------|
|               | 01/18-12/31/18 | 07/01/18-12/31/18 | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| \$ 35,176.00  | 1.00           | \$ 35,176.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 29,548.00  | 1.00           | \$ 29,548.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 148,964.00 | 7.00           | \$ 148,964.00     |   |          |   |          |   |          |   |          |   |          |
| \$ 6,091.00   | 0.10           | \$ 6,091.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 18,440.00  | 1.23           | \$ 18,440.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 3,035.00   | 0.04           | \$ 3,035.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 2,353.00   | 0.05           | \$ 2,353.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 2,045.00   | 0.05           | \$ 2,045.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 1,712.00   | 0.05           | \$ 1,712.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 1,822.00   | 0.05           | \$ 1,822.00       |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ 249,186.00 | 10.57          | \$ 249,186.00     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     |
| \$ 79,438.00  | 31.88%         | \$ 79,438.00      | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          |
| \$ 328,624.00 |                | \$ 328,624.00     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2a  
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 Fiscal Year: 2018-19  
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| TOTAL             | HMHMCC730515      | Client Program Fees | Accounting Code 3<br>(Index Code or Detail) | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code 6<br>(Index Code or Detail) |
|-------------------|-------------------|---------------------|---|---|---|---|
| 07/01/18-12/31/18 | 07/01/18-12/31/18 | 07/01/18-12/31/18   |   |   |   |   |
| \$ 35,568.00      | \$ 35,568.00      | \$ -                |   |   |   |   |
| \$ -              | \$ -              |                     |   |   |   |   |
| \$ 4,587.00       | \$ 4,587.00       |                     |   |   |   |   |
| \$ 945.00         | \$ 945.00         |                     |   |   |   |   |
| \$ 41,100.00      | \$ 41,100.00      | \$ -                | \$ -  | \$ -  |   |   |
| \$ 2,412.00       | \$ 2,412.00       |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 3,494.00       | \$ 967.00         | \$ 2,527.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 5,906.00       | \$ 3,379.00       | \$ 2,527.00         | \$ -  | \$ -  |   |   |
| \$ 1,100.00       | \$ 213.00         | \$ 887.00           |   |   |   |   |
| \$ 5,321.00       | \$ 503.00         | \$ 4,818.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 6,421.00       | \$ 716.00         | \$ 5,705.00         | \$ -  | \$ -  |   |   |
| \$ 558.00         | \$ 558.00         |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 558.00         | \$ 558.00         | \$ -                | \$ -  | \$ -  |   |   |
| \$ 5,268.00       | \$ 381.00         | \$ 4,887.00         |   |   |   |   |
| \$ 1,872.00       | \$ 591.00         | \$ 1,281.00         |   |   |   |   |
| \$ 7,140.00       | \$ 972.00         | \$ 6,168.00         | \$ -  | \$ -  |   |   |
| \$ 9,198.00       | \$ 9,198.00       |                     |   |   |   |   |
| \$ 205.00         | \$ 205.00         |                     |   |   |   |   |
| \$ 56.00          | \$ 56.00          |                     |   |   |   |   |
| \$ 9,459.00       | \$ 9,459.00       | \$ -                | \$ -  | \$ -  |   |   |
| \$ 70,584.00      | \$ 56,184.00      | \$ 14,400.00        | \$ -  | \$ -  |   |   |

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

|  |   |                         |                        |      |      |                  |
|--|---|-------------------------|------------------------|------|------|------------------|
| H)/Contractor Name (SA) 00271                  |   |                         | Appendix # B-2b        |      |      |                  |
| Provider Name Progress Foundation              |   |                         | Page # 1               |      |      |                  |
| Provider Number 3837                           |   |                         | Fiscal Year 2018-19    |      |      |                  |
|  |   |                         | Document Date 05/14/18 |      |      |                  |
| Program Name                                   | Progress House                                | Progress House          |                        |      |      |                  |
| Program Code                                   | 38371   | 38371                   |                        |      |      |                  |
| Mode/SFC (MH) or Modality (SA)                 | 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)             | 07/01/18-12/31/18                             | 07/01/18-12/31/18       |                        |      |      | TOTAL            |
| Salaries & Employee Benefits                   | 357,380                                       |                         |                        |      |      | 357,380          |
| Operating Expenses                             | 21,063  | 17,126                  |                        |      |      | 38,189           |
| Capital Expenses                               |   |                         |                        |      |      | -                |
| <b>Subtotal Direct Expenses</b>                | <b>378,443</b>                                | <b>17,126</b>           | -                      | -    | -    | <b>395,569</b>   |
| Indirect Expenses                              | 33,542  | 1,670                   |                        |      |      | 35,212           |
| <b>TOTAL FUNDING USES</b>                      | <b>411,985</b>                                | <b>18,796</b>           | -                      | -    | -    | <b>430,781</b>   |
| <b>FUNDING SOURCES</b>                         | <b>Accounting Code (Index Code or Detail)</b> |                         |                        |      |      |                  |
|  | HMHMCC730515                                  | 186,566                 |                        |      |      | 186,566          |
| ment   | HMHMCC730515                                  | 69,258                  | 18,796                 |      |      | 88,054           |
|  | HMHMCC730515                                  | 141,161                 |                        |      |      | 141,161          |
|  |   |                         |                        |      |      | -                |
| is not in drop-down list                       |   |                         |                        |      |      | -                |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>       |   | <b>396,985</b>          | <b>18,796</b>          | -    | -    | <b>415,781</b>   |
| <b>FUNDING SOURCES</b>                         | <b>Accounting Code (Index Code or Detail)</b> |                         |                        |      |      |                  |
|  |   |                         |                        |      |      | -                |
|  |   |                         |                        |      |      | -                |
|  |   |                         |                        |      |      | -                |
| is not in drop-down list                       |   |                         |                        |      |      | -                |
| <b>DIS SUBSTANCE ABUSE FUNDING SOURCES</b>     |   | -                       | -                      | -    | -    | -                |
| <b>FUNDING SOURCES</b>                         | <b>Accounting Code (Index Code or Detail)</b> |                         |                        |      |      |                  |
|  |   |                         |                        |      |      | -                |
|  |   |                         |                        |      |      | -                |
| is not in drop-down list                       |   |                         |                        |      |      | -                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>         |   | -                       | -                      | -    | -    | -                |
| <b>TOTAL DPH FUNDING SOURCES</b>               |   | <b>396,985</b>          | <b>18,796</b>          | -    | -    | <b>415,781</b>   |
|  |   | 15,000                  |                        |      |      | 15,000           |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>           |   | <b>15,000</b>           | -                      | -    | -    | <b>15,000</b>    |
| <b>FUNDING SOURCES (DPH AND NON-DPH)</b>       |   | <b>411,985</b>          | <b>18,796</b>          | -    | -    | <b>430,781</b>   |
| <b>UNIT COST</b>                               |   |                         |                        |      |      |                  |
| Number of Beds Purchased (if applicable)       |   | 10                      |                        |      |      |                  |
| on-Res 33 - ODF # of Group Sessions (classes)  |   |                         |                        |      |      |                  |
| for Medi-Cal Provider with Narcotic Tx Program |   |                         |                        |      |      |                  |
| Payment Method                                 | Fee-For-Service (FFS)                         | Fee-For-Service (FFS)   |                        |      |      |                  |
| DPH Units of Service                           | 1,552   | 1,552                   |                        |      |      |                  |
| Unit Type                                      | Client Day                                    | Client Full Day         | 0                      | 0    | 0    |                  |
| Rate - DPH Rate (DPH FUNDING SOURCES Only)     | \$ 255.79                                     | \$ 12.11                | \$ -                   | \$ - | \$ - |                  |
| Rate (DPH & Non-DPH FUNDING SOURCES)           | \$ 265.45                                     | \$ 12.11                | \$ -                   | \$ - | \$ - |                  |
| Published Rate (Medi-Cal Providers Only)       | \$ 450.00                                     |                         |                        |      |      | <b>Total UDC</b> |
| Unduplicated Clients (UDC)                     | 40  | 40                      |                        |      |      | 40               |

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-2b  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL          | HMHMCC730515      |               | Accounting Code 2<br>(Index Code or Detail) |          | Accounting Code 3<br>(Index Code or Detail) |          | Accounting Code 4<br>(Index Code or Detail) |          | Accounting Code 5<br>(Index Code or Detail) |          | Accounting Code 6<br>(Index Code or Detail) |          |
|----------------|-------------------|---------------|---|----------|---|----------|---|----------|---|----------|---|----------|
|                | 07/01/18-12/31/18 |               | 07/01/18-12/31/18                           |          |   |          |   |          |   |          |   |          |
| 01/18-12/31/18 | FTE               | Salaries      | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| \$ 35,176.00   | 1.00              | \$ 35,176.00  |   |          |   |          |   |          |   |          |   |          |
| \$ 26,089.00   | 1.00              | \$ 26,089.00  |   |          |   |          |   |          |   |          |   |          |
| \$ 7,395.00    | 0.10              | \$ 7,395.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 154,209.00  | 7.00              | \$ 154,209.00 |   |          |   |          |   |          |   |          |   |          |
| \$ 38,303.00   | 2.73              | \$ 38,303.00  |   |          |   |          |   |          |   |          |   |          |
| \$ 2,836.00    | 0.04              | \$ 2,836.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 2,185.00    | 0.05              | \$ 2,185.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 1,911.00    | 0.05              | \$ 1,911.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 1,600.00    | 0.05              | \$ 1,600.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 1,703.00    | 0.05              | \$ 1,703.00   |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ -           |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ 271,407.00  | 12.07             | \$ 271,407.00 | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     |
| \$ 85,973.00   | 31.68%            | \$ 85,973.00  | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          |
| \$ 357,380.00  |                   | \$ 357,380.00 |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |



Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2b  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515        | Client Program Fees | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|---------------------|---------------------|--|--|--|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18   | 07/01/18-12/31/18   |  |  |  |                                       |
| 1,042.00          | \$ 1,042.00         |                     |  |  |  |                                       |
| 9,073.00          | \$ 9,073.00         |                     |  |  |  |                                       |
| 281.00            | \$ 281.00           |                     |  |  |  |                                       |
| <b>10,396.00</b>  | <b>\$ 10,396.00</b> | \$ -                | \$ -   | \$ -   |  |                                       |
| 3,641.00          | \$ 1,591.00         | \$ 2,050.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| 3,824.00          | \$ 406.00           | \$ 3,418.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>7,465.00</b>   | <b>\$ 1,997.00</b>  | <b>\$ 5,468.00</b>  | \$ -   | \$ -   |  |                                       |
| 993.00            | \$ 327.00           | \$ 666.00           |  |  |  |                                       |
| 3,713.00          | \$ 228.00           | \$ 3,485.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>4,706.00</b>   | <b>\$ 555.00</b>    | <b>\$ 4,151.00</b>  | \$ -   | \$ -   |  |                                       |
| 523.00            | \$ 523.00           |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>523.00</b>     | <b>\$ 523.00</b>    | \$ -                | \$ -   | \$ -   |  |                                       |
| 5,268.00          | \$ 655.00           | \$ 4,613.00         |  |  |  |                                       |
| 1,794.00          | \$ 1,026.00         | \$ 768.00           |  |  |  |                                       |
| <b>7,062.00</b>   | <b>\$ 1,681.00</b>  | <b>\$ 5,381.00</b>  | \$ -   | \$ -   |  |                                       |
| 7,217.00          | \$ 7,217.00         |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| 820.00            | \$ 820.00           |                     |  |  |  |                                       |
| <b>8,037.00</b>   | <b>\$ 8,037.00</b>  | \$ -                | \$ -   | \$ -   |  |                                       |
| <b>38,189.00</b>  | <b>\$ 23,189.00</b> | <b>\$ 15,000.00</b> | \$ -   | \$ -   |  |                                       |

