

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of **January 1, 2023**, 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 contract term, 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 Amendment was obtained on 07/15/2019 and 01/06/2020 from the Civil Service Commission under PSC number 40587 17/18 and 49869 17/18 in the amount of \$292,051,200 and \$311,900,000 for the period commencing 01/01/23 and ending 12/31/2027; and

WHEREAS, the City’s Board of Supervisors approved the Original Agreement by Resolution number 427-18 on December 21, 2018;

WHEREAS, the City’s Board of Supervisors approved this Amendment by 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 the:

First Amendment dated November 1, 2018

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 **Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.9 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to,

Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

2.2 **Section 2.1.** Section 2.1 “Term of the Agreement” currently reads as follows:

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

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

The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2027, unless earlier terminated as otherwise provided herein.

2.3 Section 3.3.1. *Section 3.3.1 “Payment”* currently 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 **Ninety Four Million Five Hundred Twenty Three Thousand Five Hundred Eighteen Dollars (\$94,523,518)**. 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 **Two Hundred Twenty One Million Eight Hundred Forty Seven Thousand Nine Hundred Ninety Nine Dollars (\$221,847,999)**. 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.

2.4 **Assignment.** *The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.11 in its entirety*

3.11 **Assignment.** The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture,

a joint venture partner, (collectively referred to as an “Assignment”) unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City’s approval of any such Assignment is subject to the Contractor demonstrating to City’s reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor’s obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.5 Contractor Vaccination Policy. *The following is hereby added to Article 3 of the Agreement:*

3.8.1 Contractor Vaccination Policy.

(a) Contractor acknowledges that it has read the requirements of the 38th Supplement to Mayoral Proclamation Declaring the Existence of a Local Emergency (“Emergency Declaration”), dated February 25, 2020, and the Contractor Vaccination Policy for City Contractors issued by the City Administrator (“Contractor Vaccination Policy”), as those documents may be amended from time to time. A copy of the Contractor Vaccination Policy can be found at: <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors>.

(b) A Contract subject to the Emergency Declaration is an agreement between the City and any other entity or individual and any subcontract under such agreement, where Covered Employees of the Contractor or Subcontractor work in-person with City employees in connection with the work or services performed under the agreement at a City owned, leased, or controlled facility. Such agreements include, but are not limited to, professional services contracts, general services contracts, public works contracts, and grants. Contract includes such agreements currently in place or entered into during the term of the Emergency Declaration. Contract does not include an agreement with a state or federal governmental entity or agreements that do not involve the City paying or receiving funds.

(c) In accordance with the Contractor Vaccination Policy, Contractor agrees that:

(i) Where applicable, Contractor shall ensure it complies with the requirements of the Contractor Vaccination Policy pertaining to Covered Employees, as they are defined under the Emergency Declaration and the Contractor Vaccination Policy, and insure such Covered Employees are either fully vaccinated for COVID-19 or obtain from Contractor an exemption based on medical or religious grounds; and

(ii) If Contractor grants Covered Employees an exemption based on medical or religious grounds, Contractor will promptly notify City by completing and submitting the Covered Employees Granted Exemptions Form (“Exemptions Form”), which can be found at <https://sf.gov/confirm-vaccine-status-your-employees-and-subcontractors> (navigate to “Exemptions” to download the form).

(d) The City reserves the right to impose a more stringent COVID-19 vaccination policy for the San Francisco Department of Public Health, acting in its sole discretion.

2.6 Withholding. *The following is hereby added to Article 6 of the Agreement:*

6.3 Withholding. Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San

Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.7 Consideration of Salary History. *The following is hereby added to Article 9 of the Agreement, replacing the previous Section 9.4 in its entirety:*

9.4 Consideration of Salary History. Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or “Pay Parity Act.” Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee’s salary history without that employee’s authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

2.8 Limitations on Contributions. *The following is hereby added to Article 9 of the Agreement, replacing the previous Section 9.11 in its entirety:*

9.11 Limitations on Contributions. By executing this Agreement, Contractor acknowledges its obligations under Section 1.126 of the City’s Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of 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, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. 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 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.9 Distribution of Beverages and Water. *The following is hereby added to Article 9 of the Agreement, replacing the previous Section 9.17 in its entirety:*

9.17 Distribution of Beverages and Water.

9.17.1 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it shall 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.

9.17.2 Packaged Water Prohibition. Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.10 Notification of Legal Requests. *The following section is hereby added and incorporated in Article 10 of the Agreement:*

10.14 Notification of Legal Requests. Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests (“Legal Requests”) related to all data given to Contractor by City in the performance of this Agreement (“City Data” or “Data”), or which in any way might reasonably require access to City’s Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City’s instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

2.11 Ownership of City Data. *The following section is hereby added and incorporated in Article 12 of the Agreement:*

12.5 Ownership of City Data. The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

2.12 Management of City Data and Confidential Information. *The following sections are hereby added and incorporated in Article 12 of the Agreement:*

12.6 Management of City Data and Confidential Information.

12.6.1 Use of City Data and Confidential Information. Contractor agrees to hold City’s Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City’s Data except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City’s Data outside the United States is subject to prior written authorization by the City. Access to City’s Data must be strictly controlled and limited to Contractor’s staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data solely for performing its obligations under the Agreement and not for Contractor’s own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

12.6.2 Disposition of Confidential Information. Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City’s behalf, which includes all original media. Once Contractor has received written confirmation from City that City’s Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge. Secure disposal shall be accomplished by “clearing,” “purging” or “physical destruction,” in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

2.13 Appendices A-1 to A-5. Appendices A-1 to A-5 (For Fiscal Year: 07/01/2022-6/30/2023) is hereby attached to this Amendment and fully incorporated within the Agreement.

2.14 Appendices B, and B-1 to B-5. Appendices B, and B-1 to B-5 (For Fiscal Year: 07/01/2022-6/30/2023) is hereby attached to this Amendment and fully incorporated within the Agreement .

2.15 **Appendix D.** Appendix D is hereby attached to this Amendment and fully incorporated within the Agreement.

2.16 **Appendix E.** Appendix E, is hereby replaced in its entirety by Appendix E, attached to this Amendment and fully incorporated within the Agreement.

2.17 **Appendix F.** Appendix F is hereby replaced in its entirety by Appendix F, attached to this Amendment and fully incorporated within the Agreement

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

Recommended by:

Grant Colfax, MD
Director of Health
Department of Public Health

Approved as to Form:

David Chiu
City Attorney

By: _____
Deputy City Attorney

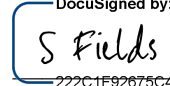
Approved:

Sailaja Kurella
Director of the Office of Contract
Administration, and Purchaser

By: _____

CONTRACTOR

Progress Foundation

DocuSigned by:
 11/17/2022 | 4:36 PM PST
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Steve Fields
Executive Director
368 Fell Street
San Francisco, CA 94102

Supplier ID: 0000012820

Appendix A
Scope of Services – DPH Behavioral Health Services

1. Terms

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| <ul style="list-style-type: none"> A. Contract Administrator B. Reports C. Evaluation D. Possession of Licenses/Permits E. Adequate Resources F. Admission Policy G. San Francisco Residents Only H. Grievance Procedure I. Infection Control, Health and Safety 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 | <ul style="list-style-type: none"> N. Patients' Rights O. Under-Utilization Reports P. Quality Improvement Q. Working Trial Balance with Year-End Cost Report R. Harm Reduction S. Compliance with Behavioral Health Services Policies and Procedures T. Fire Clearance U. Clinics to Remain Open V. Compliance with Grant Award Notices |
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- 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 & DayTreatment
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.

Contractor Name: Progress Foundation	Appendix A-1
Program Name: ADUs	FY: 07/01/2022 – 06/30/2023
	Funding Source:

1. Identifiers:

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

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

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

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

Name and Title of Person Completing: Bernadette Navarro-Simeon, PhD, Director of Clinical Administration
Telephone: 415-861-0828 x 132
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2. Nature of Document:

Original Contract Amendment Revision to Program Budgets (RPB)

Contractor Name: Progress Foundation	Appendix A-1
Program Name: ADUs	FY: 07/01/2022 – 06/30/2023
	Funding Source:

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. Priority Population:

The Progress Foundation Acute Diversion Unit (ADU) priority population is any adult referred from Progress Foundation's Dore Urgent Care and other psychiatric crisis services designated by Behavioral Service (BHS). Clients confined in inpatient units and approved by the BHS UM and Authorization Team for placement at the ADU level of care are also accepted. The ADUs may also accept urgent care and community referrals directly through Dore Urgent Care Clinic.

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 Appendix B CRDC

6. Methodology:

- A. The ADUs are listed in the MHP Provider Directory, 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.

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	Funding Source:

The agency has bi-lingual and bi-cultural per diem counselors who assist the ADU programs with translation and milieu engagement with monolingual clients.

- B.** Clients are referred directly from Dore Urgent Care and community crisis services. Referrals from local inpatient units are approved by the BHS UM and Authorization Team and referred to Progress Foundation’s Dore Urgent Care for review. Urgent referrals from community programs are referred directly to Dore Urgent Care. Dore Urgent Care provides assessment and evaluation of client’s needs. Dore Urgent reviews the referrals from inpatient including collateral information from Avatar and Carelink. Dore Urgent Care tracks open beds in the agency and schedules intake interviews with each program. Clients go to the program for an intake interview that 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 serves as the basis upon which to build the treatment plan. Admission criteria are: client must be deemed at-risk for inpatient admission, have an Axis I mental health diagnosis, and have a health screening and PPD within 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 on 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.

Throughout 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 BHS System of Care providers as appropriate.

Clients will meet regularly with assigned counselors to review their treatment 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

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management groups, home management activities, 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 follow-up 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 related groups, 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 timeframe 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 support services.

Clients meet with the psychiatric staff 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 staff 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 staff work approximately 40 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 Workers and Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal system, under the Rehab 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.

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	Funding Source:

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 BHS 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 DPH 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 population. Dore Urgent Care assesses the client's needs and assures that clients are diverted from higher-level care and referred to the ADU.

The agency Director of Clinical Administration, Director of Crisis Services, Triage Coordinator, and other ADU program staff are in close contact via email and phone and have regular in person meetings with the Director of the BHS UM and Authorization Team. Program management staff also work closely with BHS Quality Assurance Team (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, September 2020, Section 2, 2.06). Medications are kept locked centrally in the program. Each client who takes medications have a log indicating amounts and frequency of medications. Counseling staff monitor the clients' actions in regard to medications, and notes in the med log whether or not medications were taken by the clients, in what quantity, and at what time. The program's psychiatric staff reviews all medication levels on a regular basis, and is the primarily responsible for monitoring the medications of the client in the program. This monitoring 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.

Contractor Name: Progress Foundation	Appendix A-1
Program Name: ADUs	FY: 07/01/2022 – 06/30/2023
	Funding Source:

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 FY22-23.

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 binders and a copy is submitted to the Director of Clinical Administration.

2. Quality of Documentation. The programs follow the Progress Foundation Integrity and Compliance Policy to assure the technical and quality of the 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 Administration.

The agency Director of Crisis Services and Director of Transitional Residential Treatment and Supported Living perform periodic chart reviews specifically progress notes to assure timeliness and content of progress notes. The Director of Clinical Administration will perform a monthly review of agency charts using the DPH chart review worksheet.

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

Contractor Name: Progress Foundation	Appendix A-1
Program Name: ADUs	FY: 07/01/2022 – 06/30/2023
	Funding Source:

meetings. The programs have had in-service training on Harm Reduction, Trauma Informed, 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.

The programs also participates in the DHCS Consumer Perception Survey facilitated by the BHS Quality Management Department.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Administration will work closely with the Office of Quality Management to determine more crisis-related ANSA items that will augment the assessment of clients. The programs discuss during staff meeting the quarterly ANSA report and continue to use the ANSA outcome report to improve client-related interventions.

9. Required Language: Not Applicable.

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

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	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

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

Name and Title of Person Completing: Bernadette Navarro-Simeon, PhD, Director of Clinical Administration
Telephone: 415-861-0828 x132
Email Address: didit@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 (TRTPs) 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 have a separate focus to facilitate collaboration between BHS, the Office of the Conservator, the IMDs (Institutes 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 the additional goals 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; To facilitate collaboration between BHS UM and Authorization Team, Human Service Agency (HSA), the Department of Public Health (DPH) and other social service providers in serving this special population.

4. Priority Population:

Progress Foundation's TRTPs will serve clients approved by the BHS UM and Authorization and referred to Progress Foundation. All programs are designed to serve clients with co-occurring substance abuse and mental health treatment needs. The length of stay at La Amistad, Cortland House, and Progress House is up to ninety-days. 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.

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

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. TAY clients can stay up to 5 months in the program.

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 Appendix B CRDC

6. Methodology:

- A. The TRTPs are listed in the BHS Provider Directory, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. Recruitment for staff positions involves posting the open position internally, on various job listing websites, 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.

The agency has bi-lingual and bi-cultural per diem counselors who assist the Transitional Residential Treatment programs with translation and milieu engagement with monolingual clients.

- B. Clients are referred from SFGH Inpatient, local in-patient units, and from Acute Diversion Units and are approved by the BHS UM and Authorization Team. Clients may be referred by case managers, therapists or other service providers and approved by BHS UM and Authorization. Clients in inpatient units are assessed and interviewed by 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 BHS UM and Authorization Team works with Ashbury House on all referrals to assure the most appropriate use of the transitional residential treatment services

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

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 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 program 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 on 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 programs are 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 Rehab 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 counselor 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:

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix 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 staff who reviews the psychiatric medications of the clients and provides necessary medication education to both clients and staff. The psychiatric staff provides up to 4 hours per week of consulting time with staff and clients. The psychiatric staff also serves as the outpatient prescriber for clients who are not yet connected with a psychiatric prescriber.

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

In addition, all programs staffed with Mental Health workers and Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal system, under the Rehab Option, to sign progress notes and charts delineating progress toward 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 BHS UM and Authorization to establish a temporary case manager to address the client's needs while on the clinic waiting list.

The agency Director of Clinical Administration, Director of Transitional Residential Treatment Programs and Supported Living, Triage Coordinator, and program staff are in close contact via email and phone and have regular in person meetings with the Director of BHS UM and Authorization. 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 that brought them into the program and who 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 ZSFGH 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, the program staff discusses and plan discharge 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 FY 22-23.

