

File No. 140748

Committee Item No. 12

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget & Finance Sub-Committee

Date July 23, 2014

Board of Supervisors Meeting

Date _____

Cmte Board

<input type="checkbox"/>	<input type="checkbox"/>	Motion
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Resolution
<input type="checkbox"/>	<input type="checkbox"/>	Ordinance
<input type="checkbox"/>	<input type="checkbox"/>	Legislative Digest
<input type="checkbox"/>	<input type="checkbox"/>	Budget and Legislative Analyst Report
<input type="checkbox"/>	<input type="checkbox"/>	Youth Commission Report
<input type="checkbox"/>	<input type="checkbox"/>	Introduction Form
<input type="checkbox"/>	<input type="checkbox"/>	Department/Agency Cover Letter and/or Report
<input type="checkbox"/>	<input type="checkbox"/>	MOU
<input type="checkbox"/>	<input type="checkbox"/>	Grant Information Form
<input type="checkbox"/>	<input type="checkbox"/>	Grant Budget
<input type="checkbox"/>	<input type="checkbox"/>	Subcontract Budget
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Contract/Agreement
<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 126 – Ethics Commission
<input type="checkbox"/>	<input type="checkbox"/>	Award Letter
<input type="checkbox"/>	<input type="checkbox"/>	Application
<input type="checkbox"/>	<input type="checkbox"/>	Public Correspondence

OTHER

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Completed by: Linda Wong Date July 18, 2014

Completed by: Linda Wong Date _____

1 [Contract Amendment - HealthRIGHT360 - Behavioral Health Services and Primary Care
2 Programs - \$71,260,913]

3 **Resolution approving an amendment to the contract between the Department of Public**
4 **Health and HealthRIGHT360 for fiscal intermediary services for Behavioral Health**
5 **Services and Primary Care Programs, extending the term by four years, from January**
6 **1, 2014, through December 31, 2014, to January 1, 2014, through December 31, 2018,**
7 **and increasing the total contract amount of \$9,700,495 by \$61,560,418, to \$71,260,913.**
8

9 WHEREAS, The Department of Public Health selected HealthRIGHT360 to provide
10 fiscal intermediary services through a Request for Proposals process; and


11 WHEREAS, The contract enables fiscal intermediary services to the Children, Youth
12 and Families Care Management, Family Mosaic Project, Foster Care Migration, Mental Health
13 and Substance Abuse Treatment, Drug Court Treatment Center, Behavioral Health Access
14 Center, Project Homeless Connect, Minority AIDS Initiative, Primary and Behavioral Health
15 Care Integration, Tom Waddell Health Center Shelter Nutrition, and the Children's Community
16 Response Network for the Community Behavioral Health Services programs; and

17 WHEREAS, The Department of Public Health wishes to enable the continuation of
18 services under this contract and to amend the contract in an amount exceeding \$500,000,
19 requiring the approval of the Board of Supervisors under City Charter, Section 9.118; and

20 **RESOLVED**, That the Board of Supervisors authorizes the Director of Public Health
21 and the Office of Contract Administration, on behalf of the City and County of San Francisco,
22 to amend the contract with HealthRIGHT 360 for fiscal intermediary services for Behavioral
23 Health and Primary Health Care Programs for adults and children, to increase the contract
24 from \$9,700,495 for the period of January 1, 2014, through December 31, 2014, to
25 \$71,260,913 for the period of January 1, 2014, through December 31, 2018.

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APPROVED:



Barbara A. Garcia

Director of Health

APPROVED:



Mark Morewitz

Secretary, Health Commission

ANEERA
CHAUDHRY
FOR
MARK
MOREWITZ



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

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

June 30, 2014

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2014 JUN 30 AM 11:18
AK

Dear Ms. Calvillo:

Attached please find an original and four copies of a proposed resolution for Board of Supervisors approval, which will allow the continuation of fiscal intermediary services for Community Behavioral Health Services and Primary Care programs by amending the Department of Public Health's current contracts with HealthRIGHT360 to increase the contract by \$61,560,418.

This contract amendment requires Board of Supervisors approval under San Francisco Charter Section 9.118, as it exceeds \$500,000.

The following is a list of accompanying documents (five sets):

- o Resolution draft, signed by the Director of Health and Health Commission Secretary;
- o The proposed first amendment to the contract;
- o Original agreement;
- o Forms SFEC-126 for the Board of Supervisors and the Mayor.

We would appreciate consideration of this contract prior to the Board's August recess to provide continued services without interruption.