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

|  |  |                         |        |      |      |           |
|--|--|-------------------------|--------|------|------|-----------|
| Contractor Name (SA) 00271                               |  | Appendix # B-2c         |        |      |      |           |
| Provider Name Progress Foundation                        |  | Page # 1                |        |      |      |           |
| Provider Number 8985                                     |  | Fiscal Year 2018-19     |        |      |      |           |
|  |  | Document Date 05/14/18  |        |      |      |           |
| Program Name   | Clay                                   | Clay                    |        |      |      |           |
| Program Code   | 89851                                  | 89851                   |        |      |      |           |
| Mode/SFC (MH) or Modality (SA)                           | 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)                       | 07/01/18-12/31/18                      | 07/01/18-12/31/18       |        |      |      | TOTAL     |
| Salaries & Employee Benefits                             | 509,481                                |                         |        |      |      | 509,481   |
| Operating Expenses                                       | 25,071                                 | 62,067                  |        |      |      | 87,138    |
| Capital Expenses   |  |                         |        |      |      | -         |
| Subtotal Direct Expenses                                 | 534,552                                | 62,067                  | -      | -    | -    | 596,619   |
| Indirect Expenses  | 47,057                                 | 6,055                   |        |      |      | 53,112    |
| TOTAL FUNDING USES                                       | 581,609                                | 68,122                  | -      | -    | -    | 649,731   |
| FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                         |        |      |      |           |
| Multi  | HMHMCC730515                           | 254,717                 |        |      |      | 254,717   |
| Fund   | HMHMCC730515                           | 49,537                  | 33,084 |      |      | 82,621    |
| Alignment  | HMHMCC730515                           | 236,355                 | 35,038 |      |      | 271,393   |
|  |  |                         |        |      |      | -         |
| sources not in drop-down list                            |  |                         |        |      |      |           |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES                  |  | 540,609                 | 68,122 | -    | -    | 608,731   |
| FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                         |        |      |      |           |
|  |  |                         |        |      |      | -         |
|  |  |                         |        |      |      | -         |
| sources not in drop-down list                            |  |                         |        |      |      |           |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES                |  | -                       | -      | -    | -    | -         |
| FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                         |        |      |      |           |
|  |  |                         |        |      |      | -         |
|  |  |                         |        |      |      | -         |
| sources not in drop-down list                            |  |                         |        |      |      |           |
| TOTAL OTHER DPH FUNDING SOURCES                          |  | -                       | -      | -    | -    | -         |
| TOTAL DPH FUNDING SOURCES                                |  | 540,609                 | 68,122 | -    | -    | 608,731   |
| FUNDING SOURCES  |  |                         |        |      |      |           |
|  |  |                         |        |      |      | -         |
|  |  |                         |        |      |      | -         |
| sources not in drop-down list                            |  |                         |        |      |      |           |
| TOTAL NON-DPH FUNDING SOURCES                            |  | 41,000                  |        |      |      | 41,000    |
| TOTAL NON-DPH FUNDING SOURCES                            |  | 41,000                  | -      | -    | -    | 41,000    |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH)                  |  | 581,609                 | 68,122 | -    | -    | 649,731   |
| UNIT COST  |  |                         |        |      |      |           |
| Number of Beds Purchased (if applicable)                 |  | 16                      |        |      |      |           |
| Monthly - Non-Res 33 - ODF # of Group Sessions (classes) |  |                         |        |      |      |           |
| Capacity for Medi-Cal Provider with Narcotic Tx Program  |  |                         |        |      |      |           |
| Payment Method   | Fee-For-Service (FFS)                  | Fee-For-Service (FFS)   |        |      |      |           |
| DPH Units of Service                                     | 2,482                                  | 2,482                   |        |      |      |           |
| Unit Type  | Client Day                             | Client Full Day         | 0      | 0    | 0    |           |
| Per Unit - DPH Rate (DPH FUNDING SOURCES Only)           | \$ 217.81                              | \$ 27.45                | \$ -   | \$ - | \$ - |           |
| Contract Rate (DPH & Non-DPH FUNDING SOURCES)            | \$ 234.33                              | \$ 27.45                | \$ -   | \$ - | \$ - |           |
| Published Rate (Medi-Cal Providers Only)                 | \$ 450.00                              |                         |        |      |      | Total UDC |
| Unduplicated Clients (UDC)                               | 20                                     | 20                      |        |      |      | 20        |



Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2c  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515        | Client Program Fees | Accounting Code 3<br>(Index Code or Detail) | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|---------------------|---------------------|---|---|---|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18   | 07/01/18-12/31/18   |   |   |   |                                       |
| 26,913.00         | \$ 26,913.00        |                     |   |   |   |                                       |
| 2,510.00          | \$ 2,510.00         |                     |   |   |   |                                       |
| 636.00            | \$ 636.00           |                     |   |   |   |                                       |
| <b>30,059.00</b>  | <b>\$ 30,059.00</b> | \$ -                | \$ -  | \$ -  |   |                                       |
| 8,286.00          | \$ 599.00           | \$ 7,687.00         |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| 5,718.00          | \$ 593.00           | \$ 5,125.00         |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| <b>14,004.00</b>  | <b>\$ 1,192.00</b>  | <b>\$ 12,812.00</b> | \$ -  | \$ -  |   |                                       |
| 1,387.00          | \$ 105.00           | \$ 1,282.00         |   |   |   |                                       |
| 8,053.00          | \$ 212.00           | \$ 7,841.00         |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| <b>9,440.00</b>   | <b>\$ 317.00</b>    | <b>\$ 9,123.00</b>  | \$ -  | \$ -  |   |                                       |
| 723.00            | \$ 723.00           |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| -                 |                     |                     |   |   |   |                                       |
| <b>723.00</b>     | <b>\$ 723.00</b>    | \$ -                | \$ -  | \$ -  |   |                                       |
| 18,438.00         | \$ 1,013.00         | \$ 17,425.00        |   |   |   |                                       |
| 2,802.00          | \$ 1,162.00         | \$ 1,640.00         |   |   |   |                                       |
| <b>21,240.00</b>  | <b>\$ 2,175.00</b>  | <b>\$ 19,065.00</b> | \$ -  | \$ -  |   |                                       |
| 11,324.00         | \$ 11,324.00        |                     |   |   |   |                                       |
| 271.00            | \$ 271.00           |                     |   |   |   |                                       |
| 77.00             | \$ 77.00            |                     |   |   |   |                                       |
| <b>11,672.00</b>  | <b>\$ 11,672.00</b> | \$ -                | \$ -  | \$ -  |   |                                       |
| <b>87,138.00</b>  | <b>\$ 46,138.00</b> | <b>\$ 41,000.00</b> | \$ -  | \$ -  |   |                                       |

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

|   |   |                         |               |      |      |               |                  |
|---|---|-------------------------|---------------|------|------|---------------|------------------|
| Agency (MH)/Contractor Name (SA) 00271                  |   |                         |               |      |      | Appendix #    | B-2d             |
| Provider Name Progress Foundation                       |   |                         |               |      |      | Page #        | 1                |
| Provider Number 38GH                                    |   |                         |               |      |      | Fiscal Year   | 2018-19          |
|   |   |                         |               |      |      | Document Date | 05/14/18         |
| Program Name  | Loso House                                    | Loso House              |               |      |      |               |                  |
| Program Code  | 38GH1   | 38GH1                   |               |      |      |               |                  |
| Mode/SFC (MH) or Modality (SA)                          | 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)                      | 07/01/18-12/31/18                             | 07/01/18-12/31/18       |               |      |      |               | <b>TOTAL</b>     |
| Salaries & Employee Benefits                            | 532,138                                       |                         |               |      |      |               | 532,138          |
| Operating Expenses                                      | 52,273  | 53,917                  |               |      |      |               | 106,190          |
| Capital Expenses  |   |                         |               |      |      |               | -                |
| <b>Subtotal Direct Expenses</b>                         | <b>584,411</b>                                | <b>53,917</b>           | -             | -    | -    | -             | <b>638,328</b>   |
| Indirect Expenses                                       | 51,567  | 5,261                   |               |      |      |               | 56,828           |
| <b>TOTAL FUNDING USES</b>                               | <b>635,978</b>                                | <b>59,178</b>           | -             | -    | -    | -             | <b>695,156</b>   |
| <b>FUNDING SOURCES</b>                                  | <b>Accounting Code (Index Code or Detail)</b> |                         |               |      |      |               |                  |
| Grant   | HMHMCC730515                                  | 260,849                 |               |      |      |               | 260,849          |
| Fund  | HMHMCC730515                                  | 81,649                  | 18,068        |      |      |               | 99,717           |
| Alignment   | HMHMCC730515                                  | 252,480                 | 41,110        |      |      |               | 293,590          |
| sources not in drop-down list                           |   |                         |               |      |      |               | -                |
| <b>TOTAL BHS MENTAL HEALTH FUNDING SOURCES</b>          |   | <b>594,978</b>          | <b>59,178</b> | -    | -    | -             | <b>654,156</b>   |
| <b>FUNDING SOURCES</b>                                  | <b>Accounting Code (Index Code or Detail)</b> |                         |               |      |      |               |                  |
| sources not in drop-down list                           |   |                         |               |      |      |               | -                |
| <b>TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES</b>        |   | -                       | -             | -    | -    | -             | -                |
| <b>SOURCES</b>  | <b>Accounting Code (Index Code or Detail)</b> |                         |               |      |      |               |                  |
| sources not in drop-down list                           |   |                         |               |      |      |               | -                |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>                  |   | -                       | -             | -    | -    | -             | -                |
| <b>TOTAL DPH FUNDING SOURCES</b>                        |   | <b>594,978</b>          | <b>59,178</b> | -    | -    | -             | <b>654,156</b>   |
| <b>RES</b>  |   |                         |               |      |      |               |                  |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>                    |   | 41,000                  |               |      |      |               | 41,000           |
| <b>SOURCES (DPH AND NON-DPH)</b>                        |   | <b>635,978</b>          | <b>59,178</b> | -    | -    | -             | <b>695,156</b>   |
| <b>UNIT COST</b>  |   |                         |               |      |      |               |                  |
| Number of Beds Purchased (if applicable)                |   | 14                      |               |      |      |               |                  |
| ly - Non-Res 33 - ODF # of Group Sessions (classes)     |   |                         |               |      |      |               |                  |
| Capacity for Medi-Cal Provider with Narcotic Tx Program |   |                         |               |      |      |               |                  |
| Payment Method  | Fee-For-Service (FFS)                         | Fee-For-Service (FFS)   |               |      |      |               |                  |
| DPH Units of Service                                    | 2,172   | 2,172                   |               |      |      |               |                  |
| Unit Type   | Client Day                                    | Client Full Day         | 0             | 0    | 0    |               |                  |
| per Unit - DPH Rate (DPH FUNDING SOURCES Only)          | \$ 273.93                                     | \$ 27.25                | \$ -          | \$ - | \$ - |               |                  |
| Contract Rate (DPH & Non-DPH FUNDING SOURCES)           | \$ 292.81                                     | \$ 27.25                | \$ -          | \$ - | \$ - |               |                  |
| Published Rate (Medi-Cal Providers Only)                | \$ 450.00                                     |                         |               |      |      |               | <b>Total UDC</b> |
| Unduplicated Clients (UDC)                              | 18  | 18                      |               |      |      |               | 18               |