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

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

required documentation and billing are submitted in a timely manner. These reports are kept in the program binders and a copy is submitted to the Director of Clinical Administration.

2. Quality of Documentation. The program follows the Progress Foundation Integrity and Compliance Policy to assure the technical and quality standards for 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 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 Administration.

The agency Director of Transitional Residential Programs and Supported Living performs periodic chart reviews specifically progress notes to assure timeliness and content of progress notes. The Director of Clinical Administration performs a monthly review of agency charts using the DPH chart review worksheet.

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, Harm Reduction, Trauma Informed, 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.

The programs also participates in the DHCS Consumer Perception Survey that is facilitated by the BHS Quality Management Department.

Contractor Name: Progress Foundation	Appendix A-2
Program Name: Transitional Residential Treatment Programs	FY: 07/01/2022 –06/30/2023
	Funding Source: See Appendix B

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Administration will work closely with BHS Quality Management to determine how to create and produce reports that would assist the program to improve client-related interventions. The programs will discuss during staff meeting the quarterly ANSA report and make recommendations for possible training to address client needs.

9. Required Language: Not Applicable.

Contractor Name: Progress Foundation	Appendix A-3
Program Name: Transitional Residential Treatment Program: Rypins and Carroll Houses	FY: 07/01/2022– 06/30/2023
	Funding Source: See Appendix B

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

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

Name and Title of Person Completing: Bernadette Navarro-Simeon, PhD, Director of Clinical Administration
 Telephone: 415-861-0828 x132
 Email Address: didit@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 (TRTPs). 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. The 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.

Contractor Name: Progress Foundation	Appendix A-3
Program Name: Transitional Residential Treatment Program: Rypins and Carroll Houses	FY: 07/01/2022– 06/30/2023
	Funding Source: See Appendix B

4. Priority Population:

Progress Foundation's Seniors Program will serve clients approved by the BHS UM and Authorization Team and referred to Progress Foundation and referrals from other service providers. Carroll and Rypins Houses serve specifically clients aged 55 and over. The length of stay will vary and clients can stay up to six months.

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.

5. Modality(s)/Intervention(s)

See Appendix B CRDC

6. Methodology:

- A. Carroll and Rypins House are listed in the BHS Provider Directory, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, on various job listing websites, 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.

The agency has bi-lingual and bi-cultural per diem counselors who assist the Residential Treatment Programs with translation and milieu engagement with monolingual clients.

- B. Clients are referred from SFGH Inpatient, local in-patient units, and from Adult Diversion Unit programs and are approved by the BHS UM and Authorization Team. Clients may be referred by case managers, therapists or other service providers and approved by the BHS UM and Authorization Team. 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 program activities to help inform their decisions to engage in the program. The client intake assessment includes a review of any

Contractor Name: Progress Foundation	Appendix A-3
Program Name: Transitional Residential Treatment Program:	FY: 07/01/2022– 06/30/2023
Rypins and Carroll Houses	Funding Source: See Appendix B

substance abuse history in order to identify treatment needs that 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 timeframe. 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. Client can stay up to six months 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 Rehab 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 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 counselor 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 that 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.

Contractor Name: Progress Foundation	Appendix A-3
Program Name: Transitional Residential Treatment Program: Rypins and Carroll Houses	FY: 07/01/2022– 06/30/2023
	Funding Source: See Appendix B

The 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 transportation for residential treatment clients. As needed, the program counselor will transport clients to medical and psychiatric appointments.

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 that 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 timeframe.

The Seniors Program accepts ambulatory clients and is not wheelchair 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 psychiatric consultant staff who reviews the medication records of the clients and coordinates with the clients' outpatient providers. The psychiatric staff provides up to 4 hours per week of consulting time with staff and clients reviewing consumer charts and addressing medication issues. The psychiatric staff also serves as the outpatient prescriber for clients who are not yet connected with a psychiatric prescriber

In addition, Seniors Program is staffed with Mental Health Workers and Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal system, under the Rehab Option, to sign progress notes and charts delineating progress toward 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 Administration, Director of Transitional Residential Programs and Supported Living, Triage Coordinator, and the program staff are in close contact via email and phone and have regular in person meetings with the Director of the BHS Quality Assurance and the BHS Quality Assurance Team. 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.

Contractor Name: Progress Foundation	Appendix A-3
Program Name: Transitional Residential Treatment Program: Rypins and Carroll Houses	FY: 07/01/2022– 06/30/2023
	Funding Source: See Appendix B

D. Exit criteria are determined on a case-by-case basis by reviewing Progress Notes and Treatment Plans, to determine whether 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 ZSFGH 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 FY 22-23.

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 binder and a copy is submitted to the Director of Clinical Administration.

2. Quality of Documentation. The program follows the Progress Foundation Integrity and Compliance Policy to assure the technical and quality standards of the 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.

The agency Director of Transitional Residential Treatment Programs and Supported Living Program perform periodic chart reviews specifically progress notes to assure timeliness and content of progress notes. The Director of Clinical Administration performs a monthly review of agency charts using the DPH chart review worksheet.

Contractor Name: Progress Foundation	Appendix A-3
Program Name: Transitional Residential Treatment Program: Rypins and Carroll Houses	FY: 07/01/2022– 06/30/2023
	Funding Source: See Appendix B

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 Administration.

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 Harm Reduction, Trauma Informed, 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.

The programs also participate in the DHCS Consumer Perception Survey that is facilitated by the BHS Quality Management Department.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Administration will work closely with BHS Quality Management to determine how to create and produce reports that would assist the program to improve client-related interventions. The programs will discuss during staff meeting the quarterly ANSA report and make recommendations for possible training to address client needs.

9. Required Language: Not Applicable.

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

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

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

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

Name of Person Completing: Bernadette Navarro-Simeon, PhD, Director of Clinical Administration
 Telephone: (415) 861-0828 x135
 Email address: didit@progressfoundation.org

2. Nature of Document (check one)

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) or are in the community being supported by TAY SOC Case management, yet are unable to assume full responsibility for forming independent group households and managing the stressors associated with completely independent living. There are adult-specific units and Transitional Age Youth (18 to 25) specific units in the Supported Living Program.

Specific goals include:

- To maintain independence levels achieved by clients while in the residential programs by

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

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 minorities, LGBTQIA populations, and Transitional Age Youth that comprise San Francisco.
- To provide support services to adult 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.
- The emphasis for TAY clients will be supporting them to transition to independent living. To build in an incentive for future independence, the rent/fees charged for each individual will be held in a Progress Foundation account to later be used by the client for a deposit, first-, and last-month rent for their future rental situation.

4. Priority Population

The Supported Living Program (SLP) will serve priority population clients in the Adult 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 Transitional Age Youth Supported Living Program (TAY-SLP) will serve the priority population of Transitional Age Youth clients in the TAY Mental Health System following the criteria for admission to care specified by BHS. Those eligible for the program are men and women with a minimum age limit of 18 and TAY SLP will serve TAY up to 25, but exceptions may be made beyond 25 in consultation and approval with TAY System of Care (TAY SOC) first.

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.

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

5. Modality(ies)/Interventions

See Appendix B CRDC

6. Methodology

A. The Supported Living Program is listed in the BHS Provider Directory, the Homeless Advocacy Resource Manual, Progress Foundation’s website, and other resource directories. Recruitment for staff positions involves posting the open position internally, on various job listing websites, 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.

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 TAY-SLP is a system of up to two leased apartments of five beds each where residents receive mental health, case management and crisis intervention services from the TAY-SLP staff.

The Supported Living Program consists of two elements: (a) the Cooperative Apartments Program and (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 BHS UM and Authorization 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.

B. The clients for the TAY Cooperative Apartments Program will be referred by TAY SOC outpatient partners to the Progress Foundation Transitional Age Youth Residential Coordinator. This position, which preferably be a license or license waived status, is the access point for clients seeking the Supported Living Cooperative Housing of Progress Foundation. This role would work closely and in alignment with the BHS TAY Linkage Collaborative Coordinator and the TAY Linkage Collaborative to identify TAY clients in the BHS system of care who could benefit from TAY Co-op services. The Collaborative will work together to facilitate the

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

relationships between different organizations working with the same clients, ensuring continuity of care.

The role of the coordinator is to assess identified clients referred by the TAY SOC for medical necessity and preparedness for placement in the Cooperative Supported Living Program. They will be responsible for assessing client mental health status, collecting collateral information from outpatient providers. The coordinator will also involve a training and information-sharing element with the youth service providers to support the readiness of the client to access residential treatment for the eventual goal of accessing the TAY Cooperative Apartment Program.

This role would also work in conjunction with Dore Urgent Care in tracking TAY clients referred from that facility or placed in inpatient units. The position will continue to develop relationships with Children’s System of Care providers such as HSA.

The TAY coordinator would support the coordination of care to clients the TAY SOC refer to be placed in either ADU or RTF programs. They will coordinate with the staff at the assigned program and provide a consultative overview of case management activities addressing the case management needs of the TAY clients receiving services in Progress Foundation’s RTFs or ADUs. The TAY-coordinator will identify the TAY clients in Progress Foundation Residential Treatment Facilities that are appropriate referrals for the TAY Cooperative Apartment Program.

The TAY coordinator is responsible for providing a continued coordination of care for TAY clients living in the TAY coop sites through collaboration with the TAY case managers.

The TAY-BHS Case Management staff require a Mental Health Rehabilitation Specialist (MHRS) certification and function as a case manager/counselor attached to each TAY coop location. The TAY-BHS staff are supervised by the Supported Living Program’s Program Director

Clients are identified for transition to the TAY Supported Living Program because they are receiving services in a Progress Foundation Residential Treatment Facility will develop a case management relationship with the TAY-BHS Case Manager during the referral and re-admit process. As part of their ongoing treatment goals, the TAY-BHS CM will be assessing the readiness of the client in relation to a successful transition to the TAY-SLP from residential treatment. As the prospective client seeking placement in the TAY-SLP enters their final six weeks of treatment at the Residential Treatment Program, a plan of integration into the apartment through introduction to prospective roommates and attending the weekly house meetings will commence to ease the transition from treatment to housing.

C. The average length of stay at cooperative apartment is 2 years. Residents are not required to move but many do so when they have completed their treatment program.

In order to maintain a focus on the 18 to 25 age group in TAY-SLP, the emphasis will be on

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

supporting the clients to transition to independent living by the time the individual ages out of the target age range. To build in an incentive for a client to seek future independence, the rent charged for each individual will be held in a Progress Foundation account to be used for a deposit and first and last month's costs for their future rental situation.

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.

In the TAY-SLP, the TAY-BHS CM will meet with each living group at least twice a week to discuss on-going problems, interpersonal issues, and to assist in the planning of activities. These formal meetings will provide the opportunity to assess the progress of individual clients in the program.

In addition to the group meetings, each client will meet with their assigned case manager or TAY-BHS CM individually on average once a week. This component will begin to utilize the counseling forum to discuss personal issues, resolve private conflicts and plan future rehabilitation efforts. For some clients, the completion of the Co-op Program will find them living independently, engaged in meaningful—even paid—activities, and maintaining their connection to outpatient providers 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 the SLP, each client will work with a case manager or TAY-BHS CM to develop a treatment and rehabilitation plan. This plan will specify the goals of the client, an approximate timeframe 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 volunteer or educational activities.

The Supported Living Program Director, TAY Coordinator and TAY-BHS CM will coordinate the clients' involvement in vocational programs. It is expected that clients will enter the apartment program with 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

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

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.

The TAY-SLP is founded on the principles of harm reduction and therefore the client's substance use history will be explored from a trauma-informed perspective. This is done in order to identify what support, both internal and external, a client may require in order to manage any potential patterns of substance use that impact or compromise the living situation in the apartment. Individual counseling, referrals and special groups are designed to address dual diagnosis issues. Staff will receive training in the most effective ways to intervene with clients within the program's timeframe. The development of a clean and sober lifestyle may not be the goal of each client living in the TAY-SLP, and the TAY-BHS CM & TAY coordinator will work with each individual to develop insight and awareness around the safe use of substances that does not compromise the living situation in the apartment. It will not be sustainable for clients to use drugs or alcohol on the premises.

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.

There is a formal exit criteria for clients in the TAY-SLP due to the focus on the 18 to 25 age range. Discharge or transition planning is discussed with the client beginning at admission via focused long-term treatment planning. Progress Foundation, on behalf of the client, will hold the monthly rent in a secure account during the length of a client's residency, which will be reimbursed to the individual on discharge to encourage a move towards more independent housing

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. The case managers and TAY-BHS CM will 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.

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

7. Objectives and Measurements

All objectives, and descriptions of how objectives will be measured, are contained in the CBHS document entitled Performance Objectives FY 22-23. Specific performance objectives related to the TAY population will be defined in a separate document.

8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes the review of the performance objectives. There is also a monthly AVATAR report which reviews all required documentation and billing are submitted in a timely manner. These reports are kept in the program binder and a copy is submitted to the Director of Clinical Administration.

2. Quality of Documentation. The program follows the Progress Foundation Integrity and Compliance Policy to assure the technical and quality standards of documentation. The program submits weekly progress note reviews to ensure services provided meet the standards of all regulatory agencies that oversee the programs. Program Director is responsible for reviewing the clinical charts during the PURQC process. This process assures that the assessment, and treatment plans are completed in a timely basis with all the required components.

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, Harm Reduction, Trauma Informed, suicidality, voices, Hepatitis C, Wellness Recovery Action Plan, 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.

Contractor Name: Progress Foundation	Appendix A-4
Program Name: Supported Living Program	FY: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

The program also participates in the DHCS Consumer Perception Survey that is facilitated by the BHS Quality Management Department.