The following person may be contacted regarding this matter: Jacquie Hale, Director, Office of Contracts Management and Compliance, Department of Public Health, (415) 554-2609 (Jacquie.Hale@SFDPH.org).

Thank you for your time and consideration.

Sincerely,


Jacquie Hale
Director

DPH Office of Contracts Management and Compliance

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

We shall ~ Assess and research the health of the community ~ Develop and enforce health policy ~ Prevent disease and injury ~
~ Educate the public and train health care providers ~ Provide quality, comprehensive, culturally-proficient health services ~ Ensure equal access to all ~

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555

101 Grove Street, Room 307, San Francisco, CA 94102

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of **April 3, 2014**, in San Francisco, California, by and between **HealthRIGHT360** ("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 and increase the contract amount;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 2011-08/09 on May 6, 2013;

NOW, THEREFORE, Contractor and the City agree as follows:

1. Definitions. The following definitions shall apply to this Amendment:

a. Agreement. The term "Agreement" shall mean the Agreement dated January 1, 2014 between Contractor and City, as amended by the:

First amendment	this amendment
------------------------	-----------------------

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

2. Modifications to the Agreement. The Agreement is hereby modified as follows:

2a. Section 2. Term of the Agreement currently reads as follows:

2. Term of the Agreement.

Subject to Section 1, the term of this Agreement shall be from January 1, 2014 to December 31, 2014.

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

2. Term of the Agreement.

Subject to Section 1, the term of this Agreement shall be from January 1, 2014 to December 31, 2018.

2b. Section 5 Compensation of the Agreement currently reads as follows:

. 5. Compensation.

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Seven Hundred Thousand Four Hundred Ninety Five Dollars (\$9,700,495)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 **Department of Public Health** 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. 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:

5. Compensation.

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Seventy One Million Two Hundred Sixty Thousand Nine Hundred Thirteen Dollars (\$71,260,913)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No 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 **Department of Public Health** 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. In no event shall City be liable for interest or late charges for any late payments.

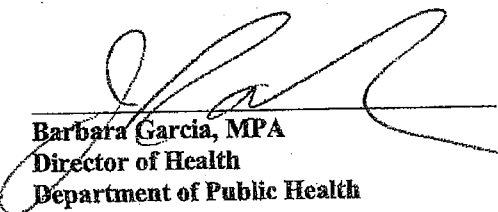
3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

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:


Barbara Garcia, MPA
Director of Health
Department of Public Health

CONTRACTOR

HealthRIGHT360


Vitka Eisen, MSW, EdD
Chief Executive Director

City vendor number: 08817

Approved as to Form:

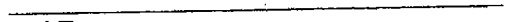
Dennis J. Herrera
City Attorney

By:


Kathy Murphy
Deputy City Attorney

6/23/14

Approved:


Jaci Fong
Director of the Office of Contract
Administration, and Purchaser

Appendix A
Community Behavioral Health Services
Services to be provided by Contractor

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Program Person, Contract Administrator for the City, or his / her designee.

B. Reports:

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

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. CBHS Electronic Health Records System

Treatment Service Providers use the CBHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), CBHS Quality Management and CBHS 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 Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, 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."

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1 CBHS CYF Care management
Appendix A-2 CBHS CYF Family Mosaic Project
Appendix A-3 CBHS CYF Fostercare Migration
Appendix A-4 CBHS CYF SPMP Fostercare
Appendix A-5 CBHS MH Administration
Appendix A-6 CBHS SA Administration
Appendix A-7 CBHS Drug Court Treatment Center
Appendix A-8 CBHS Behavioral Health Access Center
Appendix A-9 Project Homeless Connect
Appendix A-10 Minority AIDS Initiative
Appendix A-11 Primary & Behavioral Health Care Integration
Appendix A-12 COPC FI Services
Appendix A-13 SF Street Violence Intervention Program

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS CYF Care Management
Fiscal Year: 2014-15

Appendix A-1
Document Date: 05/7/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS CYF Care Management
Address: 1380 Howard Street, 5th Floor
San Francisco, CA 94103
Phone: 415-255-3439
Contact: Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- CBHS CYF care-management support funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- CBHS CYF care-management support funded by Federal SAMHSA FMP grant with funding term 01/01/14-06/30/14
- CBHS CYF care-management support funded by HSA Childcare Work Order with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS CYF Family Mosaic Project
Fiscal Year: 2014-15