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-2d  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL         | HMHMCC730515   |                   | Accounting Code 2<br>(Index Code or Detail) |          | Accounting Code 3<br>(Index Code or Detail) |          | Accounting Code 4<br>(Index Code or Detail) |          | Accounting Code 5<br>(Index Code or Detail) |          | Accounting Code 6<br>(Index Code or Detail) |          |
|---------------|----------------|-------------------|---|----------|---|----------|---|----------|---|----------|---|----------|
|               | 01/18-12/31/18 | 07/01/18-12/31/18 |   |          |   |          |   |          |   |          |   |          |
| Salaries      | FTE            | Salaries          | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| \$ 35,177.00  | 1.00           | \$ 35,177.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 26,152.00  | 1.00           | \$ 26,152.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 242,122.00 | 11.00          | \$ 242,122.00     |   |          |   |          |   |          |   |          |   |          |
| \$ 14,790.00  | 0.20           | \$ 14,790.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 68,798.00  | 5.10           | \$ 68,798.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 4,784.00   | 0.08           | \$ 4,784.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 3,686.00   | 0.08           | \$ 3,686.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 3,223.00   | 0.08           | \$ 3,223.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 2,699.00   | 0.08           | \$ 2,699.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 2,872.00   | 0.08           | \$ 2,872.00       |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ -          |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ 404,303.00 | 18.70          | \$ 404,303.00     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     |
| \$ 127,835.00 | 31.62%         | \$ 127,835.00     | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          |
| \$ 532,138.00 |                | \$ 532,138.00     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2d  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515        | Client Program Fees | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|---------------------|---------------------|--|--|--|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18   | 07/01/18-12/31/18   |  |  |  |                                       |
| 42,428.00         | \$ 42,428.00        |                     |  |  |  |                                       |
| 2,037.00          | \$ 2,037.00         |                     |  |  |  |                                       |
| 1,071.00          | \$ 1,071.00         |                     |  |  |  |                                       |
| <b>45,536.00</b>  | <b>\$ 45,536.00</b> | \$ -                | \$ -   | \$ -   |  |                                       |
| 13,566.00         | \$ 5,878.00         | \$ 7,688.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| 5,827.00          | \$ 1,369.00         | 4,458.00            |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>19,393.00</b>  | <b>\$ 7,247.00</b>  | <b>\$ 12,146.00</b> | \$ -   | \$ -   |  |                                       |
| 1,209.00          | \$ 184.00           | \$ 1,025.00         |  |  |  |                                       |
| 8,051.00          | \$ 876.00           | \$ 7,175.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>9,260.00</b>   | <b>\$ 1,060.00</b>  | <b>\$ 8,200.00</b>  | \$ -   | \$ -   |  |                                       |
| 1,123.00          | \$ 457.00           | \$ 666.00           |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>1,123.00</b>   | <b>\$ 457.00</b>    | <b>\$ 666.00</b>    | \$ -   | \$ -   |  |                                       |
| 18,438.00         | \$ 500.00           | \$ 17,938.00        |  |  |  |                                       |
| 2,958.00          | \$ 908.00           | \$ 2,050.00         |  |  |  |                                       |
| <b>21,396.00</b>  | <b>\$ 1,408.00</b>  | <b>\$ 19,988.00</b> | \$ -   | \$ -   |  |                                       |
| 9,338.00          | \$ 9,338.00         |                     |  |  |  |                                       |
| 77.00             | \$ 77.00            |                     |  |  |  |                                       |
| 67.00             | \$ 67.00            |                     |  |  |  |                                       |
| <b>9,482.00</b>   | <b>\$ 9,482.00</b>  | \$ -                | \$ -   | \$ -   |  |                                       |
| <b>106,190.00</b> | <b>\$ 65,190.00</b> | <b>\$ 41,000.00</b> | \$ -   | \$ -   | \$ -   | \$ -                                  |





Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-2e  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL         | HMHMCC730515   |               | HMHM-CALW-BH      |               |                   |      | Accounting Code 4<br>(Index Code or Detail) |      | Accounting Code 5<br>(Index Code or Detail) |      | Accounting Code 6<br>(Index Code or Detail) |      |          |
|---------------|----------------|---------------|-------------------|---------------|-------------------|------|---|------|---|------|---|------|----------|
|               | 01/18-12/31/18 | FTE           | 07/01/18-12/31/18 | FTE           | 07/01/18-12/31/18 | FTE  | Salaries                                    | FTE  | Salaries                                    | FTE  | Salaries                                    | FTE  | Salaries |
| \$ 39,096.00  | 1.00           | \$ 39,096.00  |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ 27,682.00  | 0.80           | \$ 21,532.00  | 0.20              | \$ 6,150.00   |                   |      |   |      |   |      |   |      |          |
| \$ 194,666.00 | 5.77           | \$ 74,849.00  | 9.23              | \$ 119,817.00 |                   |      |   |      |   |      |   |      |          |
| \$ 6,083.00   | 0.10           | \$ 6,083.00   |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ 23,914.00  | 1.53           | \$ 20,326.00  | 0.25              | \$ 3,588.00   |                   |      |   |      |   |      |   |      |          |
| \$ 3,593.00   | 0.05           | \$ 2,568.00   | 0.01              | \$ 1,025.00   |                   |      |   |      |   |      |   |      |          |
| \$ 2,768.00   | 0.05           | \$ 1,743.00   | 0.01              | \$ 1,025.00   |                   |      |   |      |   |      |   |      |          |
| \$ 2,421.00   | 0.05           | \$ 1,396.00   | 0.01              | \$ 1,025.00   |                   |      |   |      |   |      |   |      |          |
| \$ 2,027.00   | 0.04           | \$ 1,514.00   | 0.01              | \$ 513.00     |                   |      |   |      |   |      |   |      |          |
| \$ 2,157.00   | 0.06           | \$ 2,157.00   |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ -          |                |               |                   |               |                   |      |   |      |   |      |   |      |          |
| \$ 304,407.00 | 9.45           | \$ 171,264.00 | 9.72              | \$ 133,143.00 | 0.00              | \$ - | 0.00  | \$ - | 0.00  | \$ - | 0.00  | \$ - |          |
| \$ 94,105.00  | 30.62%         | \$ 52,433.00  | 31.30%            | \$ 41,672.00  | 0.00%             | \$ - | 0.00%                                       | \$ - | 0.00%                                       | \$ - | 0.00%                                       | \$ - |          |
| \$ 398,512.00 |                | \$ 223,697.00 |                   | \$ 174,815.00 |                   | \$ - |   | \$ - |   | \$ - |   | \$ - |          |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2e  
 Page #: 3  
 Fiscal Year: 2018-19  
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| TOTAL             | HMHMCC730515      | Client Program Fees | HMHM-CALW-BH      | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code 6<br>(Index Code or Detail) |
|-------------------|-------------------|---------------------|-------------------|---|---|---|
| 07/01/18-12/31/18 | 07/01/18-12/31/18 | 07/01/18-12/31/18   | 07/01/18-12/31/18 |   |   |   |
| \$ 29,674.00      | \$ 29,674.00      |                     |                   |   |   |   |
| \$ 8,584.00       | \$ 8,584.00       |                     |                   |   |   |   |
| \$ 4,926.00       | \$ 3,158.00       |                     | \$ 1,768.00       |   |   |   |
| \$ 43,184.00      | \$ 41,416.00      | \$ -                | \$ 1,768.00       |   |   |   |
| \$ 6,712.00       | \$ 6,712.00       |                     |                   |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ 5,066.00       | \$ 675.00         | \$ 2,751.00         | \$ 1,640.00       |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ 11,778.00      | \$ 7,387.00       | \$ 2,751.00         | \$ 1,640.00       |   |   |   |
| \$ 1,192.00       | \$ 99.00          | \$ 1,093.00         | \$ -              |   |   |   |
| \$ 5,724.00       | \$ 1,440.00       | \$ 3,566.00         | \$ 718.00         |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ 6,916.00       | \$ 1,539.00       | \$ 4,659.00         | \$ 718.00         |   |   |   |
| \$ 186.00         | \$ 186.00         |                     |                   |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ -              |                   |                     |                   |   |   |   |
| \$ 186.00         | \$ 186.00         | \$ -                | \$ -              |   |   |   |
| \$ 5,268.00       | \$ 74.00          | \$ 4,681.00         | \$ 513.00         |   |   |   |
| \$ 2,300.00       | \$ 327.00         | \$ 1,794.00         | \$ 179.00         |   |   |   |
| \$ 1,537.00       | \$ 115.00         | \$ 1,115.00         | \$ 307.00         |   |   |   |
| \$ 9,105.00       | \$ 516.00         | \$ 7,590.00         | \$ 999.00         |   |   |   |
| \$ 16,058.00      | \$ 16,058.00      |                     |                   |   |   |   |
| \$ 1,025.00       | \$ 1,025.00       |                     |                   |   |   |   |
| \$ 62.00          | \$ 62.00          |                     |                   |   |   |   |
| \$ 17,145.00      | \$ 17,145.00      | \$ -                | \$ -              |   |   |   |
| \$ 88,314.00      | \$ 68,189.00      | \$ 15,000.00        | \$ 5,125.00       |   |   |   |