5. Timely completion and use of outcome data [ANSA]. The Director of Clinical Administration will work closely with the BHS Quality Management Team to determine how to create a better balanced ANSA reports that demonstrates the clients' ability to remain in the community with continued need for mental health services. One of the recommendations is adding more positive ANSA items. 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	Appendix A-5
Program Name: Dore Urgent Care Clinic	Contract Term: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

1. Identifiers:

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

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

Name and Title of Person Completing: Bernadette Navarro-Simeon, PhD, Director of Clinical Administration
Telephone: 415-861-0828 x132
Email Address: didit@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 ZSFGH/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. Priority Population:

Progress Foundation's Dore Urgent Care Clinic serves clients referred from SFGH PES, San Francisco Police Department, Behavioral Health Services (including BHS emergency services), Emergency Rooms, community urgent care referrals, and self-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 priority 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

Contractor Name: Progress Foundation	Appendix A-5
Program Name: Dore Urgent Care Clinic	Contract Term: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

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 Appendix B CRDC

6. Methodology:

- A. Progress Foundation programs are listed in the BHS 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.
- B. Dore Urgent Care Clinic will serve clients referred by San Francisco Police Department, ZSFGH Psychiatric Emergency Services, community psychiatric crisis services designated by Community Behavioral Health Services (for example: BHS 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. Former clients can also self-refer themselves to the clinic. 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 Zuckerberg 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,

Contractor Name: Progress Foundation	Appendix A-5
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	Funding Source: See Appendix B

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 BHS 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 BHS, 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 ZSFGH/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 BHS 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 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

Contractor Name: Progress Foundation	Appendix A-5
Program Name: Dore Urgent Care Clinic	Contract Term: 07/01/2022 – 06/30/2023
	Funding Source: See Appendix B

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 FY 22-23.

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 binders and a copy is submitted to the Director of Clinical Administration.

2. Quality of Documentation. The program follows the Agency Integrity and Compliance Policy to assure the technical and quality of the 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 and the authorizing note, are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Crisis Services.

The agency Director of Clinical Administration and Director of Crisis Services perform regular chart reviews specifically the assessment and progress notes to assure timeliness and content of progress notes. The agency performs a monthly review of agency charts using the DPH chart review worksheet.

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 Harm Reduction, Trauma Informed, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

Contractor Name: Progress Foundation	Appendix A-5
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	Funding Source: See Appendix B

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 review the findings of the client satisfaction questionnaires with the program staff as way to address the feedback from the clients and make program changes as necessary.

5. Due to the nature of the program, the program does not do ANSA as part of their clinical assessment.

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 3.3, COMPENSATION, of this Agreement.

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

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

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

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

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

B. Final Closing Invoice

(1) Fee for Service Reimbursement:

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

(2) Cost Reimbursement:

A final closing invoice, clearly marked "FINAL," shall be submitted no later than forty-five (45) calendar days following the closing date of each fiscal year of the Agreement, and shall include only those

costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to CITY.

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

D. Upon **the effective date** of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health **of an invoice or claim submitted by Contractor, and** of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund 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 April 30 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	Acute Diversion Unit (ADU) – La Posada
Appendix B-1a	Acute Diversion Unit (ADU) – Avenues
Appendix B-1b	Acute Diversion Unit (ADU) – Shrader
Appendix B-1c	Acute Diversion Unit (ADU) – Dore Residence
Appendix B-2	Residential Treatment Facilities (RTF) – La Amistad
Appendix B-2a	Residential Treatment Facilities (RTF) – Cortland House
Appendix B-2b	Residential Treatment Facilities (RTF) – Progress House
Appendix B-2c	Residential Treatment Facilities (RTF) – Clay Street
Appendix B-2d	Residential Treatment Facilities (RTF) – Dorine Loso House
Appendix B-2e	Residential Treatment Facilities (RTF) – Ashbury House
Appendix B-3	Seniors Program – Rypins House & DayTreatment
Appendix B-3a	Seniors Program – Carroll House
Appendix B-4	Supported Living Program (SLP)
Appendix B-5	Dore Urgent Care Clinic

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Two Hundred Twenty One Million Eight Hundred Forty Seven Thousand Nine Hundred Ninety Nine Dollars (\$221,847,999)**.

CONTRACTOR understands that, of this maximum dollar obligation, **(\$15,312,967)** 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	\$	18,437,256
July 1, 2019 through June 30, 2020	\$	19,491,632
July 1, 2020 through June 30, 2021	\$	19,506,906
One-Time CODB Payment by Direct Voucher	\$	643,711
July 1, 2021 through June 30, 2022	\$	20,847,462
July 1, 2022 through December 31, 2022	\$	10,829,041
January 1, 2023 through June 30, 2023	\$	10,840,680
July 1, 2023 through June 30, 2024	\$	22,319,813
July 1, 2024 through June 30, 2025	\$	22,989,407
July 1, 2025 through June 30, 2026	\$	23,679,089
July 1, 2026 through June 30, 2027	\$	24,389,462
July 1, 2027 through December 31, 2027	\$	12,560,573
Subtotal - July 1, 2018 through December 31, 2027	\$	206,535,032

Contingency	\$	15,312,967
TOTAL - July 1, 2018 through December 31, 2027	\$	221,847,999

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

To provide for continuity of services while a new agreement was developed, the Department of Public Health established a contract with Progress Foundation, FSP Contract ID #1000008311 for the same services and for a contract term, which partially overlaps the term of this new agreement. The existing contract shall be superseded by this new agreement, effective the first day of the month following the date upon which the Controller's Office certifies as to the availability of funds for this new agreement.

3. Services of Attorneys

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

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

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

DHCS Legal Entity Number 00271															Fiscal Year	
Legal Entity Name/Contractor Name Progress Foundation															2022-2023	
Contract ID Number 1000010016															Funding Notification Date	
															09/01/21	
Appendix Number	B-1	B-1a	B-1b	B-1c	B-2	B-2a	B-2b	B-2c	B-2d	B-2e	B-3	B-3a	B-4	B-4a	B-5	
Provider Number	3808	38A4	8966	38GM	3809	3863	3837	8985	38GH	8984	3853	3854/3	3838	3838	3811	
Program Name	La Posada	Avenues	Shrader	Dore Residence	La Amistad	Cortland	Progress House	Clay	Loso House	Ashbury	Seniors/Rypins	Seniors/Carroll	SLP	TAY	Dore Clinic	
Program Code	38081/OP	38A41/2	89661/OP	38GM1/3	38091	38631	38371MH	89851	38GH1	89811	38531/2	38541	3838OP	3838TAY	38112	
Funding Term	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	07/01/22-6/30/23	
FUNDING USES																
Salaries	\$ 888,622	\$ 922,341	\$ 914,453	\$ 968,424	\$ 589,849	\$ 558,617	\$ 583,717	\$ 864,082	\$ 799,042	\$ 680,871	\$ 488,827	\$ 340,695	\$ 384,549	\$ 206,685	\$ 3,109,650	\$ 12,300,424
Employee Benefits	\$ 261,714	\$ 275,659	\$ 274,429	\$ 282,562	\$ 178,573	\$ 164,196	\$ 169,257	\$ 256,755	\$ 235,581	\$ 199,904	\$ 143,218	\$ 98,522	\$ 105,128	\$ 58,888	\$ 514,686	\$ 3,219,072
Subtotal Salaries & Employee Benefits	\$ 1,150,336	\$ 1,198,000	\$ 1,188,882	\$ 1,250,986	\$ 768,422	\$ 722,813	\$ 752,974	\$ 1,120,837	\$ 1,034,623	\$ 880,775	\$ 632,045	\$ 439,217	\$ 489,677	\$ 265,573	\$ 3,624,336	\$ 15,519,496
Operating Expenses	\$ 198,609	\$ 232,892	\$ 289,091	\$ 366,703	\$ 235,824	\$ 211,808	\$ 134,743	\$ 266,792	\$ 311,459	\$ 229,632	\$ 198,514	\$ 137,955	\$ 324,638	\$ 176,275	\$ 407,352	\$ 3,722,287
Capital Expenses	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Subtotal Direct Expenses	\$ 1,348,945	\$ 1,430,892	\$ 1,477,973	\$ 1,617,689	\$ 1,004,246	\$ 934,621	\$ 887,717	\$ 1,387,629	\$ 1,346,082	\$ 1,110,407	\$ 830,559	\$ 577,172	\$ 814,315	\$ 441,848	\$ 4,031,688	\$ 19,241,783
Indirect Expenses	\$ 138,645	\$ 147,068	\$ 151,907	\$ 166,267	\$ 103,217	\$ 96,061	\$ 91,240	\$ 142,621	\$ 138,351	\$ 114,130	\$ 85,363	\$ 59,324	\$ 83,696	\$ 45,413	\$ 414,378	\$ 1,977,681
Indirect %	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%	10.3%
TOTAL FUNDING USES	\$ 1,487,590	\$ 1,577,960	\$ 1,629,880	\$ 1,783,956	\$ 1,107,463	\$ 1,030,682	\$ 978,957	\$ 1,530,250	\$ 1,484,433	\$ 1,224,537	\$ 915,922	\$ 636,496	\$ 898,011	\$ 487,261	\$ 4,446,066	\$ 21,219,464
															Employee Benefits Rate	25.7%
BHS MENTAL HEALTH FUNDING SOURCES																
MH Adult Fed SDMC FFP (50%)	\$ 503,286	\$ 652,881	\$ 530,697	\$ 658,624	\$ 372,005	\$ 327,365	\$ 373,131	\$ 509,434	\$ 521,698	\$ 234,696	\$ 375,504	\$ 147,404	\$ 318,198	\$ 75,000	\$ 1,612,157	\$ 7,212,080
MH Adult County General Fund	\$ 567,070	\$ 447,892	\$ 656,506	\$ 629,699	\$ 394,186	\$ 391,608	\$ 293,505	\$ 396,030	\$ 293,556	\$ 228,535	\$ 189,333	\$ 347,005	\$ 254,437	\$ 23,063	\$ 2,025,104	\$ 7,137,529
MH Adult State 1991 MH Realignment	\$ 405,234	\$ 465,187	\$ 430,677	\$ 483,633	\$ 311,272	\$ 283,709	\$ 282,321	\$ 542,786	\$ 587,179	\$ 276,724	\$ 326,310	\$ 124,862	\$ 325,376	\$ -	\$ 808,805	\$ 5,654,075
MH WO HSA Calworks										\$ 428,485					\$ 428,485	
MH Adult County GF WO CODB										\$ 26,095				\$ 389,198	\$ 415,293	
MH ERAF Residential Treatment Beds															\$ -	
MCO															\$ -	
CODB															\$ -	
MH Adult TAY Baseline															\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 1,475,590	\$ 1,565,960	\$ 1,617,880	\$ 1,771,956	\$ 1,077,463	\$ 1,002,682	\$ 948,957	\$ 1,448,250	\$ 1,402,433	\$ 1,194,535	\$ 891,147	\$ 619,271	\$ 898,011	\$ 487,261	\$ 4,446,066	\$ 20,847,462
BHS SUD FUNDING SOURCES																
																\$ -
																\$ -
																\$ -
																\$ -
																\$ -
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES																
																\$ -
																\$ -
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 1,475,590	\$ 1,565,960	\$ 1,617,880	\$ 1,771,956	\$ 1,077,463	\$ 1,002,682	\$ 948,957	\$ 1,448,250	\$ 1,402,433	\$ 1,194,535	\$ 891,147	\$ 619,271	\$ 898,011	\$ 487,261	\$ 4,446,066	\$ 20,847,462
NON-DPH FUNDING SOURCES																
																\$ -
	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 30,000	\$ 28,000	\$ 30,000	\$ 82,000	\$ 82,000	\$ 30,000	\$ 24,775	\$ 17,225	\$ -	\$ -	\$ -	\$ 372,000
TOTAL NON-DPH FUNDING SOURCES	\$ 12,000	\$ 12,000	\$ 12,000	\$ 12,000	\$ 30,000	\$ 28,000	\$ 30,000	\$ 82,000	\$ 82,000	\$ 30,000	\$ 24,775	\$ 17,225	\$ -	\$ -	\$ -	\$ 372,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,487,590	\$ 1,577,960	\$ 1,629,880	\$ 1,783,956	\$ 1,107,463	\$ 1,030,682	\$ 978,957	\$ 1,530,250	\$ 1,484,433	\$ 1,224,535	\$ 915,922	\$ 636,496	\$ 898,011	\$ 487,261	\$ 4,446,066	\$ 21,219,462

Prepared By: Mark DeBarr

Phone Number 415-861-0828, ext 125

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

DHCS Legal Entity Number 00271						Appendix Number	B-1
Provider Name Progress Foundation						Page Number	
Provider Number 3808						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):		07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23			
FUNDING USES							
Salaries & Employee Benefits		\$ 1,092,836	\$ 57,500			\$ 1,150,336	
Operating Expenses		\$ 135,524		\$ 63,085		\$ 198,609	
Capital Expenses						\$ -	
Subtotal Direct Expenses		\$ 1,228,360	\$ 57,500	\$ 63,085	\$ -	\$ 1,348,945	
Indirect Expenses		\$ 126,225	\$ 5,922	\$ 6,498		\$ 138,645	
Indirect %		10.3%	10.3%	10.3%	0.0%	0.0%	
TOTAL FUNDING USES		\$ 1,354,585	\$ 63,422	\$ 69,583	\$ -	\$ 1,487,590	
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 482,286	\$ 21,000			\$ 503,286	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 455,065	\$ 42,422	\$ 69,583		\$ 567,070	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 405,234				\$ 405,234	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,342,585	\$ 63,422	\$ 69,583	\$ -	\$ 1,475,590	
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 1,342,585	\$ 63,422	\$ 69,583	\$ -	\$ 1,475,590	
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 12,000				\$ 12,000	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,354,585	63,422	69,583	-	1,487,590	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		10	N/A	10			
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		1,891	17,696	1,891			
Unit Type		Client Day	Staff Minute	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 709.99	\$ 3.58	\$ 36.80	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 716.33	\$ 3.58	\$ 36.80	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 825.00	\$ 9.90				
Unduplicated Clients (UDC)		119	119	119		119	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name La Posada
 Program Code 38081