Appendix A-2
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS CYF Family Mosaic Project
Address: 1309 Evans Avenue
San Francisco, CA 94124
Phone: 415-206-7600 / 415-255-3439
Contact: Janet Avila, Executive Director, FMP
Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- CBHS CYF Family Mosaic Project funded by State FMP Capitated Medi-Cal with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS CYF Fostercare Migration
Fiscal Year: 2014-15

Appendix A-3
Document Date: 05/07/14
Term: 7/1/04-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS CYF Fostercare Migration
Address: 3801 3rd Street, Suite 400
San Francisco, CA 94124
Phone: 415-970-3877 / 415-255-3439
Contact: Thomas Maloney, Program Director, Fostercare Mental Health Program
Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

As an administrative modality, there is no target population. This appendix provides funding for the following administrative activities:

- CBHS CYF Foster Care Migration funded by San Francisco General Funds and HSA Fostercare Work Order with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS CYF SPMP Fostercare
Fiscal Year: 2014-15

Appendix A-4
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS CYF SPMP Fostercare
Address: 3801 3rd Street, Suite 400
San Francisco, CA 94124
Phone: 415-970-3877 / 415-255-3439
Contact: Thomas Maloney, Program Director, Foster Care Mental Health Program
Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- CBHS CYF SPMP Fostercare funded by San Francisco General Funds and HSA SPMP Fostercare Work Order with funding term 01/01/14-06/30/14
- CBHS CYF SPMP Fostercare funded by HSA GF Match Work Order with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS MH FI Services
Fiscal Year: 2014-15

Appendix A-5
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS MH FI Services
Address: 1380 Howard Street, 4th Floor
San Francisco, CA 94103
Phone: 415-255-3416
Contact: Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- MH FI Services funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- Sunnydale Community Facility Services funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- MHSA FI Services funded by State MHSA (Prop 63) with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and DPH apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS SA FI Services
Fiscal Year: 2014-15

Appendix A-6
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS SA FI Services
Address: 1380 Howard Street, 4th Floor
San Francisco, CA 94103
Phone: 415-255-3416
Contact: Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- Data Manager services funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- HIV Set-Aside Coordinator services funded by SAPT HIV Set-Aside with funding term 01/01/14-06/30/14
- Methadone Van expenses funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- Quality Management services funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- Training services funded by Federal SAPT Primary Prevention funds with funding term 01/01/14-06/30/14
- Children's Program services funded by HSA Children's Program Work Order funds with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS Drug Court Treatment Center
Fiscal Year: 2014-15

Appendix A-7
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS Drug Court Treatment Center
Address: 509 6th Street
San Francisco, CA 94107
Phone: 415-222-6150 / 415-503-4732
Contact: Kate Godsey, Program Coordinator, DCTC
Craig Murdock, Health Program Coordinator, CBHS

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- CBHS DCTC funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- CBHS DCTC funded by State Public Safety Realignment (PSR) Drug Court funds with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: CBHS Behavioral Health Access Center
Fiscal Year: 2014-15

Appendix A-8
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS Behavioral Health Access Center
Address: 1380 Howard Street, 1st Floor
San Francisco, CA 94103
Phone: 415-503-4730
Contact: Craig Murdock, Health Program Coordinator, CBHS

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- CBHS BHAC funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- CBHS BHAC funded by State BASN funds with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: Project Homeless Connect
Fiscal Year: 2014-15

Appendix A-9
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: CBHS Project Homeless Connect
Address: 1380 Howard Street, 4th Floor
San Francisco, CA 94103
Phone: 415-255-3416
Contact: Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- PHC funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- PHC Everyday Connect funded by San Francisco General Funds with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and CBHS apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements
- 2) To maintain personnel files

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: Minority AIDS Initiative
Fiscal Year: 2014-15

Appendix A-10
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: Minority AIDS Initiative
Address: 25 Van Ness Avenue, 7th Floor
San Francisco, CA 94102
Phone: 415-554-9126
Contact: Dara Geckeler, Project Coordinator

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities;

- Minority AIDS Initiative funded by Federal SAMHSA grant with funding term 01/01/14-09/29/14

6. Methodology

As an administrative function, policies of both HR360 and DPH apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: Primary & Behavioral Health Care Integration
Fiscal Year: 2014-15

Appendix A-11
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: Primary & Behavioral Health Care Integration
Address: 1380 Howard Street, 4th Floor
San Francisco, CA 94103
Phone: 415-255-3940
Contact: Jana Rickerson, Project Coordinator