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

| H)/Contractor Name (SA) 00271   |   |                       |                         |               |      |   | Appendix #             | B-3      |
|---|---|-----------------------|-------------------------|---------------|------|---|------------------------|----------|
| Provider Name Progress Foundation   |   |                       |                         |               |      |   | Page #                 | 1        |
| Provider Number 3853  |   |                       |                         |               |      |   | Fiscal Year            | 2018-19  |
|   |   |                       |                         |               |      |   | Document Date          | 05/14/18 |
| Program Name  | Seniors-Rypins                                | Seniors-Rypins        | Seniors-Rypins          |               |      |   |                        |          |
| Program Code  | 38531   | 38532                 | 38531                   |               |      |   |                        |          |
| Mode/SFC (MH) or Modality (SA)  | 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)  | 07/01/18-12/31/18                             | 07/01/18-12/31/18     | 07/01/18-12/31/18       |               |      |   | TOTAL                  |          |
| Salaries & Employee Benefits  | 212,245                                       | 136,531               |                         |               |      |   | 348,776                |          |
| Operating Expenses  | 36,376  | 11,275                | 64,962                  |               |      |   | 112,613                |          |
| Capital Expenses  |   |                       |                         |               |      |   | -                      |          |
| Subtotal Direct Expenses  | 248,621                                       | 147,806               | 64,962                  | -             | -    |   | 461,389                |          |
| Indirect Expenses   | 20,990  | 13,760                | 6,338                   |               |      |   | 41,088                 |          |
| <b>TOTAL FUNDING USES</b>   | <b>269,611</b>                                | <b>161,566</b>        | <b>71,300</b>           | -             | -    |   | <b>502,477</b>         |          |
| <b>FUNDING SOURCES</b>  | <b>Accounting Code (Index Code or Detail)</b> |                       |                         |               |      |   |                        |          |
|   | HMHMCC730515                                  | 118,436               | 69,316                  |               |      |   | 187,752                |          |
|   | HMHMCC730515                                  | 44,145                | 25,625                  | 71,300        |      |   | 141,070                |          |
|   | HMHMCC730515                                  | 96,530                | 66,625                  |               |      |   | 163,155                |          |
|   | is not in drop-down list                      |                       |                         |               |      |   | -                      |          |
| <b>BHS MENTAL HEALTH FUNDING SOURCES</b>  |   | <b>259,111</b>        | <b>161,566</b>          | <b>71,300</b> | -    | - | <b>491,977</b>         |          |
| <b>FUNDING SOURCES</b>  | <b>Accounting Code (Index Code or Detail)</b> |                       |                         |               |      |   |                        |          |
|   |   |                       |                         |               |      |   | -                      |          |
|   |   |                       |                         |               |      |   | -                      |          |
|   | is not in drop-down list                      |                       |                         |               |      |   | -                      |          |
| <b>OTHER DPH FUNDING SOURCES</b>  |   | -                     | -                       | -             | -    | - | -                      |          |
| <b>TOTAL OTHER DPH FUNDING SOURCES</b>  |   | -                     | -                       | -             | -    | - | -                      |          |
| <b>TOTAL DPH FUNDING SOURCES</b>  |   | <b>259,111</b>        | <b>161,566</b>          | <b>71,300</b> | -    | - | <b>491,977</b>         |          |
|   |   |                       |                         |               |      |   |                        |          |
|   |   | 10,500                |                         |               |      |   | 10,500                 |          |
| <b>TOTAL NON-DPH FUNDING SOURCES</b>  |   | <b>10,500</b>         | -                       | -             | -    | - | <b>10,500</b>          |          |
| <b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>  |   | <b>269,611</b>        | <b>161,566</b>          | <b>71,300</b> | -    | - | <b>502,477</b>         |          |
| <b>NET COST</b>   |   |                       |                         |               |      |   |                        |          |
| Number of Beds Purchased (if applicable)  |   | 6                     |                         |               |      |   |                        |          |
| Non-Res 33 - ODF # of Group Sessions (classes) for Medi-Cal Provider with Narcotic TX Program |   |                       |                         |               |      |   |                        |          |
| Payment Method  | Fee-For-Service (FFS)                         | Fee-For-Service (FFS) | Fee-For-Service (FFS)   |               |      |   |                        |          |
| DPH Units of Service  | 931   | 2,060                 | 931                     |               |      |   |                        |          |
| Unit Type   | Client Day                                    | Client Full Day       | Client Full Day         | 0             | 0    |   |                        |          |
| Unit - DPH Rate (DPH FUNDING SOURCES Only)  | \$ 278.31                                     | \$ 78.43              | \$ 76.58                | \$ -          | \$ - |   |                        |          |
| Unit Rate (DPH & Non-DPH FUNDING SOURCES)   | \$ 289.59                                     | \$ 78.43              | \$ 76.58                | \$ -          | \$ - |   |                        |          |
| Published Rate (Medi-Cal Providers Only)  | \$ 450.00                                     | \$ 400.00             |                         |               |      |   |                        |          |
| Unduplicated Clients (UDC)  | 19  | 50                    | 19                      |               |      |   | <b>Total UDC</b><br>50 |          |



Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-3  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515      | Client Program Fees | Accounting Code 3<br>(Index Code or Detail) | Accounting Code 4<br>(Index Code or Detail) | Accounting Code 5<br>(Index Code or Detail) | Accounting Code 6<br>(Index Code or Detail) |
|-------------------|-------------------|---------------------|---|---|---|---|
| 07/01/18-12/31/18 | 07/01/18-12/31/18 | 07/01/18-12/31/18   |   |   |   |   |
| \$ 43,857.00      | \$ 43,857.00      |                     |   |   |   |   |
| \$ 677.00         | \$ 677.00         |                     |   |   |   |   |
| \$ 10,875.00      | \$ 10,875.00      |                     |   |   |   |   |
| \$ 3,847.00       | \$ 3,847.00       |                     |   |   |   |   |
| \$ 59,256.00      | \$ 59,256.00      | \$ -                | \$ -  | \$ -  |   |   |
| \$ 8,832.00       | \$ 7,269.00       | \$ 1,563.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 6,416.00       | \$ 3,911.00       | \$ 2,505.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 15,248.00      | \$ 11,180.00      | \$ 4,068.00         | \$ -  | \$ -  |   |   |
| \$ 1,590.00       | \$ 924.00         | \$ 666.00           |   |   |   |   |
| \$ 9,869.00       | \$ 5,000.00       | \$ 4,869.00         |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 11,459.00      | \$ 5,924.00       | \$ 5,535.00         | \$ -  | \$ -  |   |   |
| \$ 1,049.00       | \$ 1,049.00       |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 1,049.00       | \$ 1,049.00       | \$ -                | \$ -  | \$ -  |   |   |
| \$ 8,588.00       | \$ 7,691.00       | \$ 897.00           |   |   |   |   |
| \$ 2,116.00       | \$ 2,116.00       |                     |   |   |   |   |
| \$ 10,704.00      | \$ 9,807.00       | \$ 897.00           | \$ -  | \$ -  |   |   |
| \$ 14,850.00      | \$ 14,850.00      |                     |   |   |   |   |
| \$ -              |                   |                     |   |   |   |   |
| \$ 47.00          | \$ 47.00          |                     |   |   |   |   |
| \$ 14,897.00      | \$ 14,897.00      | \$ -                | \$ -  | \$ -  |   |   |
| \$ 112,613.00     | \$ 102,113.00     | \$ 10,500.00        | \$ -  | \$ -  |   |   |

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

|  |  |                         |        |      |      |               |           |
|--|--|-------------------------|--------|------|------|---------------|-----------|
| H)/Contractor Name (SA) 00271  |  |                         |        |      |      | Appendix #    | B-3a      |
| Provider Name Progress Foundation  |  |                         |        |      |      | Page #        |           |
| Provider Number 3854   |  |                         |        |      |      | Fiscal Year   | 2018-19   |
|  |  |                         |        |      |      | Document Date | 05/14/18  |
| Program Name   | Seniors-Carroll                        | Seniors-Carroll         |        |      |      |               |           |
| Program Code   | 38541                                  | 38541                   |        |      |      |               |           |
| Mode/SFC (MH) or Modality (SA)   | 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)   | 07/01/18-12/31/18                      | 07/01/18-12/31/18       |        |      |      |               | TOTAL     |
| Salaries & Employee Benefits   | 148,760                                |                         |        |      |      |               | 148,760   |
| Operating Expenses   | 12,819                                 | 14,145                  |        |      |      |               | 26,964    |
| Capital Expenses   |  |                         |        |      |      |               | -         |
| Subtotal Direct Expenses   | 161,579                                | 14,145                  | -      | -    | -    | -             | 175,724   |
| Indirect Expenses  | 14,278                                 | 1,379                   |        |      |      |               | 15,657    |
| TOTAL FUNDING USES   | 175,857                                | 15,524                  | -      | -    | -    | -             | 191,381   |
| FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                         |        |      |      |               |           |
|  | HMHMCC730515                           | 73,702                  |        |      |      |               | 73,702    |
|  | HMHMCC730515                           | 29,224                  | 15,524 |      |      |               | 44,748    |
|  | HMHMCC730515                           | 62,431                  |        |      |      |               | 62,431    |
| not in drop-down list  |  |                         |        |      |      | -             |           |
| BHS MENTAL HEALTH FUNDING SOURCES  | 165,357                                | 15,524                  | -      | -    | -    | -             | 180,881   |
| OTHER FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                         |        |      |      |               |           |
|  |  |                         |        |      |      |               | -         |
|  |  |                         |        |      |      |               | -         |
|  | not in drop-down list                  |                         |        |      |      |               | -         |
| IS SUBSTANCE ABUSE FUNDING SOURCES   | -                                      | -                       | -      | -    | -    | -             | -         |
| TOTAL OTHER DPH FUNDING SOURCES  | Accounting Code (Index Code or Detail) |                         |        |      |      |               |           |
|  |  |                         |        |      |      |               | -         |
|  |  |                         |        |      |      |               | -         |
|  | not in drop-down list                  |                         |        |      |      |               | -         |
| TOTAL OTHER DPH FUNDING SOURCES  | -                                      | -                       | -      | -    | -    | -             | -         |
| TOTAL DPH FUNDING SOURCES  | 165,357                                | 15,524                  | -      | -    | -    | -             | 180,881   |
|  |  |                         |        |      |      |               |           |
|  |  |                         |        |      |      |               |           |
| TOTAL NON-DPH FUNDING SOURCES  | 10,500                                 |                         |        |      |      |               | 10,500    |
| TOTAL NON-DPH FUNDING SOURCES  | 10,500                                 |                         | -      | -    | -    | -             | 10,500    |
| TOTAL DPH AND NON-DPH  | 175,857                                | 15,524                  | -      | -    | -    | -             | 191,381   |
| TOTAL COST   |  |                         |        |      |      |               |           |
| Number of Beds Purchased (if applicable)   | 6                                      |                         |        |      |      |               |           |
| on-Res 33 - ODF # of Group Sessions (classes) for Medi-Cal Provider with Narcotic Tx Program |  |                         |        |      |      |               |           |
| Payment Method   | Fee-For-Service (FFS)                  | Fee-For-Service (FFS)   |        |      |      |               |           |
| DPH Units of Service   | 931                                    | 931                     |        |      |      |               |           |
| Unit Type  | Client Day                             | Client Full Day         | 0      | 0    | 0    |               |           |
| Rate - DPH Rate (DPH FUNDING SOURCES Only)   | \$ 177.61                              | \$ 16.67                | \$ -   | \$ - | \$ - |               |           |
| Rate (DPH & Non-DPH FUNDING SOURCES)   | \$ 188.89                              | \$ 16.67                | \$ -   | \$ - | \$ - |               |           |
| Published Rate (Medi-Cal Providers Only)   | \$ 450.00                              |                         |        |      |      |               | Total UDC |
| Unduplicated Clients (UDC)   | 19                                     | 19                      |        |      |      |               | 19        |