Appendix Number B-1
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23														
07/01/22-06/30/23														
Program Director	1.00	\$ 79,357.00	1.00	\$ 79,357.00										
Assistant Director	2.00	\$ 127,130.00	2.00	\$ 127,130.00										
Clerk	0.38	\$ 16,519.00	0.38	\$ 16,519.00										
Counselor	11.00	\$ 561,009.00	11.00	\$ 561,009.00										
Relief Staff	1.97	\$ 78,831.00	1.97	\$ 78,831.00										
Admin Assistant	0.07	\$ 3,106.00	0.07	\$ 3,106.00										
SF Clerk	0.03	\$ 1,125.00	0.03	\$ 1,125.00										
Asst Dir Clinical Services	0.07	\$ 6,587.00	0.07	\$ 6,587.00										
SF Assistant Director	0.07	\$ 5,743.00	0.07	\$ 5,743.00										
Maint Tech	0.14	\$ 9,215.00	0.14	\$ 9,215.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	16.73	\$ 888,622.00	16.73	\$ 888,622.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.45%	\$ 261,714.00	29.45%	\$ 261,714.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,150,336.00		\$ 1,150,336.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name La Posada
 Program Code 38081

Appendix Number B-1
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Depreciation	\$ 7,845.00	\$ 7,845.00					
Utilities (telephone, electricity, water, gas)	\$ 25,577.00	\$ 25,577.00					
Building Repair/Maintenance	\$ 26,264.00	\$ 26,264.00					
Occupancy Total:	\$ 59,686.00	\$ 59,686.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 19,980.00	\$ 19,980.00					
Photocopying	\$ -						
Program Supplies	\$ 17,595.00	\$ 14,095.00	\$ 3,500.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 37,575.00	\$ 34,075.00	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,483.00	\$ 983.00	\$ 500.00				
Insurance	\$ 17,783.00	\$ 14,283.00	\$ 3,500.00				
IT Support	\$ 8,176.00	\$ 8,176.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 27,442.00	\$ 23,442.00	\$ 4,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 4,620.00	\$ 4,620.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 4,620.00	\$ 4,620.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 380.3686 hours per @ \$104.17 per hour= \$39,623	\$ 39,623.00	\$ 35,123.00	\$ 4,500.00				
Consultant/Subcontractor Total:	\$ 39,623.00	\$ 35,123.00	\$ 4,500.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 28,190.00	\$ 28,190.00					
Linen	\$ 1,473.00	\$ 1,473.00					
Prescriptions	\$ -						
Other Total:	\$ 29,663.00	\$ 29,663.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 198,609.00	\$ 186,609.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-1a
Provider Name Progress Foundation						Page Number	1
Provider Number 38A4						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):		07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23			
FUNDING USES							
Salaries & Employee Benefits		\$ 1,115,975	\$ 82,025			\$ 1,198,000	
Operating Expenses		\$ 133,865		\$ 99,027		\$ 232,892	
Capital Expenses						\$ -	
Subtotal Direct Expenses		\$ 1,249,840	\$ 82,025	\$ 99,027	\$ -	\$ 1,430,892	
Indirect Expenses		\$ 128,419	\$ 8,449	\$ 10,200		\$ 147,068	
Indirect %		10.3%	10.3%	10.3%	0.0%	0.0%	
TOTAL FUNDING USES		\$ 1,378,259	\$ 90,474	\$ 109,227	\$ -	\$ 1,577,960	
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 615,681	\$ 37,200			\$ 652,881	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 285,391	\$ 53,274	\$ 109,227		\$ 447,892	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 465,187				\$ 465,187	
MCO	251984-10000-10001792-0001					\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,366,259	\$ 90,474	\$ 109,227	\$ -	\$ 1,565,960	
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 1,366,259	\$ 90,474	\$ 109,227	\$ -	\$ 1,565,960	
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 12,000				\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,378,259	90,474	109,227	-	1,577,960	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		12	N/A	12			
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		2,477	21,482	2,477			
Unit Type		Client Day	Staff Minute	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 551.58	\$ 4.21	\$ 44.10	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 556.42	\$ 4.21	\$ 44.10	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 825.00	\$ 9.90				
Unduplicated Clients (UDC)		150	150	150		150	

Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
Program Name Avenues
Program Code 38A41-38A43

Appendix Number B-1a
Page Number 2
Fiscal Year 2022-2023
Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23														
Program Director	1.00	\$ 79,357.00	1.00	\$ 79,357.00										
Assistant Director	2.00	\$ 133,318.00	2.00	\$ 133,318.00										
Clerk	0.38	\$ 13,730.00	0.38	\$ 13,730.00										
Counselor	11.50	\$ 586,009.00	11.50	\$ 586,009.00										
Relief Staff	2.06	\$ 82,591.00	2.06	\$ 82,591.00										
Admin Assistant	0.07	\$ 3,294.00	0.07	\$ 3,294.00										
SF Clerk	0.03	\$ 1,193.00	0.03	\$ 1,193.00										
Asst Dir Clinical Services	0.07	\$ 6,986.00	0.07	\$ 6,986.00										
SF Assistant Director	0.07	\$ 6,090.00	0.07	\$ 6,090.00										
Maint Tech	0.14	\$ 9,773.00	0.14	\$ 9,773.00										
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Totals:	17.32	\$ 922,341.00	17.32	\$ 922,341.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.89%	\$ 275,659.00	29.89%	\$ 275,659.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,198,000.00		\$ 1,198,000.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Avenues
 Program Code 38A4

Appendix Number B-1a
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ -						
Mortgage Interest	\$ 2,229.00	\$ 2,229.00					
Depreciation	\$ 30,993.00	\$ 30,993.00					
Utilities (telephone, electricity, water, gas)	\$ 31,645.00	\$ 31,645.00					
Building Repair/Maintenance	\$ 23,580.00	\$ 23,580.00					
Occupancy Total:	\$ 88,447.00	\$ 88,447.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 20,135.00	\$ 20,135.00					
Photocopying	\$ -						
Program Supplies	\$ 18,892.00	\$ 15,392.00	\$ 3,500.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 39,027.00	\$ 35,527.00	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,120.00	\$ 1,620.00	\$ 500.00				
Insurance	\$ 18,861.00	\$ 16,361.00	\$ 2,500.00				
IT Support	\$ 8,668.00	\$ 8,668.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 29,649.00	\$ 26,649.00	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,986.00	\$ 1,986.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 1,986.00	\$ 1,986.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 380.3686 hours per @ \$104.17 per hour= \$39,623	\$ 39,623.00	\$ 34,123.00	\$ 5,500.00				
Consultant/Subcontractor Total:	\$ 39,623.00	\$ 34,123.00	\$ 5,500.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 33,785.00	\$ 33,785.00					
Linen	\$ 375.00	\$ 375.00					
Prescriptions	\$ -						
Other Total:	\$ 34,160.00	\$ 34,160.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 232,892.00	\$ 220,892.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-1b
Provider Name Progress Foundation						Page Number	1
Provider Number 8966						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):							
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 1,111,582	\$ 77,300				\$ 1,188,882
Operating Expenses		\$ 135,063		\$ 154,028			\$ 289,091
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 1,246,645	\$ 77,300	\$ 154,028	\$ -	\$ -	\$ 1,477,973
Indirect Expenses		\$ 128,080	\$ 7,962	\$ 15,865			\$ 151,907
Indirect %		10.3%	10.3%	10.3%	0.0%	0.0%	10.3%
TOTAL FUNDING USES		\$ 1,374,725	\$ 85,262	\$ 169,893	\$ -	\$ -	\$ 1,629,880
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 488,597	\$ 42,100				\$ 530,697
MH Adult County General Fund	251984-10000-10001792-0001	\$ 443,451	\$ 43,162	\$ 169,893			\$ 656,506
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 430,677					\$ 430,677
MCO	251984-10000-10001792-0001						\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,362,725	\$ 85,262	\$ 169,893	\$ -	\$ -	\$ 1,617,880
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 1,362,725	\$ 85,262	\$ 169,893	\$ -	\$ -	\$ 1,617,880
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 12,000					\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ 12,000	\$ -	\$ -	\$ -	\$ -	\$ 12,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,374,725	85,262	169,893	-	-	1,629,880
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		12	N/A	12			
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		2,267	25,112	2,267			
Unit Type		Client Day	Staff Minute	Client Full Day	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 601.11	\$ 3.40	\$ 74.94	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 606.41	\$ 3.40	\$ 74.94	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 825.00	\$ 9.90				
Unduplicated Clients (UDC)		150	150	150			150
							Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Shrader
 Program Code 89661/OP

Appendix Number B-1b
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23			07/01/22-06/30/23		07/01/22-06/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 79,357.00	1.00	\$ 79,357.00										
Assistant Director	2.00	\$ 127,130.00	2.00	\$ 127,130.00										
Clerk	0.38	\$ 13,730.00	0.38	\$ 13,730.00										
Counselor	11.75	\$ 584,407.00	11.75	\$ 584,407.00										
Relief Staff	2.04	\$ 81,596.00	2.04	\$ 81,596.00										
Admin Assistant	0.08	\$ 3,402.00	0.08	\$ 3,402.00										
SF Clerk	0.03	\$ 1,232.00	0.03	\$ 1,232.00										
Asst Dir Clinical Services	0.08	\$ 7,215.00	0.08	\$ 7,215.00										
SF Assistant Director	0.08	\$ 6,291.00	0.08	\$ 6,291.00										
Maint Tech	0.16	\$ 10,093.00	0.16	\$ 10,093.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	17.60	\$ 914,453.00	17.60	\$ 914,453.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.01%	\$ 274,429.00	30.01%	\$ 274,429.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,188,882.00		\$ 1,188,882.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Shrader
 Program Code 89661/OP

Appendix Number B-1b
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ 1,500.00	\$ 1,500.00					
Mortgage Interest	\$ 46,110.00	\$ 46,110.00					
Depreciation	\$ 48,741.00	\$ 48,741.00					
Utilities (telephone, electricity, water, gas)	\$ 27,741.00	\$ 27,741.00					
Building Repair/Maintenance	\$ 22,456.00	\$ 22,456.00					
Occupancy Total:	\$ 146,548.00	\$ 146,548.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 20,966.00	\$ 20,966.00					
Photocopying	\$ -						
Program Supplies	\$ 17,152.00	\$ 13,652.00	\$ 3,500.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 38,118.00	\$ 34,618.00	\$ 3,500.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,317.00	\$ 1,817.00	\$ 500.00				
Insurance	\$ 19,013.00	\$ 16,513.00	\$ 2,500.00				
IT Support	\$ 8,943.00	\$ 8,943.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 30,273.00	\$ 27,273.00	\$ 3,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 2,989.00	\$ 2,989.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 2,989.00	\$ 2,989.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 380.3686 hours per @ \$104.17 per hour= \$39,623	\$ 39,623.00	\$ 34,123.00	\$ 5,500.00				
Consultant/Subcontractor Total:	\$ 39,623.00	\$ 34,123.00	\$ 5,500.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 31,313.00	\$ 31,313.00					
Linen	\$ 227.00	\$ 227.00					
Prescriptions	\$ -						
Other Total:	\$ 31,540.00	\$ 31,540.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 289,091.00	\$ 277,091.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-1c
Provider Name Progress Foundation						Page Number	1
Provider Number 38GM						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):							
FUNDING USES						TOTAL	
Salaries & Employee Benefits	\$ 1,166,991	\$ 83,995				\$ 1,250,986	
Operating Expenses	\$ 169,826		\$ 196,877			\$ 366,703	
Capital Expenses						\$ -	
Subtotal Direct Expenses	\$ 1,336,817	\$ 83,995	\$ 196,877	\$ -	\$ -	\$ 1,617,689	
Indirect Expenses	\$ 137,338	\$ 8,651	\$ 20,278			\$ 166,267	
Indirect %	10.3%	10.3%	10.3%	0.0%	0.0%	10.3%	
TOTAL FUNDING USES	\$ 1,474,155	\$ 92,646	\$ 217,155	\$ -	\$ -	\$ 1,783,956	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 612,524	\$ 46,100			\$ 658,624	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 365,998	\$ 46,546	\$ 217,155		\$ 629,699	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 483,633				\$ 483,633	
MCO	251984-10000-10001792-0001					\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,462,155	\$ 92,646	\$ 217,155	\$ -	\$ 1,771,956	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 1,462,155	\$ 92,646	\$ 217,155	\$ -	\$ 1,771,956	
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 12,000				\$ 12,000	
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		\$ 12,000	\$ -	\$ -	\$ -	\$ 12,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,474,155	92,646	217,155	-	1,783,956	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		14	N/A	14			
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	2,965	27,299	2,965				
Unit Type	Client Day	Staff Minute	Client Full Day	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 493.14	\$ 3.39	\$ 73.24	\$ -	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 497.19	\$ 3.39	\$ 73.24	\$ -	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 828.00	\$ 9.90					
Unduplicated Clients (UDC)		165	165	165		Total UDC 165	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Dore Residence
 Program Code 38GM1/3

Appendix Number B-1c
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 83,328.00	1.00	\$ 83,328.00										
Assistant Director	2.00	\$ 132,764.00	2.00	\$ 132,764.00										
Clerk	0.38	\$ 15,244.00	0.38	\$ 15,244.00										
Counselor	12.00	\$ 617,901.00	12.00	\$ 617,901.00										
Relief Staff	2.21	\$ 88,247.00	2.21	\$ 88,247.00										
Admin Assistant	0.08	\$ 3,728.00	0.08	\$ 3,728.00										
SF Clerk	0.03	\$ 1,350.00	0.03	\$ 1,350.00										
Asst Dir Clinical Services	0.08	\$ 7,907.00	0.08	\$ 7,907.00										
SF Assistant Director	0.08	\$ 6,894.00	0.08	\$ 6,894.00										
Maint Tech	0.17	\$ 11,061.00	0.17	\$ 11,061.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
Totals:	18.03	\$ 968,424.00	18.03	\$ 968,424.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.18%	\$ 282,562.00	29.18%	\$ 282,562.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,250,986.00		\$ 1,250,986.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Dore Residence
 Program Code 38GM1/3