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- Primary & Behavioral Health Care Integration funded by Federal SAMHSA grant with funding term 01/01/14-08/31/14

6. Methodology

As an administrative function, policies of both HR360 and DPH apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: COPC FI Services
Fiscal Year: 2014-15

Appendix A-12
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: COPC FI Services
Address: 1380 Howard Street, 4th Floor
San Francisco, CA 94103
Phone: 415-255-3586 / 415-255-3416
Contact: Bill Blum, Director, COPC
Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- Primary Care Encounters funded by San Francisco General funds with funding term 01/01/14-06/30/14
- Tom Waddell Health Center (TWHC) Shelter Nutritionist funded by San Francisco General funds with funding term 01/01/14-06/30/14
- Southeast Health Center (SEHC) Salesforce funded by Salesforce.com Grant funding with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and DPH apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

Contractor: HealthRIGHT 360 (Fiscal Intermediary)
Program: Children Community Response Network
Fiscal Year: 2014-15

Appendix A-13
Document Date: 05/07/14
Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Address: 1735 Mission Street
San Francisco, CA 94103
Phone: 415-762-3700

Program Name: Children Community Response Network
Address: 1380 Howard Street, 4th Floor
San Francisco, CA 94103
Phone: 415-554-8959 / 415-255-3416
Contact: Taras Madison, Budget Director, DCYF
Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

3. Goal Statement

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- Children Community Response Network funded by Community Health CRN Work Order funds with funding term 01/01/14-06/30/14

6. Methodology

As an administrative function, policies of both HR360 and DPH apply.

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

- 1) To provide appropriate fiscal oversight and management and fulfill all fiscal reporting requirements

8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

Appendix B
Calculation of Charges

1. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon execution of this Agreement, contingent upon prior approval by the CITY'S Department of Public Health of each year's revised Appendix A (Description of Services) and each year's revised Appendix B (Program Budget and Cost Reporting Data Collection Form), and within each fiscal year, the CITY agrees to make an initial payment to CONTRACTOR not to exceed twenty-five per cent (25%) of the General Fund and Prop63 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, 2014 through March 31, 2015 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 Budgets are listed below and are attached hereto.

- Appendix B-1 CBHS CYF Care management
- Appendix B-2 CBHS CYF Family Mosaic Project
- Appendix B-3 CBHS CYF Fostercare Migration
- Appendix B-4 CBHS CYF SPMP Fostercare
- Appendix B-5 CBHS MH Administration
- Appendix B-6 CBHS SA Administration
- Appendix B-7 CBHS Drug Court Treatment Center
- Appendix B-8 CBHS Behavioral Health Access Center
- Appendix B-9 Project Homeless Connect
- Appendix B-10 Minority AIDS Initiative
- Appendix B-11 Primary & Behavioral Health Care Integration
- Appendix B-12 COPC FI Services
- Appendix B-13 SF Street Violence Intervention Program

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 **Seventy One Million Two Hundred Sixty Thousand Nine Hundred Thirteen Dollars (\$71,260,913)** for the period of January 1, 2014 through December 31, 2018.

CONTRACTOR understands that, of this maximum dollar obligation, \$7,635,098 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 No table of figures entries found.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, not withstanding 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 a 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.

January 1, 2014 through June 30, 2014	\$5,784,165
July 1, 2014 through June 30, 2015	\$11,568,330
July 1, 2015 through June 30, 2016	\$11,568,330
July 1, 2016 through June 30, 2017	\$11,568,330
July 1, 2017 through June 30, 2018	\$11,568,330
July 1, 2018 through December 31, 2018	\$11,568,330
January 1, 2014 through December 31, 2018	\$63,625,815