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-3a  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL         | HMHMCC730515   |                   | Accounting Code 2<br>(Index Code or Detail) |          | Accounting Code 3<br>(Index Code or Detail) |          | Accounting Code 4<br>(Index Code or Detail) |          | Accounting Code 5<br>(Index Code or Detail) |          | Accounting Code 6<br>(Index Code or Detail) |          |
|---------------|----------------|-------------------|---|----------|---|----------|---|----------|---|----------|---|----------|
|               | 01/18-12/31/18 | 07/01/18-12/31/18 | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| \$ 9,498.00   | 0.27           | \$ 9,498.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 6,763.00   | 0.27           | \$ 6,763.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 69,148.00  | 3.10           | \$ 69,148.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 1,642.00   | 0.03           | \$ 1,642.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 23,478.00  | 1.62           | \$ 23,478.00      |   |          |   |          |   |          |   |          |   |          |
| \$ 1,252.00   | 0.02           | \$ 1,252.00       |   |          |   |          |   |          |   |          |   |          |
| \$ 964.00     | 0.02           | \$ 964.00         |   |          |   |          |   |          |   |          |   |          |
| \$ 843.00     | 0.02           | \$ 843.00         |   |          |   |          |   |          |   |          |   |          |
| \$ 706.00     | 0.02           | \$ 706.00         |   |          |   |          |   |          |   |          |   |          |
| \$ 751.00     | 0.02           | \$ 751.00         |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| -             |                |                   |   |          |   |          |   |          |   |          |   |          |
| \$ 115,045.00 | 5.39           | \$ 115,045.00     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     |
| \$ 33,715.00  | 29.31%         | \$ 33,715.00      | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          |
| \$ 148,760.00 |                | \$ 148,760.00     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-3a  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515        | Client Program Fees | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|---------------------|---------------------|--|--|--|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18   | 07/01/18-12/31/18   |  |  |  |                                       |
| 11,763.00         | \$ 11,763.00        |                     |  |  |  |                                       |
| 304.00            | \$ 304.00           |                     |  |  |  |                                       |
| 2,484.00          | \$ 793.00           | \$ 1,691.00         |  |  |  |                                       |
| 1,755.00          | \$ 218.00           | \$ 1,537.00         |  |  |  |                                       |
| <b>16,306.00</b>  | <b>\$ 13,078.00</b> | <b>\$ 3,228.00</b>  | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 2,647.00          | \$ 392.00           | \$ 2,255.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| 1,349.00          | \$ 279.00           | \$ 1,070.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>3,996.00</b>   | <b>\$ 671.00</b>    | <b>\$ 3,325.00</b>  | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 342.00            | \$ 35.00            | \$ 307.00           |  |  |  |                                       |
| 1,918.00          | \$ 73.00            | \$ 1,845.00         |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>2,260.00</b>   | <b>\$ 108.00</b>    | <b>\$ 2,152.00</b>  | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 388.00            | \$ 80.00            | \$ 308.00           |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| <b>388.00</b>     | <b>\$ 80.00</b>     | <b>\$ 308.00</b>    | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 2,845.00          | \$ 1,717.00         | \$ 1,127.50         |  |  |  |                                       |
| 783.00            | \$ 424.00           | \$ 359.00           |  |  |  |                                       |
| <b>3,628.00</b>   | <b>\$ 2,141.00</b>  | <b>\$ 1,487.00</b>  | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 369.00            | \$ 369.00           |                     |  |  |  |                                       |
| -                 |                     |                     |  |  |  |                                       |
| 17.00             | \$ 17.00            |                     |  |  |  |                                       |
| <b>386.00</b>     | <b>\$ 386.00</b>    | \$ -                | \$ -   | \$ -   | \$ -   | \$ -                                  |
| <b>26,964.00</b>  | <b>\$ 16,464.00</b> | <b>\$ 10,500.00</b> | \$ -   | \$ -   | \$ -   | \$ -                                  |





Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-4  
 Page #: 2  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL          | HMHMCC730515      |               | Accounting Code 2<br>(Index Code or Detail) |          | Accounting Code 3<br>(Index Code or Detail) |          | Accounting Code 4<br>(Index Code or Detail) |          | Accounting Code 5<br>(Index Code or Detail) |          | Accounting Code 6<br>(Index Code or Detail) |          |
|----------------|-------------------|---------------|---|----------|---|----------|---|----------|---|----------|---|----------|
| 01/18-12/31/18 | 07/01/18-12/31/18 |               |   |          |   |          |   |          |   |          |   |          |
| Salaries       | FTE               | Salaries      | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries | FTE   | Salaries |
| \$ 35,176.00   | 1.00              | \$ 35,176.00  |   |          |   |          |   |          |   |          |   |          |
| \$ 29,548.00   | 1.00              | \$ 29,548.00  |   |          |   |          |   |          |   |          |   |          |
| \$ 78,931.00   | 4.50              | \$ 78,931.00  |   |          |   |          |   |          |   |          |   |          |
| \$ 2,536.00    | 0.17              | \$ 2,536.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 2,863.00    | 0.05              | \$ 2,863.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 2,206.00    | 0.05              | \$ 2,206.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 1,928.00    | 0.05              | \$ 1,928.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 1,615.00    | 0.05              | \$ 1,615.00   |   |          |   |          |   |          |   |          |   |          |
| \$ 1,822.00    | 0.05              | \$ 1,822.00   |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| -              |                   |               |   |          |   |          |   |          |   |          |   |          |
| \$ 156,625.00  | 6.92              | \$ 156,625.00 | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     | 0.00  | \$ -     |
| \$ 47,438.00   | 30.29%            | \$ 47,438.00  | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          | 0.00%                                       |          |
| \$ 204,063.00  |                   | \$ 204,063.00 |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |   | \$ -     |

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-4  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515         |                   | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|----------------------|-------------------|--|--|--|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18    | 07/01/18-12/31/18 |  |  |  |                                       |
| 11,361.00         | \$ 11,361.00         |                   |  |  |  |                                       |
| 10,596.00         | \$ 10,596.00         |                   |  |  |  |                                       |
| 6,106.00          | \$ 6,106.00          |                   |  |  |  |                                       |
| <b>28,063.00</b>  | <b>\$ 28,063.00</b>  | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 8,084.00          | \$ 8,084.00          |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| 258.00            | \$ 258.00            |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| <b>8,342.00</b>   | <b>\$ 8,342.00</b>   | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 769.00            | \$ 769.00            |                   |  |  |  |                                       |
| 3,806.00          | \$ 3,806.00          |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| <b>4,575.00</b>   | <b>\$ 4,575.00</b>   | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 3,157.00          | \$ 3,157.00          |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| <b>3,157.00</b>   | <b>\$ 3,157.00</b>   | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 1,810.00          | \$ 1,810.00          |                   |  |  |  |                                       |
| -                 |                      |                   |  |  |  |                                       |
| <b>1,810.00</b>   | <b>\$ 1,810.00</b>   | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |
| 106.00            | \$ 106.00            |                   |  |  |  |                                       |
| 66,625.00         | \$ 66,625.00         |                   |  |  |  |                                       |
| 820.00            | \$ 820.00            |                   |  |  |  |                                       |
| 57.00             | \$ 57.00             |                   |  |  |  |                                       |
| <b>67,608.00</b>  | <b>\$ 67,608.00</b>  | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |
| <b>113,555.00</b> | <b>\$ 113,555.00</b> | \$ -              | \$ -   | \$ -   | \$ -   | \$ -                                  |

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

|  |  |           |      |      |      |               |           |
|--|--|-----------|------|------|------|---------------|-----------|
| H)/Contractor Name (SA) 00271                  |  |           |      |      |      | Appendix #    | B-5       |
| Provider Name Progress Foundation              |  |           |      |      |      | Page #        | 1         |
| Provider Number 3811                           |  |           |      |      |      | Fiscal Year   | 2018-19   |
|  |  |           |      |      |      | Document Date | 05/14/18  |
| Program Name                                   | Dore Clinic                            |           |      |      |      |               |           |
| Program Code                                   | 38112                                  |           |      |      |      |               |           |
| Mode/SFC (MH) or Modality (SA)                 | 10/25-29                               |           |      |      |      |               |           |
| Service Description                            | DS-Crisis Stab<br>Urgent Care          |           |      |      |      |               |           |
| Funding Term (mm/dd/yy - mm/dd/yy)             | 07/01/18-12/31/18                      |           |      |      |      |               | TOTAL     |
| Salaries & Employee Benefits                   | 1,213,197                              |           |      |      |      |               | 1,213,197 |
| Operating Expenses                             | 159,608                                |           |      |      |      |               | 159,608   |
| Capital Expenses                               |  |           |      |      |      |               | -         |
| Subtotal Direct Expenses                       | 1,372,805                              | -         | -    | -    | -    | -             | 1,372,805 |
| Indirect Expenses                              | 121,843                                |           |      |      |      |               | 121,843   |
| TOTAL FUNDING USES                             | 1,494,648                              | -         | -    | -    | -    | -             | 1,494,648 |
| FUNDING SOURCES                                | Accounting Code (Index Code or Detail) |           |      |      |      |               |           |
|  | HMHMCC730515                           | 667,627   |      |      |      |               | 667,627   |
|  | HMHMCC730515                           | 422,618   |      |      |      |               | 422,618   |
|  | HMHMCC730515                           | 404,403   |      |      |      |               | 404,403   |
| not in drop-down list                          |  |           |      |      |      |               |           |
| BHS MENTAL HEALTH FUNDING SOURCES              |  | 1,494,648 | -    | -    | -    | -             | 1,494,648 |
| FUNDING SOURCES                                | Accounting Code (Index Code or Detail) |           |      |      |      |               |           |
|  |  |           |      |      |      |               |           |
|  |  |           |      |      |      |               |           |
|  |  |           |      |      |      |               |           |
| not in drop-down list                          |  |           |      |      |      |               |           |
| SIS SUBSTANCE ABUSE FUNDING SOURCES            |  | -         | -    | -    | -    | -             | -         |
| FUNDING SOURCES                                | Accounting Code (Index Code or Detail) |           |      |      |      |               |           |
|  |  |           |      |      |      |               |           |
|  |  |           |      |      |      |               |           |
|  |  |           |      |      |      |               |           |
| not in drop-down list                          |  |           |      |      |      |               |           |
| TOTAL OTHER DPH FUNDING SOURCES                |  | -         | -    | -    | -    | -             | -         |
| TOTAL DPH FUNDING SOURCES                      |  | 1,494,648 | -    | -    | -    | -             | 1,494,648 |
| not in drop-down list                          |  |           |      |      |      |               |           |
| TOTAL NON-DPH FUNDING SOURCES                  |  | -         | -    | -    | -    | -             | -         |
| TOTAL (DPH AND NON-DPH)                        |  | 1,494,648 | -    | -    | -    | -             | 1,494,648 |
| COST   |  |           |      |      |      |               |           |
| Number of Beds Purchased (if applicable)       |  |           |      |      |      |               |           |
| on-Res 33 - ODF # of Group Sessions (classes)  |  |           |      |      |      |               |           |
| for Medi-Cal Provider with Narcotic Tx Program |  |           |      |      |      |               |           |
| Payment Method                                 | Fee-For-Service (FFS)                  |           |      |      |      |               |           |
| DPH Units of Service                           | 16,820                                 |           |      |      |      |               |           |
| Unit Type                                      | Client Hour                            | 0         | 0    | 0    | 0    |               |           |
| Rate - DPH Rate (DPH FUNDING SOURCES Only)     | \$ 88.86                               | \$ -      | \$ - | \$ - | \$ - |               |           |
| Rate (DPH & Non-DPH FUNDING SOURCES)           | \$ 88.86                               | \$ -      | \$ - | \$ - | \$ - |               |           |
| Published Rate (Medi-Cal Providers Only)       | \$ 90.00                               |           |      |      |      |               | Total UDC |
| Unduplicated Clients (UDC)                     | 1000                                   |           |      |      |      |               | 1000      |



Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-5  
 Page #: 3  
 Fiscal Year: 2018-19  
 Document Date: 05/14/18

| TOTAL             | HMHMCC730515         | Client Program Fees | Accounting Code 3<br>(Index Code or<br>Detail) | Accounting Code 4<br>(Index Code or<br>Detail) | Accounting Code 5<br>(Index Code or<br>Detail) | Accounting Code<br>(Index Code or Det |
|-------------------|----------------------|---------------------|--|--|--|---------------------------------------|
| 07/01/18-12/31/18 | 07/01/18-12/31/18    | 07/01/18-12/31/18   |  |  |  |                                       |
| 46,846.00         | \$ 46,846.00         |                     |  |  |  |                                       |
| 12,170.00         | \$ 12,170.00         |                     |  |  |  |                                       |
| 6,738.00          | \$ 6,738.00          |                     |  |  |  |                                       |
| <b>65,754.00</b>  | <b>\$ 65,754.00</b>  | \$ -                | \$ -   | \$ -   | \$ -   |                                       |
| 31,577.00         | \$ 31,577.00         |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| 14,492.00         | \$ 14,492.00         |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>46,069.00</b>  | <b>\$ 46,069.00</b>  | \$ -                | \$ -   | \$ -   | \$ -   |                                       |
| 1,747.00          | \$ 1,747.00          |                     |  |  |  |                                       |
| 11,257.00         | \$ 11,257.00         |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>13,004.00</b>  | <b>\$ 13,004.00</b>  | \$ -                | \$ -   | \$ -   | \$ -   |                                       |
| 503.00            | \$ 503.00            |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| <b>503.00</b>     | <b>\$ 503.00</b>     | \$ -                | \$ -   | \$ -   | \$ -   |                                       |
| 5,748.00          | \$ 5,748.00          |                     |  |  |  |                                       |
| 6,150.00          | \$ 6,150.00          |                     |  |  |  |                                       |
| <b>11,898.00</b>  | <b>\$ 11,898.00</b>  | \$ -                | \$ -   | \$ -   | \$ -   |                                       |
| 22,072.00         | \$ 22,072.00         |                     |  |  |  |                                       |
| -                 |                      |                     |  |  |  |                                       |
| 308.00            | \$ 308.00            |                     |  |  |  |                                       |
| <b>22,380.00</b>  | <b>\$ 22,380.00</b>  | \$ -                | \$ -   | \$ -   | \$ -   |                                       |
| <b>159,608.00</b> | <b>\$ 159,608.00</b> | \$ -                | \$ -   | \$ -   | \$ -   |                                       |



**Appendix C  
Insurance Waiver**

**Reserved**



**Appendix D**  
**Reserved**



## San Francisco Department of Public Health

## Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and CONTRACTOR, the Business Associate (“BA”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

**RECITALS**

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

**1. Definitions.**

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.



## San Francisco Department of Public Health

## Business Associate Agreement

c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.



## San Francisco Department of Public Health

## Business Associate Agreement

**m. Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304

**n. Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

**o. Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

## 2. Obligations of Business Associate.

**a. Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

**b. User Training.** The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

**c. Permitted Uses.** BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

**d. Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the



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## Business Associate Agreement

Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

**e. Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

**f. Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

**g. Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

**h. Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to



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## Business Associate Agreement

provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

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

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

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

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



## San Francisco Department of Public Health

## Business Associate Agreement

what constitutes “minimum necessary” to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

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

**n. Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited to, 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C) 45 C.F.R. Section 164.308(b)]

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

**p. Exclusion Lists and Employee Verification.** Upon hire and monthly thereafter, BA will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

### 3. Termination.

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



San Francisco Department of Public Health  
Business Associate Agreement

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

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

**d. Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

**e. Disclaimer.** CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

#### 4. Amendment to Comply with Law.

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

#### 5. Reimbursement for Fines or Penalties.





San Francisco Department of Public Health  
Business Associate Agreement

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs  
San Francisco Department of Public Health  
101 Grove Street, Room 330, San Francisco, CA 94102  
Email: [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org)  
Hotline (Toll-Free): 1-855-729-6040

San Francisco Department of Public Health (SFPDH) Office of Compliance and Privacy Affairs (OCPA)

|                  |  |    |
|------------------|--|----|
| Contractor Name: |  | Cc |
|------------------|--|----|

**PRIVACY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification.

**I. All Contractors.**

|                                  |   |               |  |         |  |        |
|----------------------------------|---|---------------|--|---------|--|--------|
| <b>DOES YOUR ORGANIZATION...</b> |   |               |  |         |  |        |
| A                                | Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?  |               |  |         |  |        |
| B                                | Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?   |               |  |         |  |        |
|                                  | If yes:   | Name & Title: |  | Phone # |  | Email: |
| C                                | Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6100.] |               |  |         |  |        |
| D                                | Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]                           |               |  |         |  |        |
| E                                | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access health information?   |               |  |         |  |        |
| F                                | Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization AND that health information is <b>only transferred or created on encrypted devices approved by SFPDH Information Security staff?</b>               |               |  |         |  |        |

**II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.**

|   |   |
|---|---|
| <b>If Applicable: DOES YOUR ORGANIZATION...</b> |   |
| G   | Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?         |
| H   | Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.) |
| I   | Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?  |
| J   | Document each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations?  |
| K   | When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) were obtained PRIOR to releasing a patient's/client's health information?  |

**III. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I am the Contractor listed above.

|  |               |  |           |  |
|--|---------------|--|-----------|--|
| ATTESTED by Privacy Officer or designated person | Name: (print) |  | Signature |  |
|--|---------------|--|-----------|--|

**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6100 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA.

|                               |              |  |           |  |
|-------------------------------|--------------|--|-----------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  |
|-------------------------------|--------------|--|-----------|--|

San Francisco Department of Public Health (SFPDH) Office of Compliance and Privacy Affairs (OCPA)

|                  |  |    |    |
|------------------|--|----|----|
| Contractor Name: |  | Co | Ci |
|------------------|--|----|----|

**DATA SECURITY ATTESTATION**

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems must form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence to do so by SFPDH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification.

**I. All Contractors.**

|                                  |   |               |         |
|----------------------------------|---|---------------|---------|
| <b>DOES YOUR ORGANIZATION...</b> |   |               |         |
| A                                | Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]                                  |               |         |
| B                                | Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?  |               |         |
|                                  | Date of last Data Security Risk Assessment/Audit:   |               |         |
|                                  | Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:  |               |         |
| C                                | Have a formal Data Security Awareness Program?  |               |         |
| D                                | Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?           |               |         |
| E                                | Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?   |               |         |
|                                  | If yes:   | Name & Title: | Phone # |
| F                                | Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.] |               |         |
| G                                | Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]     |               |         |
| H                                | Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access health information?   |               |         |
| I                                | Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including users, access methods, on-premise data hosts, processing systems, etc.)?  |               |         |

**II. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I bind Contractor listed above.

|  |               |  |           |  |
|--|---------------|--|-----------|--|
| ATTESTED by Data Security Officer or designated person | Name: (print) |  | Signature |  |
|--|---------------|--|-----------|--|

**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at 1-855-729-6040 or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA.

|                               |              |  |           |  |
|-------------------------------|--------------|--|-----------|--|
| EXCEPTION(S) APPROVED by OCPA | Name (print) |  | Signature |  |
|-------------------------------|--------------|--|-----------|--|