Appendix Number B-1c
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ -						
Mortgage Interest	\$ 65,846.00	\$ 65,846.00					
Depreciation	\$ 48,905.00	\$ 48,905.00					
Utilities (telephone, electricity, water, gas)	\$ 40,104.00	\$ 40,104.00					
Building Repair/Maintenance	\$ 64,086.00	\$ 64,086.00					
Occupancy Total:	\$ 218,941.00	\$ 218,941.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 34,760.00	\$ 34,760.00					
Photocopying	\$ -						
Program Supplies	\$ 29,019.00	\$ 24,019.00	\$ 5,000.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 63,779.00	\$ 58,779.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,050.00	\$ 4,550.00	\$ 500.00				
Insurance	\$ 21,600.00	\$ 15,100.00	\$ 6,500.00				
IT Support	\$ 9,826.00	\$ 9,826.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 36,476.00	\$ 29,476.00	\$ 7,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 5,485.00	\$ 5,485.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 5,485.00	\$ 5,485.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -	\$ -				
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 40,039.00	\$ 40,039.00					
Linen	\$ 1,983.00	\$ 1,983.00					
Perscriptions	\$ -						
Other Total:	\$ 42,022.00	\$ 42,022.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 366,703.00	\$ 354,703.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2
Provider Name Progress Foundation						Page Number	1
Provider Number 3809						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):							
FUNDING USES						TOTAL	
Salaries & Employee Benefits		\$ 768,422				\$ 768,422	
Operating Expenses		\$ 100,448	\$ 135,376			\$ 235,824	
Capital Expenses						\$ -	
Subtotal Direct Expenses		\$ 868,870	\$ 135,376	\$ -	\$ -	\$ 1,004,246	
Indirect Expenses		\$ 89,273	\$ 13,944			\$ 103,217	
Indirect %		10.3%	10.3%	0.0%	0.0%	0.0%	
TOTAL FUNDING USES		\$ 958,143	\$ 149,320	\$ -	\$ -	\$ 1,107,463	
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 372,005				\$ 372,005	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 244,866	\$ 149,320			\$ 394,186	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 311,272				\$ 311,272	
MCO	251984-10000-10001792-0001					\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 928,143	\$ 149,320	\$ -	\$ -	\$ 1,077,463	
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
						\$ -	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 928,143	\$ 149,320	\$ -	\$ -	\$ 1,077,463	
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 30,000				\$ 30,000	
This row left blank for funding sources not in drop-down list						\$ -	
TOTAL NON-DPH FUNDING SOURCES		\$ 30,000	\$ -	\$ -	\$ -	\$ 30,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		958,143	149,320	-	-	1,107,463	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		13	13				
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		3,024	3,024				
Unit Type		Client Day	Client Full Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 306.93	\$ 49.38	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 316.85	\$ 49.38	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 605.00					
Unduplicated Clients (UDC)		59	59			59	
						Total UDC	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name La Amistad
 Program Code 38091

Appendix Number B-2
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23			07/01/22-06/30/23		07/01/22-06/30/23									
Program Director	1.00	\$ 79,357.00	1.00	\$ 79,357.00										
Assistant Director	1.00	\$ 63,098.00	1.00	\$ 63,098.00										
Counselor	7.00	\$ 372,461.00	7.00	\$ 372,461.00										
Relief Staff	1.39	\$ 55,751.00	1.39	\$ 55,751.00										
Admin Assistant	0.05	\$ 2,311.00	0.05	\$ 2,311.00										
SF Clerk	0.02	\$ 837.00	0.02	\$ 837.00										
Asst Dir Clinical Services	0.05	\$ 4,902.00	0.05	\$ 4,902.00										
SF Assistant Director	0.02	\$ 4,274.00	0.02	\$ 4,274.00										
Maint Tech	0.10	\$ 6,858.00	0.10	\$ 6,858.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	10.63	\$ 589,849.00	10.63	\$ 589,849.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.27%	\$ 178,573.00	30.27%	\$ 178,573.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 768,422.00		\$ 768,422.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name La Amistad
 Program Code 38091/OP

Appendix Number B-2
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ 75,644.00	\$ 75,644.00					
Depreciation	\$ -	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 24,022.00	\$ 24,022.00					
Building Repair/Maintenance	\$ 26,756.00	\$ 26,756.00					
Occupancy Total:	\$ 126,422.00	\$ 126,422.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 14,755.00	\$ 4,655.00	\$ 10,100.00				
Photocopying	\$ -						
Program Supplies	\$ 18,581.00	\$ 18,581.00					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 33,336.00	\$ 23,236.00	\$ 10,100.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,495.00	\$ 95.00	\$ 1,400.00				
Insurance	\$ 11,038.00	\$ 1,538.00	\$ 9,500.00				
IT Support	\$ 6,104.00	\$ 3,604.00	\$ 2,500.00				
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 18,637.00	\$ 5,237.00	\$ 13,400.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 6,861.00	\$ 6,861.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 6,861.00	\$ 6,861.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 142.6322 hours per @ \$104.17 per hour= \$14,858	\$ 14,858.00	\$ 8,358.00	\$ 6,500.00				
Consultant/Subcontractor Total:	\$ 14,858.00	\$ 8,358.00	\$ 6,500.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 32,162.00	\$ 32,162.00					
Linen	\$ 3,548.00	\$ 3,548.00					
Perscriptions	\$ -						
Other Total:	\$ 35,710.00	\$ 35,710.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 235,824.00	\$ 205,824.00	\$ 30,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2a
Provider Name Progress Foundation						Page Number	1
Provider Number 3863						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):							
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 722,813					\$ 722,813
Operating Expenses		\$ 89,822	\$ 121,986				\$ 211,808
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 812,635	\$ 121,986	\$ -	\$ -	\$ -	\$ 934,621
Indirect Expenses		\$ 83,496	\$ 12,565				\$ 96,061
Indirect %		10.3%	10.3%	0.0%	0.0%	0.0%	10.3%
TOTAL FUNDING USES		\$ 896,131	\$ 134,551	\$ -	\$ -	\$ -	\$ 1,030,682
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 327,365					\$ 327,365
MH Adult County General Fund	251984-10000-10001792-0001	\$ 257,057	\$ 134,551				\$ 391,608
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 283,709					\$ 283,709
MCO	251984-10000-10001792-0001						\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 868,131	\$ 134,551	\$ -	\$ -	\$ -	\$ 1,002,682
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 868,131	\$ 134,551	\$ -	\$ -	\$ -	\$ 1,002,682
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 28,000					\$ 28,000
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ 28,000	\$ -	\$ -	\$ -	\$ -	\$ 28,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		896,131	134,551	-	-	-	1,030,682
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		10	10				
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		2,328	2,328				
Unit Type		Client Day	Client Full Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 372.91	\$ 57.80	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 384.94	\$ 57.80	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 605.00					
Unduplicated Clients (UDC)		30	30				Total UDC 30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Cortland
 Program Code 38631

Appendix Number B-2a
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23														
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 79,357.00	1.00	\$ 79,357.00										
Assistant Director	1.00	\$ 65,973.00	1.00	\$ 65,973.00										
Counselor	7.00	\$ 347,403.00	7.00	\$ 347,403.00										
Relief Staff	1.20	\$ 48,027.00	1.20	\$ 48,027.00										
Admin Assistant	0.05	\$ 2,152.00	0.05	\$ 2,152.00										
SF Clerk	0.02	\$ 779.00	0.02	\$ 779.00										
Asst Dir Clinical Services	0.05	\$ 4,563.00	0.05	\$ 4,563.00										
SF Assistant Director	0.05	\$ 3,979.00	0.05	\$ 3,979.00										
Maint Tech	0.10	\$ 6,384.00	0.10	\$ 6,384.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	10.47	\$ 558,617.00	10.47	\$ 558,617.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.39%	\$ 164,196.00	29.39%	\$ 164,196.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 722,813.00		\$ 722,813.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Cortland
 Program Code 38631

Appendix Number B-2a
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ 78,732.00	\$ 78,732.00					
Depreciation	\$ -						
Utilities (telephone, electricity, water, gas)	\$ 20,448.00	\$ 20,448.00					
Building Repair/Maintenance	\$ 21,756.00	\$ 21,756.00					
Occupancy Total:	\$ 120,936.00	\$ 120,936.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 14,272.00	\$ 10,172.00	\$ 4,100.00				
Photocopying	\$ -						
Program Supplies	\$ 13,632.00	\$ 9,132.00	\$ 4,500.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 27,904.00	\$ 19,304.00	\$ 8,600.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,992.00	\$ 492.00	\$ 1,500.00				
Insurance	\$ 12,720.00	\$ 3,220.00	\$ 9,500.00				
IT Support	\$ 5,665.00	\$ 5,265.00	\$ 400.00				
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 20,377.00	\$ 8,977.00	\$ 11,400.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 4,927.00	\$ 4,927.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 4,927.00	\$ 4,927.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 142.6322 hours per @ \$104.17 per hour= \$14,858	\$ 14,858.00	\$ 6,858.00	\$ 8,000.00				
Consultant/Subcontractor Total:	\$ 14,858.00	\$ 6,858.00	\$ 8,000.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 22,264.00	\$ 22,264.00					
Linen	\$ 542.00	\$ 542.00					
Perscriptions	\$ -						
Other Total:	\$ 22,806.00	\$ 22,806.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 211,808.00	\$ 183,808.00	\$ 28,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2b
Provider Name Progress Foundation						Page Number	1
Provider Number 3837						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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)		07/01/22-06/30/23	07/01/22-06/30/23				
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 752,974					\$ 752,974
Operating Expenses		\$ 89,713	\$ 45,030				\$ 134,743
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 842,687	\$ 45,030	\$ -	\$ -	\$ -	\$ 887,717
Indirect Expenses		\$ 86,602	4,638				\$ 91,240
Indirect %		10.3%	10.3%	0.0%	0.0%	0.0%	10.3%
TOTAL FUNDING USES		\$ 929,289	\$ 49,668	\$ -	\$ -	\$ -	\$ 978,957
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 373,131					\$ 373,131
MH Adult County General Fund	251984-10000-10001792-0001	\$ 243,837	\$ 49,668				\$ 293,505
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 282,321					\$ 282,321
MCO	251984-10000-10001792-0001						\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 899,289	\$ 49,668	\$ -	\$ -	\$ -	\$ 948,957
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 899,289	\$ 49,668	\$ -	\$ -	\$ -	\$ 948,957
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 30,000					\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ 30,000	\$ -	\$ -	\$ -	\$ -	\$ 30,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		929,289	49,668	-	-	-	978,957
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		10	10				
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		2,328	2,328				
Unit Type		Client Day	Client Full Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 386.29	\$ 21.34	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 399.18	\$ 21.34	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 605.00					
Unduplicated Clients (UDC)		30	30				Total UDC 30

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Progress House
 Program Code 38371

Appendix Number B-2b
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

	TOTAL		251984-10000-10001792-0001	MCO-251984-10000-10001792-0001	Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity			
Funding Term	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 79,357.00	1.00	\$ 79,357.00										
Assistant Director	1.00	\$ 63,967.00	1.00	\$ 63,967.00										
Nurse Practitioner	0.20	\$ 17,236.00	0.20	\$ 17,236.00										
Counselor	7.00	\$ 353,517.00	7.00	\$ 353,517.00										
Relief Staff	1.32	\$ 52,678.00	1.32	\$ 52,678.00										
Admin Assistant	0.05	\$ 2,044.00	0.05	\$ 2,044.00										
SF Clerk	0.02	\$ 740.00	0.02	\$ 740.00										
Asst Dir Clinical Services	0.05	\$ 4,335.00	0.05	\$ 4,335.00										
SF Assistant Director	0.05	\$ 3,779.00	0.05	\$ 3,779.00										
Maint Tech	0.10	\$ 6,064.00	0.10	\$ 6,064.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
	0.00	\$ -												
Totals:	10.79	\$ 583,717.00	10.79	\$ 583,717.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.00%	\$ 169,257.00	29.00%	\$ 169,257.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS	\$ 752,974.00		\$ 752,974.00		\$ -		\$ -		\$ -		\$ -		\$ -	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Progress House
 Program Code 38371

Appendix Number B-2b
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Depreciation	\$ 1,185.00	\$ 1,185.00					
Utilities (telephone, electricity, water, gas)	\$ 19,884.00	\$ 19,884.00					
Building Repair/Maintenance	\$ 19,249.00	\$ 19,249.00					
Occupancy Total:	\$ 40,318.00	\$ 40,318.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 15,344.00	\$ 10,744.00	\$ 4,600.00				
Photocopying	\$ -						
Program Supplies	\$ 19,965.00	\$ 13,665.00	\$ 6,300.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 35,309.00	\$ 24,409.00	\$ 10,900.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,299.00	\$ 1,274.00	\$ 1,025.00				
Insurance	\$ 9,058.00	\$ 2,558.00	\$ 6,500.00				
IT Support	\$ 5,386.00	\$ 3,811.00	\$ 1,575.00				
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 16,743.00	\$ 7,643.00	\$ 9,100.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,554.00	\$ 3,554.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,554.00	\$ 3,554.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 142.6322 hours per @ \$104.17 per hour= \$14,858	\$ 14,858.00	\$ 4,858.00	\$ 10,000.00				
Consultant/Subcontractor Total:	\$ 14,858.00	\$ 4,858.00	\$ 10,000.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 23,586.00	\$ 23,586.00					
Linen	\$ 375.00	\$ 375.00					
Prescriptions	\$ -						
Other Total:	\$ 23,961.00	\$ 23,961.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 134,743.00	\$ 104,743.00	\$ 30,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2c
Provider Name Progress Foundation						Page Number	1
Provider Number 8985						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		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):							
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 1,120,837					\$ 1,120,837
Operating Expenses		\$ 149,301	\$ 117,491				\$ 266,792
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 1,270,138	\$ 117,491	\$ -	\$ -	\$ -	\$ 1,387,629
Indirect Expenses		\$ 130,519	\$ 12,102				\$ 142,621
Indirect %		10.3%	10.3%	0.0%	0.0%	0.0%	10.3%
TOTAL FUNDING USES		\$ 1,400,657	\$ 129,593	\$ -	\$ -	\$ -	\$ 1,530,250
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 509,434					\$ 509,434
MH Adult County General Fund	251984-10000-10001792-0001	\$ 266,437	\$ 129,593				\$ 396,030
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 542,786					\$ 542,786
MCO	251984-10000-10001792-0001						\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,318,657	\$ 129,593	\$ -	\$ -	\$ -	\$ 1,448,250
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 1,318,657	\$ 129,593	\$ -	\$ -	\$ -	\$ 1,448,250
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 82,000					\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ 82,000	\$ -	\$ -	\$ -	\$ -	\$ 82,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,400,657	129,593	-	-	-	1,530,250
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		16	16				
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		3,723	3,723				
Unit Type		Client Day		0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 354.19	\$ 34.81	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 376.22	\$ 34.81	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 605.00					
Unduplicated Clients (UDC)		15	15				Total UDC 15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Clay
 Program Code 89851