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

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00348									
Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)									
Prepared By/Phone #: Paul Kroger / 415-918-1820									
Fiscal Year: 14-15									
Document Date: 7/1/14									
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7		
Program Name	CBHS CYF Care Management	CBHS CYF Family Mosaic Project	CBHS CYF Fostercare Migration	CBHS CYF SPMP Fostercare	CBHS MH FI Services	CBHS SA FI Services	CBHS Drug Court Treatment Center		
Provider Number	00038	00038	00038	00038	00038	383800	383804		
FUNDING TERM	7/1/14-9/30/15	7/1/14-9/30/15	7/1/14-9/30/15	7/1/14-9/30/15	7/1/14-9/30/15	7/1/14-9/30/15	7/1/14-9/30/15		
Salaries & Employee Benefits	639,318	150,919	211,754	582,116	703,152	257,710	816,858		
Operating Expenses	28,943	10,840	14,452	5,400	3,800	340,151	342,000		
Capital Expenses	-	-	-	-	-	-	-		
Subtotal Direct Expenses	668,261	161,759	226,206	587,516	706,952	597,861	1,158,858		
Indirect Expenses	73,509	17,793	24,884	64,828	77,744	65,765	127,474		
Indirect %	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%		
TOTAL FUNDING USES	741,770	179,552	251,090	652,342	784,496	663,626	1,286,332		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES									
MH COUNTY - General Fund	-	-	-	-	-	-	-		
MH FED - SAMHSA PBHCl Grant	93,243	-	-	-	-	-	-		
MH STATE - MHSA CSS Project	-	-	-	-	152,828	-	-		
MH STATE - MHSA WDET Project	-	100,000	-	-	25,000	-	-		
MH STATE - Family Mosaic Capitalized	-	96,000	-	-	-	-	-		
MH COUNTY - General Fund CYF	-	84,552	-	-	-	-	-		
MH WORK ORDER - HSA Childcare	-	387,480	-	-	-	-	-		
MH WORK ORDER - HSA Fostercare	-	28,050	-	-	-	-	-		
MH WORK ORDER - HSA SPMP Fostercare	-	-	251,090	-	-	-	-		
MH WORK ORDER - HSA CF Match	-	-	-	524,088	-	-	-		
MH WORK ORDER - SFOPC First Five	-	108,692	-	128,064	-	-	-		
MH STATE - SAMHSA FMP Grant	93,958	119,558	-	-	-	-	-		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	741,770	179,552	251,090	652,142	784,496	-	-		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES									
SA STATE - PSR Drug Court	-	-	-	-	-	-	685,482		
SA COUNTY - General Fund	-	-	-	-	-	587,116	597,950		
SA GRANT - Fed SAMHSA MAI	93,243	-	-	-	-	-	-		
SA GRANT - Fed SAMHSA MAI	93,243	-	-	-	-	-	-		
SA GRANT - Fed SAMHSA MAI	93,243	-	-	-	-	-	-		
SA STATE - SACPA Project	-	-	-	-	-	-	-		
SA WORK ORDER - HSA Children's Program	-	-	-	-	-	76,510	-		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	663,626	1,286,332		
TOTAL DPH FUNDING SOURCES									
Community Health - CRN Work Order	-	-	-	-	-	-	-		
COPC - Central Admin General Fund	-	-	-	-	-	-	-		
COPC - Tom Waddell General Fund	-	-	-	-	-	-	-		
COPC - Salesforce.com Grant	-	-	-	-	-	-	-		
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-		
TOTAL DPH FUNDING SOURCES	741,770	179,552	251,090	652,142	784,496	663,626	1,286,332		
TOTAL NON-DPH FUNDING SOURCES									
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	741,770	179,552	251,090	652,142	784,496	663,626	1,286,332		

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number: 00348
 Prepared By/Phone #: Paul Kroger / 415-818-1820
 Fiscal Year: 14-15