**Appendix F**  
**Invoice(s)**

**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 - 12/31/2018

PHP Division: Behavioral Health Services

**BHS**

|                      |   |
|----------------------|---|
| INVOICE NUMBER:      | M03 JL 18   |
| Cl.Blanket No.: BPHM | TBD   |
| Cl. PO No.: POHM     | SFGOV-0000208099  |
| Fund Source:         | MH Fed SOMC FFP (50%) Adult<br>MH County Adult - General Fund<br>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<br>Program Name/Replg. Unit<br>Modality/Mode # - Svc Func (Mrow) | 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>B-1 La Posada (HMHCC730515) 251984-10000-10001792-0001</b>                 |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/40 - 48 24-Hr Adult Crisis Residential PC# - 380B1                         | 1,443            |         |                       |         | \$ 424.87       | \$ -       | 0.000             |         | 0.00%            |         | 1,443.000              | 813,087.41             |                  |                 |
| 15/60 - 69 OP - Medication Support PC# - 380BOP                               | 13,498           |         |                       |         | \$ 2.28         | \$ -       | 0.000             |         | 0.00%            |         | 13,498.000             | 30,775.44              |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 380B1                              | 1,443            |         |                       |         | \$ 28.29        | \$ -       | 0.000             |         | 0.00%            |         | 1,443.000              | 42,265.47              |                  |                 |
| <b>B-2 La Amistad</b>   |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/40 - 49 24-Hr Adult Residential PC# - 38091                                | 2,016            |         |                       |         | \$ 186.74       | \$ -       | 0.000             |         | 0.00%            |         | 2,016.000              | 396,627.84             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 38092                              | 2,016            |         |                       |         | \$ 33.11        | \$ -       | 0.000             |         | 0.00%            |         | 2,016.000              | 66,749.76              |                  |                 |
| <b>B-1b Shrader</b>   |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/40 - 49 24-Hr Adult Crisis Residential PC# - 89661                         | 1,894            |         |                       |         | \$ 362.71       | \$ -       | 0.000             |         | 0.00%            |         | 1,894.000              | 614,430.74             |                  |                 |
| 60/40 - 49 SS-Life Support - Bed & Care                                       | 1,894            |         |                       |         | \$ 48.22        | \$ -       | 0.000             |         | 0.00%            |         | 1,894.000              | 81,684.68              |                  |                 |
| 15/60 - 69 OP - Medication Support PC# - 3808OP                               | 18,768           |         |                       |         | \$ 1.91         | \$ -       | 0.000             |         | 0.00%            |         | 18,768.000             | 35,846.88              |                  |                 |
| <b>B-2b Progress House</b>  |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 38371MH                              | 1,552            |         |                       |         | \$ 255.79       | \$ -       | 0.000             |         | 0.00%            |         | 1,552.000              | 396,986.08             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 38371MH                            | 1,552            |         |                       |         | \$ 12.11        | \$ -       | 0.000             |         | 0.00%            |         | 1,552.000              | 18,794.72              |                  |                 |
| <b>B-2e Ashbury</b>   |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 89841                                | 1,552            |         |                       |         | \$ 160.90       | \$ -       | 0.000             |         | 0.00%            |         | 1,552.000              | 249,716.80             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 89841                              | 1,552            |         |                       |         | \$ 40.28        | \$ -       | 0.000             |         | 0.00%            |         | 1,552.000              | 62,514.56              |                  |                 |
| <b>B-2c Clay</b>  |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 89851                                | 2,482            |         |                       |         | \$ 217.81       | \$ -       | 0.000             |         | 0.00%            |         | 2,482.000              | 540,604.42             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 89851                              | 2,482            |         |                       |         | \$ 27.45        | \$ -       | 0.000             |         | 0.00%            |         | 2,482.000              | 68,130.90              |                  |                 |
| <b>B-2d Lolo House</b>  |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 38GH1                                | 2,172            |         |                       |         | \$ 273.93       | \$ -       | 0.000             |         | 0.00%            |         | 2,172.000              | 594,975.96             |                  |                 |
| 60/40 - 49 Life Support Bd & Care PC# - 38GH1                                 | 2,172            |         |                       |         | \$ 27.25        | \$ -       | 0.000             |         | 0.00%            |         | 2,172.000              | 59,187.00              |                  |                 |
| <b>B-3 Seniors-Ryplins</b>  |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 38531                                | 931              |         |                       |         | \$ 278.31       | \$ -       | 0.000             |         | 0.00%            |         | 931.000                | 259,106.61             |                  |                 |
| 10/95 - 99 DS-Day Rehab Full Day PC# - 38531                                  | 2,060            |         |                       |         | \$ 78.43        | \$ -       | 0.000             |         | 0.00%            |         | 2,060.000              | 161,665.80             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 38531                              | 931              |         |                       |         | \$ 76.58        | \$ -       | 0.000             |         | 0.00%            |         | 931.000                | 71,295.98              |                  |                 |
| <b>B-2a Cortland</b>  |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 38631                                | 1,552            |         |                       |         | \$ 238.46       | \$ -       | 0.000             |         | 0.00%            |         | 1,552.000              | 370,989.92             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 38631                              | 1,552            |         |                       |         | \$ 32.39        | \$ -       | 0.000             |         | 0.00%            |         | 1,552.000              | 50,269.28              |                  |                 |
| <b>B-4 SLP PC# - 3838OP</b>   |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 15/10 - 57, 59 OP - MH Svcs   | 134,375          |         |                       |         | \$ 2.57         | \$ -       | 0.000             |         | 0.00%            |         | 134,375.000            | 345,343.75             |                  |                 |
| <b>B-1a Avenues</b>   |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/40 - 49 24-Hr Adult Crisis Residential PC# - 38A41                         | 1,834            |         |                       |         | \$ 367.00       | \$ -       | 0.000             |         | 0.00%            |         | 1,834.000              | 673,078.00             |                  |                 |
| 15/60 - 69 OP - Medication Support PC# - 38A43                                | 15,912           |         |                       |         | \$ 2.74         | \$ -       | 0.000             |         | 0.00%            |         | 15,912.000             | 43,598.88              |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care PC# - 38A41                              | 1,834            |         |                       |         | \$ 36.86        | \$ -       | 0.000             |         | 0.00%            |         | 1,834.000              | 67,801.24              |                  |                 |
| <b>B-3a Seniors-Carroll PC# 38541</b>   |                  |         |                       |         |                 |            |                   |         |                  |         |                        |                        |                  |                 |
| 05/65 - 79 24-Hr Adult Residential PC# - 38541                                | 931              |         |                       |         | \$ 177.61       | \$ -       | 0.000             |         | 0.00%            |         | 931.000                | 165,354.91             |                  |                 |
| 60/40 - 49 SS-Life Support Bd & Care - PC# - 38541                            | 931              |         |                       |         | \$ 16.67        | \$ -       | 0.000             |         | 0.00%            |         | 931.000                | 15,519.77              |                  |                 |
| <b>TOTAL</b>  | <b>220,931</b>   |         | <b>0,000</b>          |         |                 |            | <b>0,000</b>      |         | <b>0.00%</b>     |         | <b>220,931,000</b>     | <b>\$ 6,095,202.80</b> |                  |                 |
|   | Budget Amount    |         |                       |         | \$ 6,095,677.00 |            |                   |         | Expenses To Date |         | % of Budget            | 0.00%                  | Remaining Budget | \$ 6,095,677.00 |

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

NOTES:

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

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

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date

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

Appendix F  
PAGE A

Control Number

[ ]

INVOICE NUMBER: M04 JL 18

Cl. Blanket No.: BPHM TBD

Cl. PO No.: POHM SFGOV-0000208099 User Cd

Fund Source: MH WO HSA CALWORKS

Invoice Period: July 2018

Final Invoice: (Check if Yes)

ACE 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 - 12/31/2018

PHP Division: Behavioral Health Services

**BHS**

| 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<br>Program Name/Replg. Unit<br>Modality/Mode # - Svc Func (Mit 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-2e Ashbury PC# - 89841 - (HMHM-CALW-BH) 251984-10000-10001792-0001              |                  |         |                       |         |           |            |                   |         |              |         |                        |         |
| 60 / 78 SS-Other Non-MediCal Client Support Exp                                   | 605              |         |                       |         | \$ 326.78 | \$ -       | 0.000             |         | 0.00%        |         | 605.000                |         |
| <b>TOTAL</b>  | <b>605</b>       |         | <b>0.000</b>          |         |           |            | <b>0.000</b>      |         | <b>0.00%</b> |         | <b>605.000</b>         |         |

\$ 197,701.90

| Budget Amount | Expenses To Date | % of Budget | Remaining Budget |
|---------------|------------------|-------------|------------------|
| \$ 197,980.00 | \$ -             | 0.00%       | \$ 197,980.00    |

NOTES:  
 SUBTOTAL AMOUNT DUE \$ -  
 Less: Initial Payment Recovery \$ -  
 (For DPH Use) Other Adjustments \$ -  
**NET REIMBURSEMENT \$ -**  
 HSA CALWORKS - HMHM-CALW-BH - \$197,980.00  
 GF - WO CODB - HMHMCC730515 - \$4,950.00

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_

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

DPH Authorization for Payment

\_\_\_\_\_  
 Authorized Signatory

\_\_\_\_\_  
 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
 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 - 12/31/2018

PHP Division: Behavioral Health Services

INVOICE NUMBER: M05 JL 18  
 Cl.Blanket No.: BPHM TBD  
 CL PO No.: POHM SFGOV-0000208099 User Cd  
 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<br>Program Name/Replg. Unit<br>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                           | 2,160            |         |                       |         | \$ 316.54            | \$ -       | 0.000             |         | 0.00%        |         | 2,160.000              | 683,726.40        |
| 15/ 60 - 69 OP - Medication Support PC# - 38GM3                                  | 19,890           |         |                       |         | \$ 2.06              | \$ -       | 0.000             |         | 0.00%        |         | 19,890.000             | 40,973.40         |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38GM1                                | 2,160            |         |                       |         | \$ 43.63             | \$ -       | 0.000             |         | 0.00%        |         | 2,160.000              | 94,240.80         |
| <b>TOTAL</b>   | <b>24,210</b>    |         | <b>0.000</b>          |         |                      |            | <b>0.000</b>      |         | <b>0.00%</b> |         | <b>24,210.000</b>      | <b>818,940.60</b> |
| <b>Budget Amount</b>   |                  |         |                       |         | <b>\$ 818,969.00</b> |            | <b>\$ -</b>       |         | <b>0.00%</b> |         | <b>\$ 818,969.00</b>   |                   |

SUBTOTAL AMOUNT DUE \$ -  
 Less: Initial Payment Recovery  
 (For BPH 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 - 12/31/2018

PHP Division: Behavioral Health Services

**BHS**

INVOICE NUMBER: M07 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 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<br>Program Name/Reptg. Unit<br>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 |
| 3-5 Dore Clinic PC# - 38112: HMHMCC730515<br>10/ 25 - 29 Crisis Slab Urgent Care | 16,820               |         |                       |         | \$ 88.86        | \$ -       | 0,000                   |         | 0.00%              |         | 16,820,000              |         |
| <b>TOTAL</b>   | 16,820               |         | 0,000                 |         |                 |            | 0,000                   |         | 0.00%              |         | 16,820,000              |         |
|  | <b>Budget Amount</b> |         |                       |         | \$ 1,494,648,00 |            | <b>Expenses To Date</b> |         | <b>% of Budget</b> |         | <b>Remaining Budget</b> |         |
|  |                      |         |                       |         |                 |            | \$ -                    |         | 0.00%              |         | \$ 1,494,648,00         |         |

\$ 1,494,625.20

**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: \_\_\_\_\_  
Title: \_\_\_\_\_

Date: \_\_\_\_\_

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

DPH Authorization for Payment

\_\_\_\_\_  
Authorized Signatory

\_\_\_\_\_  
Date



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

Appendix F  
 PAGE A

Control Number

[ ]

Contractor:

**BHS**

INVOICE NUMBER:

[ ]

Address:

Ct.Blanket No.: BPHM

TBD

Tel No.:

Ct. PO No.: POHM

User Cd

TBD

Funding Term:

Fund Source:

[ ]

Invoice Period :

[ ]

PHP Division: Behavioral Health Services

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<br>Program Name/Reptg. Unit<br>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 |
|  |                  |         |                       |         |           | \$ -       | 0.000             |                  | #DIV/0!     |         | 0.000                  |         |
|  |                  |         |                       |         |           | \$ -       | 0.000             |                  | #DIV/0!     |         | 0.000                  |         |
|  |                  |         |                       |         |           |            |                   |                  |             |         |                        |         |
| <b>TOTAL</b>   | -                |         | 0.000                 |         |           |            | 0.000             |                  | #DIV/0!     |         | 0.000                  |         |
|  | Budget Amount    |         |                       |         | \$ -      |            | \$                | Expenses To Date | % of Budget |         | Remaining Bud          |         |
|  |                  |         |                       |         |           |            | \$                | -                | #DIV/0!     |         | \$                     |         |

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

\_\_\_\_\_ Date \_\_\_\_\_  
 Authorized Signatory

**Appendix G**  
**Dispute Resolution Procedure**  
**For Health and Human Services Nonprofit Contractors**  
**9-06**

**Introduction**

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270). The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions or concerns about this Dispute Resolution Procedure should be addressed to [purchasing@sfgov.org](mailto:purchasing@sfgov.org).