Appendix Number B-2c
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23								
Program Director	1.00	\$ 75,635.00	1.00	\$ 75,635.00										
Assistant Director	1.00	\$ 66,378.00	1.00	\$ 66,378.00										
Nurse Practioner	0.20	\$ 34,471.00	0.20	\$ 34,471.00										
Counselor	11.50	\$ 575,546.00	11.50	\$ 575,546.00										
Relief Staff	2.14	\$ 85,556.00	2.14	\$ 85,556.00										
Admin Assistant	0.07	\$ 3,193.00	0.07	\$ 3,193.00										
SF Clerk	0.03	\$ 1,157.00	0.03	\$ 1,157.00										
Asst Dir Clinical Services	0.07	\$ 6,771.00	0.07	\$ 6,771.00										
SF Assistant Director	0.07	\$ 5,903.00	0.07	\$ 5,903.00										
Maint Tech	0.14	\$ 9,472.00	0.14	\$ 9,472.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
Totals:	16.22	\$ 864,082.00	16.22	\$ 864,082.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.71%	\$ 256,755.00	29.71%	\$ 256,755.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,120,837.00		\$ 1,120,837.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Clay
 Program Code 89851

Appendix Number B-2c
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Mortgage Interest	\$ 21,531.00	\$ 21,531.00					
Depreciation	\$ 15,724.00	\$ 15,724.00					
Utilities (telephone, electricity, water, gas)	\$ 30,091.00	\$ 30,091.00					
Building Repair/Maintenance	\$ 39,552.00	\$ 39,552.00					
Occupancy Total:	\$ 106,898.00	\$ 106,898.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 17,022.00	\$ 1,022.00	\$ 16,000.00				
Photocopying	\$ -						
Program Supplies	\$ 25,592.00	\$ 8,592.00	\$ 17,000.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 42,614.00	\$ 9,614.00	\$ 33,000.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 6,785.00	\$ 4,785.00	\$ 2,000.00				
Insurance	\$ 17,516.00	\$ 4,016.00	\$ 13,500.00				
IT Support	\$ 8,439.00	\$ 2,939.00	\$ 5,500.00				
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 32,740.00	\$ 11,740.00	\$ 21,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 4,678.00	\$ 4,678.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 4,678.00	\$ 4,678.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 285.2741 hours per @ \$104.17 per hour= \$29,717	\$ 29,717.00	\$ 1,717.00	\$ 28,000.00				
Consultant/Subcontractor Total:	\$ 29,717.00	\$ 1,717.00	\$ 28,000.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 47,184.00	\$ 47,184.00					
Linen	\$ 2,961.00	\$ 2,961.00					
Prescriptions	\$ -						
Other Total:	\$ 50,145.00	\$ 50,145.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 266,792.00	\$ 184,792.00	\$ 82,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2d
Provider Name Progress Foundation						Page Number	1
Provider Number 38GH						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name		Loso House					
Program Code		38GH1	38GH1				
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)		07/01/22-06/30/23	07/01/22-06/30/23				
FUNDING USES							TOTAL
Salaries & Employee Benefits		\$ 1,034,623					\$ 1,034,623
Operating Expenses		\$ 134,569	\$ 176,890				\$ 311,459
Capital Expenses							\$ -
Subtotal Direct Expenses		\$ 1,169,192	\$ 176,890	\$ -	\$ -	\$ -	\$ 1,346,082
Indirect Expenses		\$ 120,131	\$ 18,220				\$ 138,351
Indirect %		10.3%	10.3%	0.0%	0.0%	0.0%	10.3%
TOTAL FUNDING USES		\$ 1,289,323	\$ 195,110	\$ -	\$ -	\$ -	\$ 1,484,433
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 521,698					\$ 521,698
MH Adult County General Fund	251984-10000-10001792-0001	\$ 98,446	\$ 195,110				\$ 293,556
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 587,179					\$ 587,179
MCO	251984-10000-10001792-0001						\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 1,207,323	\$ 195,110	\$ -	\$ -	\$ -	\$ 1,402,433
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
							\$ -
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity					
							\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 1,207,323	\$ 195,110	\$ -	\$ -	\$ -	\$ 1,402,433
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 82,000					\$ -
This row left blank for funding sources not in drop-down list							\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ 82,000	\$ -	\$ -	\$ -	\$ -	\$ 82,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,289,323	195,110	-	-	-	1,484,433
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased		14	14				
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		3,258	3,258				
Unit Type		Client Day	Client Full Day	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 370.57	\$ 59.89	\$ -	\$ -	\$ -	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 395.74	\$ 59.89	\$ -	\$ -	\$ -	
Published Rate (Medi-Cal Providers Only)		\$ 605.00					Total UDC
Unduplicated Clients (UDC)		13	13				13

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Loso House
 Program Code 38GH1

Appendix Number B-2d
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-6/30/23			07/01/22-6/30/23		07/01/22-6/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 75,635.00	1.00	\$ 75,635.00										
Assistant Director	1.00	\$ 60,471.00	1.00	\$ 60,471.00										
Counselor	11.00	\$ 556,876.00	11.00	\$ 556,876.00										
Relief Staff	2.01	\$ 80,360.00	2.01	\$ 80,360.00										
Admin Assistant	0.07	\$ 3,097.00	0.07	\$ 3,097.00										
SF Clerk	0.03	\$ 1,121.00	0.03	\$ 1,121.00										
Asst Dir Clinical Services	0.07	\$ 6,568.00	0.07	\$ 6,568.00										
SF Assistant Director	0.07	\$ 5,726.00	0.07	\$ 5,726.00										
Maint Tech	0.14	\$ 9,188.00	0.14	\$ 9,188.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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	0.00	\$ -												
Totals:	15.39	\$ 799,042.00	15.39	\$ 799,042.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.48%	\$ 235,581.00	29.48%	\$ 235,581.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 1,034,623.00		\$ 1,034,623.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Loso House
 Program Code 38GH1

Appendix Number B-2d
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Mortgage Interest	\$ 65,336.00	\$ 65,336.00					
Depreciation	\$ 42,721.00	\$ 42,721.00					
Utilities (telephone, electricity, water, gas)	\$ 32,228.00	\$ 32,228.00					
Building Repair/Maintenance	\$ 37,935.00	\$ 37,935.00					
Occupancy Total:	\$ 178,220.00	\$ 178,220.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 17,287.00	\$ 2,287.00	\$ 15,000.00				
Photocopying	\$ -						
Program Supplies	\$ 18,955.00	\$ 5,955.00	\$ 13,000.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 36,242.00	\$ 8,242.00	\$ 28,000.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 3,918.00	\$ 918.00	\$ 3,000.00				
Insurance	\$ 17,420.00	\$ 2,420.00	\$ 15,000.00				
IT Support	\$ 8,155.00	\$ 1,155.00	\$ 7,000.00				
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 29,493.00	\$ 4,493.00	\$ 25,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,182.00	\$ 1,182.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 1,182.00	\$ 1,182.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 285.2741 hours per @ \$104.17 per hour= \$29,717	\$ 29,717.00	\$ 717.00	\$ 29,000.00				
Consultant/Subcontractor Total:	\$ 29,717.00	\$ 717.00	\$ 29,000.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 35,908.00	\$ 35,908.00					
Linen	\$ 697.00	\$ 697.00					
Prescriptions	\$ -						
Other Total:	\$ 36,605.00	\$ 36,605.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 311,459.00	\$ 229,459.00	\$ 82,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271						Appendix Number	B-2e
Provider Name Progress Foundation						Page Number	1
Provider Number 8984						Fiscal Year	2022-2023
Contract ID Number 1000010016						Funding Notification Date	09/01/21
Program Name	Ashbury						
Program Code	89841	89841	89841	89841			
Mode/SFC (MH) or Modality (SUD)	05/65-79	60/40-49	60/78	60/78			
Service Description	24-Hr Adult Residential	SS-Life Support-Bd&Care	SS-Other Non-MediCal Client Support Exp	SS-Other Non-MediCal Client Support Exp			
Funding Term (mm/dd/yy-mm/dd/yy):							
FUNDING USES	TOTAL						
Salaries & Employee Benefits	\$ 464,254		\$ 4,389	\$ 412,132		\$ 880,775	
Operating Expenses	\$ 103,689	\$ 125,943				\$ 229,632	
Capital Expenses						\$ -	
Subtotal Direct Expenses	\$ 567,943	\$ 125,943	\$ 4,389	\$ 412,132	\$ -	\$ 1,110,407	
Indirect Expenses	\$ 58,255	\$ 12,972	\$ 453	\$ 42,450		\$ 114,130	
Indirect %	10.3%	10.3%	10.3%	10.3%	0.0%	10.3%	
TOTAL FUNDING USES	\$ 626,198	\$ 138,915	\$ 4,842	\$ 454,582	\$ -	\$ 1,224,537	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity						
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 234,696				\$ 234,696	
MH Adult County General Fund	251984-10000-10001792-0001	\$ 84,778	\$ 138,915	\$ 4,842		\$ 228,535	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 276,724				\$ 276,724	
MH WO HSA Calworks	251962-10002-10001803-0014	\$ -		\$ -	\$ 428,485	\$ 428,485	
MH Adult County GF WO CODB	251984-10000-10001792-0001	\$ -			\$ 26,095	\$ 26,095	
MCO	251984-10000-10001792-0001					\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 596,198	\$ 138,915	\$ 4,842	\$ 454,580	\$ -	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
						\$ -	
						\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity						
						\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -	\$ -	
TOTAL DPH FUNDING SOURCES		\$ 596,198	\$ 138,915	\$ 4,842	\$ 454,580	\$ -	
NON-DPH FUNDING SOURCES							
Non DPH 3rd Party Patient/Client Fees	NA	\$ 30,000				\$ -	
This row left blank for funding sources not in drop-down list							
TOTAL NON-DPH FUNDING SOURCES		\$ 30,000	\$ -	\$ -	\$ -	\$ 30,000	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		626,198	138,915	4,842	454,580	-	
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased	10	N/A					
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)	Cost Reimbursement (CR)	Cost Reimbursement (CR)			
DPH Units of Service	2,328	2,328	87	8,193			
Unit Type	Client Day	Client Full Day	Staff Hour or Client Day, depending on contract.	Staff Hour or Client Day, depending on contract.	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 256.10	\$ 59.67	\$ 55.49	\$ 55.49	\$ -		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 268.99	\$ 59.67	\$ 55.49	\$ 55.49	\$ -		
Published Rate (Medi-Cal Providers Only)	\$ 605.00		\$ 605.00				
Unduplicated Clients (UDC)	12	12	0			12	
						Total UDC	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Ashbury
 Program Code 89841

Appendix Number B-2e
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL	Cost Reimbursement				Dept-Auth- Proj-Activity	Dept-Auth- Proj-Activity	Dept-Auth- Proj- Activity					
		251984-10000-10001792- 0001		MH Adult County General Fund 251984- 10000-10001792-0001					MH WO HSA Calworks 251962-10002-10001803 0014 & MH Adult County GF WO CODB 251984-10000-10001792 0001				
		FTE	Salaries	FTE	Salaries				FTE	Salaries			
07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23							
Position Title		FTE	Salaries	FTE	Salaries	FTE	Salaries	Salaries	FTE	Salaries	FTE	Salaries	
Program Director	1.00 \$ 79,188.00	0.80	\$ 63,350.00			0.20	\$ 15,838.00						
Assistant Director	1.00 \$ 62,963.00	0.80	\$ 51,630.00			0.20	\$ 11,333.00						
Counselor	9.50 \$ 453,760.00	3.50	\$ 158,945	0.08	\$ 3,393	5.92	\$ 291,422						
Relief Staff	1.59 \$ 63,752.00	1.59	\$ 63,752.00										
Admin Assistant	0.06 \$ 2,555.00	0.06	\$ 2,555.00										
SF Clerk	0.02 \$ 926.00	0.02	\$ 926.00										
Asst Dir Clinical Services	0.06 \$ 5,420.00	0.06	\$ 5,420.00										
SF Assistant Director	0.06 \$ 4,725.00	0.06	\$ 4,725.00										
Maint Tech	0.12 \$ 7,582.00	0.12	\$ 7,582.00										
	0.00 \$ -												
	0.00 \$ -												
	0.00 \$ -												
	0.00 \$ -												
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Totals:	13.41 \$ 680,871.00	7.01	\$ 358,885	0.58	\$ 3,393	6.32	\$ 318,593	\$ -	0.00	\$ -	0.00	\$ -	
Employee Benefits:	29.36% \$ 199,904.00	29.36%	\$ 105,369	29.36%	\$ 996	29.36%	\$ 93,539		0.00%		0.00%		
TOTAL SALARIES & BENEFITS	\$ 880,775.00	\$ 464,254.00	\$ 4,389.00	\$ 412,132.00	\$ -	\$ -	\$ -						