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary) Document Date: 7/9/14

Appendix Number		B-8	B-9	B-10	B-11	B-12	B-13	
Program Name	Provider Number	CBHS Behavioral Health Access Center	Project Homeless Connected	Minority AIDS Initiative	Primary & Behavioral Health Care Integration	COPC FI Services	SF Street Violence Intervention Program	
FUNDING TERM	FUNDING TERM	3/1/14-6/30/15	7/1/14-6/30/15	9/30/14-8/29/15	9/1/14-8/31/15	7/1/14-6/30/15	n/a	TOTAL
FUNDING USES								
Salaries & Employee Benefits		693,990	859,648	884,700	195,317	179,403	1,747,515	7,922,400
Operating Expenses		38,500	17,420	-	59,567	301,802	594,955	1,747,530
Capital Expenses		-	-	-	-	-	-	-
Subtotal Direct Expenses		732,490	877,068	884,700	254,884	481,205	2,332,470	9,670,030
Indirect Expenses		80,574	96,478	97,317	28,037	52,931	256,570	1,063,702
Indirect %		11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%
TOTAL FUNDING USES		813,064	973,546	982,017	282,921	534,136	2,589,040	10,733,732
CBHS MENTAL HEALTH FUNDING SOURCES								
MH COUNTY - General Fund		-	-	-	-	-	-	606,868
MH FED - SAMHSA PBHCL Grant		93,243	-	-	282,921	-	-	282,921
MH STATE - MHSA CSS Project		-	-	-	-	-	-	152,828
MH STATE - MHSA WDET Project		-	-	-	-	-	-	125,000
MH STATE - Family Mosaic Capitalized		-	-	-	-	-	-	95,000
MH COUNTY - General Fund CYF		-	-	-	-	-	-	472,032
MH WORK ORDER - HSA Childcare		-	-	-	-	-	-	28,050
MH WORK ORDER - HSA Fostercare		-	-	-	-	-	-	251,090
MH WORK ORDER - HSA SPMP Fostercare		-	-	-	-	-	-	524,088
MH WORK ORDER - HSA GF Match		-	-	-	-	-	-	128,064
MH WORK ORDER - SFCCFC First Five		-	-	-	-	-	-	108,682
MH STATE - SAMHSA RMP Grant		83,958	-	-	-	-	-	119,558
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		-	-	-	282,921	-	-	2,881,971
CBHS SUBSTANCE ABUSE FUNDING SOURCES								
SA STATE - PSR Drug Court		-	-	-	-	-	-	688,482
SA COUNTY - General Fund		93,243	973,546	-	-	-	-	2,717,612
SA GRANT - Fed SAMHSA MAJ		93,243	-	792,198	-	-	-	792,198
SA GRANT - Fed SAMHSA MAJ		93,243	-	136,375	-	-	-	136,375
SA GRANT - Fed SAMHSA MAJ		93,243	-	53,444	-	-	-	53,444
SA STATE - SACPA Project		-	-	-	-	-	-	253,964
SA WORK ORDER - HSA Children's Program		-	-	-	-	-	-	76,510
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		813,064	973,546	982,017	-	-	-	4,718,585
OTHER DPH FUNDING SOURCES								
Community Health - CRN Work Order		-	-	-	-	-	2,589,040	2,589,040
COPC - Central Admin General Fund		-	-	-	-	300,000	-	300,000
COPC - Tom Wardell General Fund		-	-	-	-	35,000	-	35,000
COPC - Salesforce.com Grant		-	-	-	-	199,136	-	199,136
TOTAL OTHER DPH FUNDING SOURCES		-	-	-	-	534,136	2,589,040	3,123,176
TOTAL DPH FUNDING SOURCES		813,064	973,546	982,017	282,921	534,136	2,589,040	10,733,732
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES		-	-	-	-	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		813,064	973,546	982,017	282,921	534,136	2,589,040	10,733,732

DMH Legal Entity Name (MH)/Contractor Name (SA):	HealthRIGHT 360 (Fiscal Intermediary)	Contract Appendix #:	B-1
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Provider/Program Name: CBHS CYF Care Management										Document Date: 7/1/14
Provider Number: 00038										Fiscal Year: 14-15
Program Name Program Code (formerly Reporting Unit) Model/SFC (MH) or Modality (SA)	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	CBHS CYF Care Management 38CX	TOTAL
Service Description FUNDING TERM	60/78	60/78	60/78	60/78	60/78	60/78	60/78	60/78	60/78	7/1/14-6/30/15
FUNDING USES										
Salaries & Employee Benefits	337,128	104,937	22,550	84,612	90,091					639,318
Operating Expenses	11,952	2,773	918	13,300	-					28,943
Capital Expenses (greater than \$5,000)	-	-	-	-	-					-
Subtotal Direct Expenses	349,080	107,710	23,468	97,912	90,091					688,261
Indirect Expenses	38,400	11,848	2,582	10,770	9,909					73,509
TOTAL FUNDING USES	387,480	119,558	26,050	108,682	100,000					741,770
CBHS MENTAL HEALTH FUNDING SOURCES										
MH STATE - MHSA WDET Project	-				100,000					100,000
MH COUNTY - General Fund CYF	-									387,480
MH WORK ORDER - HSA Childcare	-		26,050							26,050
MH WORK ORDER - SFCFC First Five	-			108,662						108,662
MH STATE - SAMHSA FMP Grant	93,958	119,558								119,558
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	387,480	119,558	26,050	108,662	100,000					741,770
CBHS SUBSTANCE ABUSE FUNDING SOURCES										
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES										
OTHER DPH FUNDING SOURCES										
TOTAL OTHER DPH FUNDING SOURCES										
TOTAL DPH FUNDING SOURCES										
NON-DPH FUNDING SOURCES										
TOTAL NON-DPH FUNDING SOURCES										
TOTAL FUNDING SOURCES (DPH AND NON-DPH)										
CBHS UNITS OF SERVICE AND UNIT COST										
Number of Beds Purchased (if applicable)										
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)										
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program										
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	CR	CR	CR					
Units of Service	4,812	1,426	322	920	920					
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	80.52	83.84	80.90	118.13	108.70					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	80.52	83.84	80.90	118.13	108.70					
Published Rate (Medi-Cal Providers Only)	-	-	-	-	-					
Unduplicated Clients (UDC)	0	0	0	0	0					
Total UDC:	0	0	0	0	0					0