**Dispute Resolution Procedure**

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at [http://www.sfgov.org/site/npcontractingtf\\_index.asp?id=1270](http://www.sfgov.org/site/npcontractingtf_index.asp?id=1270).

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to [purchasing@sfgov.org](mailto:purchasing@sfgov.org). This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

## Appendix H

### **San Francisco Department of Public Health Privacy Policy Compliance Standards**

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

**Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.**

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

**Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.**

As Measured by: Documentation showing individual was trained exists

**Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.**

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.**

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

**Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.**

As Measured by: Documentation exists.

**Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.**

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

**Appendix I**

**THE DECLARATION OF COMPLIANCE**

Each Fiscal Year, CONTRACTOR attests with a Declaration of Compliance that each program site has an Administrative Binder that contains all of the forms, policies, statements, and documentation required by Community Behavioral Health Services (CBHS). The Declaration of Compliance also lists requirements for site postings of public and client information, and client chart compliance if client charts are maintained. CONTRACTOR understands that the Community Programs Business Office of Contract Compliance may visit a program site at any time to ensure compliance with all items of the Declaration of Compliance.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
05/31/2018

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).

| <b>PRODUCER</b><br><br><b>ERNEST BROOMFIELD &amp; ASSOCIATES</b><br><b>REHABILITATION &amp; RECOVERY INSURANCE AGENCY, INC.</b><br><b>P.O. BOX 2153</b><br><b>SAN RAFAEL, CA 94912</b> | <b>CONTACT NAME:</b> MARY@EBASSOC.COM<br><b>PHONE (A/C, No, Ext):</b> 415-272-0417<br><b>FAX (A/C, No):</b> 415-381-1303<br><b>E-MAIL ADDRESS:</b>  |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
|--|---|-------------------------------|--------|-------------------------------------|--|---|--|------------|--|------------|--|------------|--|------------|
|  | <table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: AMERICAN STATES INS. CO.</td> <td></td> </tr> <tr> <td>INSURER B: FIRST NATIONAL INS. CO. OF AMERICA</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A: AMERICAN STATES INS. CO. |  | INSURER B: FIRST NATIONAL INS. CO. OF AMERICA |  | INSURER C: |  | INSURER D: |  | INSURER E: |  | INSURER F: |
| INSURER(S) AFFORDING COVERAGE  | NAIC #  |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| INSURER A: AMERICAN STATES INS. CO.  |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| INSURER B: FIRST NATIONAL INS. CO. OF AMERICA  |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| INSURER C:   |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| INSURER D:   |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| INSURER E:   |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| INSURER F:   |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |
| <b>INSURED</b><br><br><b>PROGRESS FOUNDATION, INC.</b><br><b>368 FELL STREET</b><br><b>SAN FRANCISCO, CA 94102</b>   |   |                               |        |                                     |  |   |  |            |  |            |  |            |  |            |

**COVERAGES**                      **CERTIFICATE NUMBER:** 101081                      **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        | <b>GENERAL LIABILITY</b><br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC  |           |          | 01C1888214    | 05/31/2018              | 05/31/2019              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 3,000,000<br>PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS<br><br><input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED    RETENTION \$ |           |          | 01CH403765    | 06/30/2018              | 06/30/2019              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br><br>EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   |           | N/A      |               |                         |                         | <input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
| B        | <b>PROFESSIONAL LIABILITY</b>  |           |          | 01C1888214    | 06/30/2018              | 06/30/2019              | \$1,000,000 OCC/\$3,000,000 AGG.  |
| C        | <b>EMPLOYEE DISHONESTY</b>   |           |          | 01C1888214    | 06/30/2018              | 06/30/2019              | \$3,700,000 / \$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.

|  |  |
|--|--|
| <b>CERTIFICATE HOLDER</b><br><br>CITY & COUNTY OF SAN FRANCISCO<br>COMMUNITY BEHAVIORAL HEALTH SERVICES<br>1380 HOWARD STREET, 4TH FLOOR<br>SAN FRANCISCO, CA 94103ATTN:<br>YVONNE ECKHOFF | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br><br> |
|--|--|

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
04/03/2018

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

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


|  |   |
|--|---|
| <b>PRODUCER</b> License # 0564249<br><b>Heffernan Insurance Brokers</b><br>1460B O'Brien Drive<br>Menlo Park, CA 94025 | <b>CONTACT NAME:</b><br><b>PHONE (A/C, No, Ext):</b> 1 (650) 842-5200<br><b>FAX (A/C, No):</b> (650) 842-5201 |
|  | <b>E-MAIL ADDRESS:</b><br><br>  |
| <b>INSURER(S) AFFORDING COVERAGE</b>   |   |
| <b>INSURER A:</b> Cypress Insurance Company  | <b>NAIC #</b><br>10855  |
| <b>INSURER B:</b>  |   |
| <b>INSURER C:</b>  |   |
| <b>INSURER D:</b>  |   |
| <b>INSURER E:</b>  |   |
| <b>INSURER F:</b>  |   |

|   |                            |                         |
|---|----------------------------|-------------------------|
| <b>INSURED</b>  | <b>CERTIFICATE NUMBER:</b> | <b>REVISION NUMBER:</b> |
| Progress Foundation<br>368 Fell Street<br>San Francisco, CA 94102 |                            |                         |

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

| INSR LTR | TYPE OF INSURANCE  | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|---|
|          | <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: |           |          |               |                         |                         | EACH OCCURRENCE \$<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$                        |
|          | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY<br><input type="checkbox"/> HIRED AUTOS ONLY<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS ONLY                                      |           |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$   |
|          | <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR<br><b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED:      RETENTION \$   |           |          |               |                         |                         | EACH OCCURRENCE \$<br>AGGREGATE \$  |
| <b>A</b> | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N<br>If yes, describe under DESCRIPTION OF OPERATIONS below   | N/A       | X        | PRWC915672    | 04/01/2018              | 04/01/2019              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Re: As Per Contract or Agreement on File with Insured. Waiver of Subrogation is included on Workers Compensation policy per the attached endorsement, if required. This certificate replaces and supersedes all previously issued certificates.

|  |   |
|--|---|
| <b>CERTIFICATE HOLDER</b><br><br>City and County of San Francisco<br>Department of Public Health<br>1380 Howard Street, 5th Floor<br>San Francisco, CA 94103 | <b>CANCELLATION</b><br><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|--|---|

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<br>Community Behavioral Health Services<br>1380 Howard Street, 4 <sup>th</sup> Floor<br>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 <b>May 31, 2018</b>         | Policy No. <b>01CH403765</b>                        |
| Named Insured<br><b>PROGRESS FOUNDATION, INC.</b> | Countersigned by<br><br>(Authorized Representative) |

|  |
|--|
| Schedule   |
| Name of Person or Organization:  |
| City & County of San Francisco,<br>Its Officers, Agents & Employees<br>Community Behavioral Health Services<br>1380 Howard St., 4 <sup>th</sup> Floor<br>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



City and County of San Francisco  
London Breed, Mayor

# San Francisco Department of Public Health

Greg Wagner  
Acting Director of Health

November 5, 2018

Angela Calvillo, Clerk of the Board  
Board of Supervisors  
1 Dr. Carlton B. Goodlett Place, Room 244  
San Francisco, CA 94102-4689

RECEIVED  
BOARD OF SUPERVISORS  
SAN FRANCISCO  
2018 NOV - 5 AM 10:10  
AK

Dear Ms. Calvillo:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the Department of Public Health's agreement with the Progress Foundation, in the amount of \$94,523,518.

This contract amendment requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- Proposed resolution;
- Copy of proposed amendment;
- Copy of original agreement;
- Form SFEC-126 for the Board of Supervisors.

For questions on this matter, please contact me at (415) 255-3508, [Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,

Jacquie Hale  
Manager  
Office of Contracts Management and Compliance  
DPH Business Office

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The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans.

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~

~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

[Jacquie.Hale@SFDPH.org](mailto:Jacquie.Hale@SFDPH.org) – office 415-255-3508 – fax 415 252-3088

1380 Howard Street, Room 421B, San Francisco, CA 94103

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**FORM SFEC-126:**  
**NOTIFICATION OF CONTRACT APPROVAL**  
(S.F. Campaign and Governmental Conduct Code § 1.126)

|  |  |
|--|--|
| <b>City Elective Officer Information</b> <i>(Please print clearly.)</i>  |  |
| Name of City elective officer(s):<br>Members, Board of Supervisors   | City elective office(s) held:<br>Members, Board of Supervisors |
| <b>Contractor Information</b> <i>(Please print clearly.)</i>   |  |
| Name of contractor:<br>Progress Foundation   |  |
| <i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i> |  |
| (1) Scot Russel, Lee Aurich, Bob Schindewolf, Seth Katzman, Marty Winter, Karen Wenger, Neil Dickman, Maggie Cimino<br>(2) Steve Fields, CEO; Neil Dickman, Acting COO<br>(3) N/A<br>(4) N/A<br>(5) N/A  |  |
| Contractor address:<br>368 Fell Street, San Francisco, CA 94102  |  |
| Date that contract was approved:   | Amount of contract:<br>\$94,523,518                            |
| Describe the nature of the contract that was approved:<br>Residential and outpatient mental health services  |  |
| Comments:  |  |

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

a board on which the City elective officer(s) serves San Francisco Board of Supervisors  
Print Name of Board

the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

|   |   |
|---|---|
| <b>Filer Information</b> <i>(Please print clearly.)</i>                                 |   |
| Name of filer:<br>Angela Calvillo, Clerk of the Board                                   | Contact telephone number:<br>( 415 ) 554-5184 |
| Address:<br>City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA 94102 | E-mail:<br>Board.of.Supervisors@sfgov.org     |

\_\_\_\_\_  
Signature of City Elective Officer (if submitted by City elective officer)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

\_\_\_\_\_  
Date Signed