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Ashbury
 Program Code 89841

Appendix Number B-2e
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Mortgage Interest	\$ 17,240.00	\$ 17,240.00					
Depreciation	\$ 24,944.00	\$ 24,944.00					
Utilities (telephone, electricity, water, gas)	\$ 30,528.00	\$ 30,528.00					
Building Repair/Maintenance	\$ 34,847.00	\$ 34,847.00					
Occupancy Total:	\$ 107,559.00	\$ 107,559.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 14,469.00	\$ 14,469.00					
Photocopying	\$ -						
Program Supplies	\$ 15,592.00	\$ 5,592.00	\$ 10,000.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 30,061.00	\$ 20,061.00	\$ 10,000.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,369.00	\$ 869.00	\$ 1,500.00				
Insurance	\$ 11,393.00	\$ 6,393.00	\$ 5,000.00				
IT Support	\$ 6,734.00	\$ 5,234.00	\$ 1,500.00				
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 20,496.00	\$ 12,496.00	\$ 8,000.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,427.00	\$ 3,427.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,427.00	\$ 3,427.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 142.6322 hours per @ \$104.17 per hour= \$14,858	\$ 14,858.00	\$ 2,858.00	\$ 12,000.00				
Consultant/Subcontractor Total:	\$ 14,858.00	\$ 2,858.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 48,204.00	\$ 48,204.00					
Linen	\$ 5,027.00	\$ 5,027.00					
Prescriptions	\$ -						
Other Total:	\$ 53,231.00	\$ 53,231.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 229,632.00	\$ 199,632.00	\$ 30,000.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271				Appendix Number B-3	
Provider Name Progress Foundation				Page Number 1	
Provider Number 3853				Fiscal Year 2022-2023	
Contract ID Number 1000010016				Funding Notification Date 09/01/21	
Program Name		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)		07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23	
FUNDING USES					TOTAL
Salaries & Employee Benefits		\$ 632,045			\$ 632,045
Operating Expenses		\$ 71,809	\$ -	\$ 126,705	\$ 198,514
Capital Expenses		\$ -			\$ -
Subtotal Direct Expenses		\$ 703,854	\$ -	\$ 126,705	\$ 830,559
Indirect Expenses		\$ 72,299	\$ -	\$ 13,064	\$ 85,363
Indirect %		10.3%	0.0%	10.3%	0.0%
TOTAL FUNDING USES		\$ 776,153	\$ -	\$ 139,769	\$ 915,922
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity			
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 375,504			\$ 375,504
MH Adult County General Fund	251984-10000-10001792-0001	\$ 49,564	\$ -	\$ 139,769	\$ 189,333
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 326,310			\$ 326,310
MH WO HSA Calworks	251962-10002-10001803-0014				\$ -
MH Adult County GF WO CODB	251984-10000-10001792-0001				\$ -
MCO	251984-10000-10001792-0001				\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 751,378	\$ -	\$ 139,769	\$ 891,147
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity			
					\$ -
					\$ -
					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL BHS SUD FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity			
					\$ -
This row left blank for funding sources not in drop-down list					\$ -
TOTAL OTHER DPH FUNDING SOURCES		\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$ 751,378	\$ -	\$ 139,769	\$ 891,147
NON-DPH FUNDING SOURCES					
Non DPH 3rd Party Patient/Client Fees	NA	\$ 24,775			
This row left blank for funding sources not in drop-down list					\$ -
TOTAL NON-DPH FUNDING SOURCES		\$ 24,775	\$ -	\$ -	\$ 24,775
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		776,153	-	139,769	915,922
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased		6		6	
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		1,617		1,617	
Unit Type		Client Day	Client Full Day	Client Full Day	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$ 464.67	\$ -	\$ 86.44	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 480.00	\$ -	\$ 86.44	\$ -
Published Rate (Medi-Cal Providers Only)		\$ 605.00			
Unduplicated Clients (UDC)		15		15	Total UDC
					15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Seniors-Rypins
 Program Code 38531

Appendix Number B-3
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23														
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.59	\$ 44,625.00	0.59	\$ 44,625.00										
Assistant Director	0.59	\$ 37,302.00	0.59	\$ 37,302.00										
Nurse Practitioner	0.12	\$ 20,338.00	0.12	\$ 20,338.00										
Counselor	6.50	\$ 324,570.00	6.50	\$ 324,570.00										
Relief Staff	1.15	\$ 46,134.00	1.15	\$ 46,134.00										
Admin Assistant	0.04	\$ 1,911.00	0.04	\$ 1,911.00										
SF Clerk	0.02	\$ 692.00	0.02	\$ 692.00										
Asst Dir Clinical Services	0.04	\$ 4,053.00	0.04	\$ 4,053.00										
SF Assistant Director	0.04	\$ 3,533.00	0.04	\$ 3,533.00										
Sr. Maint Tech	0.08	\$ 5,669.00	0.08	\$ 5,669.00										
Maint Tech	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	9.17	\$ 488,827.00	9.17	\$ 488,827.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	29.30%	\$ 143,218.00	29.30%	\$ 143,218.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 632,045.00		\$ 632,045.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Seniors-Rypins
 Program Code 38531

Appendix Number B-3
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ 79,258.00	\$ 79,258.00					
Depreciation	\$ 4,012.00	\$ 4,012.00					
Utilities (telephone, electricity, water, gas)	\$ 16,826.00	\$ 16,826.00					
Building Repair/Maintenance	\$ 17,368.00	\$ 17,368.00					
Occupancy Total:	\$ 117,464.00	\$ 117,464.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 12,270.00	\$ 2,270.00	\$ 10,000.00				
Photocopying	\$ -	\$ -					
Program Supplies	\$ 12,899.00	\$ 4,899.00	\$ 8,000.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 25,169.00	\$ 7,169.00	\$ 18,000.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,093.00	\$ 593.00	\$ 500.00				
Insurance	\$ 10,020.00	\$ 5,020.00	\$ 5,000.00				
IT Support	\$ 5,034.00	\$ 5,034.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 16,147.00	\$ 10,647.00	\$ 5,500.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 4,359.00	\$ 4,359.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 4,359.00	\$ 4,359.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 84.1509 hours per @ \$104.17 per hour= \$8,766	\$ 8,766.00	\$ 7,491.00	\$ 1,275.00				
Consultant/Subcontractor Total:	\$ 8,766.00	\$ 7,491.00	\$ 1,275.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 26,388.00	\$ 26,388.00					
Linen	\$ 221.00	\$ 221.00					
	\$ -						
Other Total:	\$ 26,609.00	\$ 26,609.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 198,514.00	\$ 173,739.00	\$ 24,775.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271				Appendix Number B-3a	
Provider Name Progress Foundation				Page Number 1	
Provider Number 3854/3				Fiscal Year 2022-2023	
Contract ID Number 1000010016				Funding Notification Date 09/01/21	
Program Name		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)	07/01/22-06/30/23	07/01/22-06/30/23			
FUNDING USES					TOTAL
Salaries & Employee Benefits	\$ 439,217				\$ 439,217
Operating Expenses	\$ 46,105	\$ 91,850			\$ 137,955
Capital Expenses					\$ -
Subtotal Direct Expenses	\$ 485,322	\$ 91,850	\$ -	\$ -	\$ 577,172
Indirect Expenses	\$ 49,864	\$ 9,460			\$ 59,324
Indirect %	10.3%	10.3%	0.0%	0.0%	10.3%
TOTAL FUNDING USES	\$ 535,186	\$ 101,310	\$ -	\$ -	\$ 636,496
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$ 147,404			\$ 147,404
MH Adult County General Fund	251984-10000-10001792-0001	\$ 245,695	\$ 101,310		\$ 347,005
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$ 124,862			\$ 124,862
MH WO HSA Calworks	251962-10002-10001803-0014				
MH Adult County GF WO CODB	251984-10000-10001792-0001				
MCO	251984-10000-10001792-0001				\$ -
This row left blank for funding sources not in drop-down list					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 517,961	\$ 101,310	\$ -	\$ -	\$ 619,271
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
					\$ -
					\$ -
This row left blank for funding sources not in drop-down list					
TOTAL BHS SUD FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
					\$ -
This row left blank for funding sources not in drop-down list					
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES	\$ 517,961	\$ 101,310	\$ -	\$ -	\$ 619,271
NON-DPH FUNDING SOURCES					
Non DPH 3rd Party Patient/Client Fees	NA	\$ 17,225			
This row left blank for funding sources not in drop-down list					
TOTAL NON-DPH FUNDING SOURCES	\$ 17,225	\$ -	\$ -	\$ -	\$ 17,225
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	535,186	101,310	-	-	636,496
BHS UNITS OF SERVICE AND UNIT COST					
Number of Beds Purchased	6	6			
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	1,177	1,177			
Unit Type	Client Day	Client Full Day	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	\$ 440.07	\$ 86.07	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 454.70	\$ 86.07	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)	\$ 605.00				
Unduplicated Clients (UDC)	15	15			Total UDC 15

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Seniors-Carroll
 Program Code 38541

Appendix Number B-3a
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23														
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.41	\$ 31,010.00	0.41	\$ 31,010.00										
Assistant Director	0.41	\$ 25,922.00	0.41	\$ 25,922.00										
Nurse Practioner	0.08	\$ 14,133.00	0.08	\$ 14,133.00										
Counselor	3.50	\$ 225,549.00	3.50	\$ 225,549.00										
Relief Staff	0.83	\$ 33,060.00	0.83	\$ 33,060.00										
Admin Assistant	0.03	\$ 1,328.00	0.03	\$ 1,328.00										
SF Clerk	0.01	\$ 481.00	0.01	\$ 481.00										
Asst Dir Clinical Services	0.03	\$ 2,816.00	0.03	\$ 2,816.00										
SF Assistant Director	0.03	\$ 2,456.00	0.03	\$ 2,456.00										
Maint Tech	0.06	\$ 3,940.00	0.06	\$ 3,940.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	5.39	\$ 340,695.00	5.39	\$ 340,695.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.92%	\$ 98,522.00	28.92%	\$ 98,522.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 439,217.00		\$ 439,217.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Seniors-Carroll
 Program Code 38541

Appendix Number B-3a
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Client Program Fees	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23	07/01/22-06/30/23				
Rent	\$ 55,079.00	\$ 55,079.00					
Depreciation	\$ 2,893.00	\$ 2,893.00					
Utilities (telephone, electricity, water, gas)	\$ 15,387.00	\$ 15,387.00					
Building Repair/Maintenance	\$ 8,272.00	\$ 8,272.00					
Occupancy Total:	\$ 81,631.00	\$ 81,631.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 8,528.00	\$ 2,528.00	\$ 6,000.00				
Photocopying	\$ -						
Program Supplies	\$ 8,963.00	\$ 4,463.00	\$ 4,500.00				
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 17,491.00	\$ 6,991.00	\$ 10,500.00	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 760.00	\$ 260.00	\$ 500.00				
Insurance	\$ 6,963.00	\$ 2,963.00	\$ 4,000.00				
IT Support	\$ 3,498.00	\$ 3,498.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 11,221.00	\$ 6,721.00	\$ 4,500.00	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,029.00	\$ 3,029.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,029.00	\$ 3,029.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents-Nursing, various dates, 58.4813 hours per @ \$104.17 per hour= \$6,092	\$ 6,092.00	\$ 3,867.00	\$ 2,225.00				
Consultant/Subcontractor Total:	\$ 6,092.00	\$ 3,867.00	\$ 2,225.00	\$ -	\$ -	\$ -	\$ -
Food	\$ 18,337.00	\$ 18,337.00					
Linen	\$ 154.00	\$ 154.00					
Other Total:	\$ 18,491.00	\$ 18,491.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 137,955.00	\$ 120,730.00	\$ 17,225.00	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271					Appendix Number B-4	
Provider Name Progress Foundation					Page Number 1	
Provider Number 3838					Fiscal Year 2022-2023	
Contract ID Number 1000010016					Funding Notification Date 09/01/21	
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):			07/01/22-06/30/23			
FUNDING USES						TOTAL
Salaries & Employee Benefits			\$	489,677		\$ 489,677
Operating Expenses			\$	324,638	\$ -	\$ 324,638
Capital Expenses						\$ -
Subtotal Direct Expenses			\$	814,315	\$ -	\$ 814,315
Indirect Expenses			\$	83,696		\$ 83,696
Indirect %				10.3%	0.0%	0.0%
TOTAL FUNDING USES			\$	898,011	\$ -	\$ 898,011
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$	318,198			\$ 318,198
MH Adult County General Fund	251984-10000-10001792-0001	\$	254,437			\$ 254,437
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$	325,376			\$ 325,376
MH WO HSA Calworks	251962-10002-10001803-0014					\$ -
MH Adult County GF WO CODB	251984-10000-10001792-0001					\$ -
MCO	251984-10000-10001792-0001					\$ -
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$	898,011	\$ -	\$ -	\$ 898,011
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
						\$ -
						\$ -
						\$ -
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
						\$ -
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$	898,011	\$ -	\$ -	\$ 898,011
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA					\$ -
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		\$	898,011	\$ -	\$ -	\$ 898,011
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		N/A				
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		201,563				
Unit Type		Staff Minute	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		\$	4.46	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	4.46	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$	22.00			
Unduplicated Clients (UDC)			73			73

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name SLP
 Program Code 3838OP

Appendix Number B-4
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23														
Program Director	1.00	\$ 91,092.00	1.00	\$ 91,092.00										
Case Manager	4.50	\$ 277,907.00	4.50	\$ 277,907.00										
Admin Assistant	0.04	\$ 1,874.00	0.04	\$ 1,874.00										
SF Clerk	0.02	\$ 679.00	0.02	\$ 679.00										
Asst Dir Clinical Services	0.04	\$ 3,974.00	0.04	\$ 3,974.00										
SF Assistant Director	0.04	\$ 3,465.00	0.04	\$ 3,465.00										
Maint Tech	0.08	\$ 5,558.00	0.08	\$ 5,558.00										
	0.00	\$ -												
	0.00	\$ -												
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Totals:	5.72	\$ 384,549.00	5.72	\$ 384,549.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	27.34%	\$ 105,128.00	27.34%	\$ 105,128.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 489,677.00		\$ 489,677.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name SLP
 Program Code 3838OP