Appendix #: B-1

Program Name: CBHS CYF Care Management

Document Date: 7/1/14

Employee Fringe Benefits:	28.2%	140,630	28.2%	74,158	28.2%	23,083	28.2%	4,990	28.2%	18,612	28.2%	18,617
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630 748

1000

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Care Management

Document Date: 7/1/14

Appendix #: B-1

Expenditure Category	TOTAL	General Fund HMMHCP751594	SAMHSA FMP Grant HMM007-1502	HSA Childcare Work Order HMMHCHCDHSWO	SFC/JC First Five Work Order HMMHCHPTINWO	MHSA WDET Project PMHS63-1508
Occupancy:	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15
Rent	-	-	-	-	-	-
Utilities (Telephone, Electricity, Water, Gas)	2,156	2,156	-	-	-	-
Building Repair/Maintenance	-	-	-	-	-	-
Materials & Supplies:	-	-	-	-	-	-
Office Supplies	1,800	-	-	-	1,800	-
Photocopying	-	-	-	-	-	-
Printing	-	-	-	-	-	-
Program Supplies	14,517	8,526	773	918	4,300	-
Computer Hardware/Software	-	-	-	-	-	-
General Operating:	-	-	-	-	-	-
Training/Staff Development	5,000	-	2,000	-	3,000	-
Insurance	-	-	-	-	-	-
Professional License	-	-	-	-	-	-
Permits	-	-	-	-	-	-
Equipment Lease & Maintenance	-	-	-	-	-	-
Staff Travel:	-	-	-	-	-	-
Local Travel	4,870	1,270	-	-	3,600	-
Out-of-Town Travel	-	-	-	-	-	-
Field Expenses	-	-	-	-	-	-
Consultant/Subcontractor:	-	-	-	-	-	-
Other:	-	-	-	-	-	-
TOTAL OPERATING EXPENSE	28,943	11,952	2,773	918	13,300	-

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-2	
Provider/Program Name: CBHS CYF Family Mosaic Project		Document Date: 7/1/14	
Provider Number: 00038		Fiscal Year: 14-15	
Program Name	CBHS CYF Family Mosaic Project	CBHS CYF Family Mosaic Project	
Program Code (formerly Reporting Unit)	8957	8957	
Model/SFC (MH) or Modality (SA)	6078	6078	
Service Description	Other Non-Medical Client Support Exp	Other Non-Medical Client Support Exp	
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	
			TOTAL 7/1/14-6/30/15
Salaries & Employee Benefits	72,584	78,335	150,919
Operating Expenses	3,589	7,251	10,840
Capital Expenses (greater than \$5,000)	-	-	-
Subtotal Direct Expenses	76,173	85,586	161,759
Indirect Expenses	8,378	9,414	17,793
TOTAL FUNDING USES	84,552	95,000	179,552
CBHS MENTAL HEALTH FUNDING SOURCES			
GHDA - FAMS			
MH STATE - Family Mosaic Capitalized		95,000	95,000
MH COUNTY - General Fund CYF		84,552	84,552
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		95,000	179,552
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES			
NON-DPH FUNDING SOURCES		95,000	179,552
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		95,000	179,552
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 39 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	
Units of Service	1,104	920	
Unit Type	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	76.59	103.26	
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	76.59	103.26	
Published Rate (Medi-Cal Providers Only)	-	-	
Unduplicated Clients (UDC)	0	0	Total UDC: 0