Appendix Number B-4
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-100014792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23					
Rent	\$ 20,000.00	\$ 20,000.00					
Utilities (telephone, electricity, water, gas)	\$ 29,136.00	\$ 29,136.00					
Building Repair/Maintenance	\$ 16,377.00	\$ 16,377.00					
Occupancy Total:	\$ 65,513.00	\$ 65,513.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 11,700.00	\$ 11,700.00					
Photocopying	\$ -						
Program Supplies	\$ 3,109.00	\$ 3,109.00					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 14,809.00	\$ 14,809.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,038.00	\$ 1,038.00					
Insurance	\$ 7,859.00	\$ 7,859.00					
IT Support	\$ 3,284.00	\$ 3,284.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 12,181.00	\$ 12,181.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 3,034.00	\$ 3,034.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 3,034.00	\$ 3,034.00	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 1,962.00	\$ 1,962.00					
Linen	\$ 28.00	\$ 28.00					
Client Expense (rent subsidy net client pay)	\$ 227,111.00	\$ 227,111.00					
Other Total:	\$ 229,101.00	\$ 229,101.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 324,638.00	\$ 324,638.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271					Appendix Number B-4a	
Provider Name Progress Foundation					Page Number 1	
Provider Number 3838					Fiscal Year 2022-2023	
Contract ID Number 1000010016					Funding Notification Date 09/01/21	
Program Name			TAY Supportive Living			
Program Code			3838TAY			
Mode/SFC (MH) or Modality (SUD)			15/10-57, 59			
Service Description			OP-MH Svcs			
Funding Term (mm/dd/yy-mm/dd/yy):			07/01/22-06/30/23			
FUNDING USES						TOTAL
Salaries & Employee Benefits			\$	265,573		\$ 265,573
Operating Expenses			\$	176,275	\$ -	\$ 176,275
Capital Expenses						\$ -
Subtotal Direct Expenses			\$	441,848	\$ -	\$ 441,848
Indirect Expenses			\$	45,413		\$ 45,413
Indirect %				10.3%	0.0%	0.0%
TOTAL FUNDING USES			\$	487,261	\$ -	\$ 487,261
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$	75,000			\$ 75,000
MH Adult County General Fund	251984-10000-10001792-0001	\$	23,063			\$ 23,063
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001					\$ -
MH Adult TAY Baseline	251984-10000-10001792-0020	\$	389,198			\$ 389,198
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$	487,261	\$ -	\$ -	\$ 487,261
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$	487,261	\$ -	\$ -	\$ 487,261
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA					\$ -
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			487,261	-	-	487,261
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		N/A				
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		33,188				
Unit Type		Staff Minute	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	14.68	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	14.68	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$	22.00			
Unduplicated Clients (UDC)			25			Total UDC 25

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name TAY Supportive Living
 Program Code 3838TAY

Appendix Number B-4a
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		251984-1000-10001792-0020		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	07/01/22-06/30/23		07/01/22-06/30/23		07/01/22-06/30/23									
	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE
Executive Leader	0.30	\$ 37,896.00	0.30	\$ 37,896.00										
Triange Coordinator	1.00	\$ 71,978.00	1.00	\$ 71,978.00										
Case Manager	1.50	\$ 88,360.00	1.50	\$ 88,360.00										
Admin Assistant	0.02	\$ 1,018.00	0.02	\$ 1,018.00										
SF Clerk	0.01	\$ 369.00	0.01	\$ 369.00										
Asst Dir Clinical Services	0.02	\$ 2,159.00	0.02	\$ 2,159.00										
SF Assistant Director	0.02	\$ 1,883.00	0.02	\$ 1,883.00										
Maint Tech	0.04	\$ 3,022.00	0.04	\$ 3,022.00										
	0.00	\$ -												
	0.00	\$ -												
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Totals:	2.91	\$ 206,685.00	2.91	\$ 206,685.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.49%	\$ 58,888.00	28.49%	\$ 58,888.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 265,573.00		\$ 265,573.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name TAY Supportive Living
 Program Code 3838TAY

Appendix Number B-4a
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0020	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23					
Rent	\$ 150,310.00	\$ 150,310.00					
Utilities (telephone, electricity, water, gas)	\$ 4,646.00	\$ 4,646.00					
Building Repair/Maintenance	\$ 4,291.00	\$ 4,291.00					
Occupancy Total:	\$ 159,247.00	\$ 159,247.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 3,365.00	\$ 3,365.00					
Photocopying	\$ -						
Program Supplies	\$ 1,623.00	\$ 1,623.00					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 4,988.00	\$ 4,988.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 253.00	\$ 253.00					
Insurance	\$ 4,059.00	\$ 4,059.00					
IT Support	\$ 1,617.00	\$ 1,617.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 5,929.00	\$ 5,929.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 140.00	\$ 140.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 140.00	\$ 140.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 1,325.00	\$ 1,325.00					
Linen	\$ 4,646.00	\$ 4,646.00					
	\$ -						
Other Total:	\$ 5,971.00	\$ 5,971.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 176,275.00	\$ 176,275.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00271					Appendix Number B-5	
Provider Name Progress Foundation					Page Number 1	
Provider Number 3811					Fiscal Year 2022-2023	
Contract ID Number 1000010016					Funding Notification Date 09/01/21	
Program Name			Dore Clinic			
Program Code			38112			
Mode/SFC (MH) or Modality (SUD)			10/25-29			
Service Description			DS-Crisis Stab Urgent Care			
Funding Term (mm/dd/yy-mm/dd/yy):						
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$	3,624,336			\$ 3,624,336
Operating Expenses		\$	407,352	\$ -		\$ 407,352
Capital Expenses						\$ -
Subtotal Direct Expenses		\$	4,031,688	\$ -	\$ -	\$ 4,031,688
Indirect Expenses		\$	414,378			\$ 414,378
Indirect %			10.3%	0.0%	0.0%	10.3%
TOTAL FUNDING USES		\$	4,446,066	\$ -	\$ -	\$ 4,446,066
BHS MENTAL HEALTH FUNDING SOURCES		Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	\$	1,612,157			\$ 1,612,157
MH Adult County General Fund	251984-10000-10001792-0001	\$	2,025,104			\$ 2,025,104
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	\$	808,805			\$ 808,805
MH WO HSA Calworks	251962-10002-10001803-0014					\$ -
MH Adult County GF WO CODB	251984-10000-10001792-0001					\$ -
MCO	251984-10000-10001792-0001					\$ -
This row left blank for funding sources not in drop-down list						
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$	4,446,066	\$ -	\$ -	\$ 4,446,066
BHS SUD FUNDING SOURCES		Dept-Auth-Proj-Activity				
						\$ -
						\$ -
						\$ -
This row left blank for funding sources not in drop-down list						
TOTAL BHS SUD FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
OTHER DPH FUNDING SOURCES		Dept-Auth-Proj-Activity				
						\$ -
This row left blank for funding sources not in drop-down list						
TOTAL OTHER DPH FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
TOTAL DPH FUNDING SOURCES		\$	4,446,066	\$ -	\$ -	\$ 4,446,066
NON-DPH FUNDING SOURCES						
Non DPH 3rd Party Patient/Client Fees	NA					\$ -
This row left blank for funding sources not in drop-down list						
TOTAL NON-DPH FUNDING SOURCES		\$	-	\$ -	\$ -	\$ -
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			4,446,066	-	-	4,446,066
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased			12			
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			25,230			
Unit Type			Client Hour	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$	176.22	\$ -	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$	176.22	\$ -	\$ -	\$ -
Published Rate (Medi-Cal Providers Only)		\$	192.50			
Unduplicated Clients (UDC)			670			670

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010016
 Program Name Dore Clinic
 Program Code 38112

Appendix Number B-5
 Page Number 2
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Funding Term	TOTAL		251984-10000-10001792-0001		MCO-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
07/01/22-06/30/23			07/01/22-06/30/23		07/01/22-06/30/23									
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 170,688.00	1.00	\$ 170,688.00										
Assistant Director	1.00	\$ 61,587.00	1.00	\$ 61,587.00										
Clinic Manager	1.00	\$ 76,782.00	1.00	\$ 76,782.00										
Nurse Practioner	3.20	\$ 533,188.00	3.20	\$ 533,188.00										
Registered Nurse	7.00	\$ 1,114,227.00	7.00	\$ 1,114,227.00										
Psychiatrist	1.00	\$ 226,817.00	1.00	\$ 226,817.00										
Clerk	0.38	\$ 15,244.00	0.38	\$ 15,244.00										
Counselor	1.00	\$ 54,397.00	1.00	\$ 54,397.00										
Relief Staff	3.45	\$ 277,917.00	3.45	\$ 277,917.00										
Clinical Counselor	2.00	\$ 100,684.00	2.00	\$ 100,684.00										
Lic Psychiatric Tech	4.10	\$ 269,316.00	4.10	\$ 269,316.00										
Prescriber On-Call Coverage	1.00	\$ 131,784.00	1.00	\$ 131,784.00										
Admin Assistant	0.20	\$ 9,280.00	0.20	\$ 9,280.00										
SF Clerk	0.08	\$ 3,361.00	0.08	\$ 3,361.00										
Asst Dir Clinical Services	0.20	\$ 19,683.00	0.20	\$ 19,683.00										
SF Assistant Director	0.20	\$ 17,160.00	0.20	\$ 17,160.00										
Maint Tech	0.41	\$ 27,535.00	0.41	\$ 27,535.00										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
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Totals:	27.22	\$ 3,109,650.00	27.22	\$ 3,109,650.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	16.55%	\$ 514,686.00	16.55%	\$ 514,686.00	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 3,624,336.00		\$ 3,624,336.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010016
 Program Name Dore Clinic
 Program Code 38112

Appendix Number B-5
 Page Number 3
 Fiscal Year 2022-2023
 Funding Notification Date 09/01/21

Expense Categories & Line Items	TOTAL	251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term	07/01/22-06/30/23	07/01/22-06/30/23					
Mortgage Interest	\$ 65,846.00	\$ 65,846.00					
Depreciation	\$ 49,061.00	\$ 49,061.00					
Utilities (telephone, electricity, water, gas)	\$ 38,266.00	\$ 38,266.00					
Building Repair/Maintenance	\$ 47,021.00	\$ 47,021.00					
Occupancy Total:	\$ 200,194.00	\$ 200,194.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 51,426.00	\$ 51,426.00					
Photocopying	\$ -						
Program Supplies	\$ 23,736.00	\$ 23,736.00					
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 75,162.00	\$ 75,162.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 6,320.00	\$ 6,320.00					
Insurance	\$ 34,890.00	\$ 34,890.00					
IT Support	\$ 24,456.00	\$ 24,456.00					
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 65,666.00	\$ 65,666.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 6,866.00	\$ 6,866.00					
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ 6,866.00	\$ 6,866.00	\$ -	\$ -	\$ -	\$ -	\$ -
Dr. Capalini MD Coverage \$500/day, estimate of \$12,000 for year. Total \$12,000	\$ 12,000.00	\$ 12,000.00					
Consultant/Subcontractor Total:	\$ 12,000.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Food	\$ 47,089.00	\$ 47,089.00					
Linen	\$ 375.00	\$ 375.00					
	\$ -						
Other Total:	\$ 47,464.00	\$ 47,464.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 407,352.00	\$ 407,352.00	\$ -	\$ -	\$ -	\$ -	\$ -

APPENDIX D

Data Access and Sharing Terms

Article 1 Access

1.1 Revision to Scope of Access (RSA):

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

1.2 Primary and Alternate Agency Site Administrator.

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, dph.helpdesk@sfdph.org.

1.3 SFDPH IT Service Desk.

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

1.4 Deprovisioning Schedule.

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

1.5 Active Directory.

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

1.6 Role Based Access.

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

1.7 Training Requirements.

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

1.8 Agency Data User Confidentiality Agreement.

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

1.9 Corrective Action.

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

1.10 User ID and Password.

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

1.11 Notification of Compromised Password.

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

1.12 Multi Factor Authentication.

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

1.13 Qualified Personnel.

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

1.14 Workstation/Laptop encryption.

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

1.15 Server Security.

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

1.16 Removable media devices.

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

1.17 Antivirus software.

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

1.18 Patch Management.

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

1.19 System Timeout.

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

1.20 Warning Banners.

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

1.21 Transmission encryption.

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

1.22 No Faxing/Mailing.

City Data may not be faxed or mailed.

1.23 Intrusion Detection.

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.

of the City.

1.24 Security of PHI.

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

1.25 Data Security and City Data

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

1.26 Data Privacy and Information Security Program.

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

1.27 Disaster Recovery.

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

1.28 Supervision of Data.

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

1.29 As Is Access.

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

1.30 No Technical or Administrative Support.

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

1.31 City Audit of Agency and Agency Data Users.

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

1.32 Minimum Necessary.

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

1.33 No Re-Disclosure or Reporting.

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

1.34 Health Information Exchange.

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

1.35 Subcontracting.

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber insurance with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

Article 2 Indemnity (RESERVED)

2.1 Medical Malpractice Indemnification.

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

Article 3 Proprietary Rights and Data Breach

3.1 Ownership of City Data.

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

3.2 Data Breach; Loss of City Data.

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

3.2.1 Investigation of Breach and Security Incidents: The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

3.2.2 Written Report: Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

3.2.3 Notification to Individuals: If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

3.2.4 Sample Notification to Individuals: If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

3.3 **Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

**Attachment 1 to Appendix D
System Specific Requirements**

I. For Access to SFDPH Epic through Care Link the following terms shall apply:

A. SFDPH Care Link Requirements:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website galaxy.epic.com. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Compliance with Epic Terms and Conditions.

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

3. Epic-Provided Terms and Conditions

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:

A. SFDPH Epic Hyperspace and Epic Hyperdrive:

1. Connectivity.

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Application For Access and Compliance with Epic Terms and Conditions.

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:

A. SFDPH myAvatar via WebConnect and VDI:

1. Connectivity.

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

2. Information Technology (IT) Support.

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- d. Applicants must complete the credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

Attachment 2 to Appendix D

**Protected Information Destruction Order
Purge Certification - Contract ID # 1000010016**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated May 14, 2018 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title:

Date:

APPENDIX E



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

- A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).
- D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.
- E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

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

1. Definitions.

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

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

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

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

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

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

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

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

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

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

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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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.

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.

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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 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

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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 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.

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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 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)]

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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.

3. Termination.

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

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

c. Effect of Termination. Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

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 or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

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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.

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

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

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

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

Contractor Name:		Contractor City Vendor ID	
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PRIVACY ATTESTATION

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

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

I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						<input type="checkbox"/>	<input type="checkbox"/>
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						<input type="checkbox"/>	<input type="checkbox"/>
	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 1-855-729-6040.]						<input type="checkbox"/>	<input type="checkbox"/>
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						<input type="checkbox"/>	<input type="checkbox"/>
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						<input type="checkbox"/>	<input type="checkbox"/>
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?						<input type="checkbox"/>	<input type="checkbox"/>

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

If Applicable: DOES YOUR ORGANIZATION...							Yes	No*
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?						<input type="checkbox"/>	<input type="checkbox"/>
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.)						<input type="checkbox"/>	<input type="checkbox"/>
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?						<input type="checkbox"/>	<input type="checkbox"/>
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?						<input type="checkbox"/>	<input type="checkbox"/>
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?						<input type="checkbox"/>	<input type="checkbox"/>

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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DATA SECURITY ATTESTATION

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

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

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:	Phone #	Email:			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

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

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
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III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Appendix F

Invoice

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.