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Document Date: 7/1/14

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Family Mosaic Project

Document Date: 7/1/14

Appendix #: B-2

Expenditure Category	TOTAL	General Fund HMMHCP751594	Capitated Medi-Cal HMMHCP8828CH	Term:	Term:	Term:
Occupancy:	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:
Rent	-	-	-	-	-	-
Utilities (Telephone, Electricity, Water, Gas)	-	-	-	-	-	-
Building Repair/Maintenance	-	-	-	-	-	-
Materials & Supplies:	-	-	-	-	-	-
Office Supplies	-	-	-	-	-	-
Photocopying	-	-	-	-	-	-
Printing	-	-	-	-	-	-
Program Supplies	6,040	1,189	4,851	-	-	-
Computer Hardware/Software	-	-	-	-	-	-
General Operating:	-	-	-	-	-	-
Training/Staff Development	2,400	1,200	1,200	-	-	-
Insurance	-	-	-	-	-	-
Professional License	-	-	-	-	-	-
Permits	-	-	-	-	-	-
Equipment Lease & Maintenance	-	-	-	-	-	-
Staff Travel:	-	-	-	-	-	-
Local Travel	-	-	-	-	-	-
Out-of-Town Travel	2,400	1,200	1,200	-	-	-
Field Expenses	-	-	-	-	-	-
Consultant/Subcontractor:	-	-	-	-	-	-
Other:	-	-	-	-	-	-

TOTAL OPERATING EXPENSE

10,840

3,589

7,251

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-3	
Provider/Program Name: CBHS CYF Fostercare Migration		Document Date: 7/1/14	
Provider Number: 00038		Fiscal Year: 14-15	
Program Name	CBHS CYF Fostercare Migration		
Program Code (formerly Reporting Unit) Mode/SFC (MH) or Modality (SA)	8987 6078 Other Non-Medical Client Support Exp		
Service Description	7/1/14-6/30/15		
FUNDING TERM			TOTAL 7/1/14-6/30/15
Salaries & Employee Benefits	211,754		211,754
Operating Expenses	14,452		14,452
Capital Expenses (greater than \$5,000)	-		-
Subtotal Direct Expenses	226,206		226,206
Indirect Expenses	24,884		24,884
TOTAL FUNDING USES	251,090		251,090
CBHS MENTAL HEALTH FUNDING SOURCES			
MH WORK ORDER - HSA Fostercare	251,090		251,090
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	251,090		251,090
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-		-
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES	-		-
TOTAL DPH FUNDING SOURCES	251,090		251,090
NONDPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	251,090		251,090
CBHS UNIT OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (Classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR		
Units of Service	3,864		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	64.98		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	64.98		
Published Rate (Medi-Cal Providers Only)	-		
Unduplicated Clients (UDC)	0		Total UDC: 0

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Document Date: 7/1/14



DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Fostercare Migration

Document Date: 7/1/14

Appendix #: B-3

Expenditure Category	TOTAL	HSA Fostercare W/O HMH-MCH-FOSTWO	Term:	Term:	Term:	Term:
Occupancy:	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:	Term:
Rent	-	-				
Utilities (Telephone, Electricity, Water, Gas)	-	-				
Building Repair/Maintenance	-	-				
Materials & Supplies:	-	-				
Office Supplies	2,400	2,400				
Photocopying	-	-				
Printing	-	-				
Program Supplies	9,652	9,652				
Computer Hardware/Software	-	-				
General Operating:	-	-				
Training/Staff Development	1,200	1,200				
Insurance	-	-				
Professional License	-	-				
Permits	-	-				
Equipment Lease & Maintenance	-	-				
Staff Travel:	-	-				
Local Travel	1,200	1,200				
Out-of-Town Travel	-	-				
Field Expenses	-	-				
Consultant/Subcontractor:	-	-				
Other:	-	-				

TOTAL OPERATING EXPENSE

14,452

14,452

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

DMH Legal Entity Name (MHY/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-4	
Provider/Program Name: CBHS CYF SPMP Fostercare		Document Date: 7/1/14	
Provider Number: 00038		Fiscal Year: 14-15	
Program Name	CBHS CYF SPMP Fostercare	CBHS CYF SPMP Fostercare	
Program Code (formerly Reporting Unit)	8997	8997	
Mode/SFC (MH) or Modality (SA)	6078	6078	
Service Description	Other Non-Medi-Cal Client Support Exp	Other Non-Medi-Cal Client Support Exp	
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL
FUNDING USES			
Salaries & Employee Benefits	466,751	115,365	582,116
Operating Expenses	5,400	-	5,400
Capital Expenses (greater than \$5,000)	-	-	-
Subtotal Direct Expenses	472,151	115,365	587,516
Indirect Expenses	51,937	12,689	64,626
TOTAL FUNDING USES	524,088	128,054	652,142
CBHS MENTAL HEALTH FUNDING SOURCES			
MH WORK ORDER - HSA SPMP Fostercare	524,088		524,088
MH WORK ORDER - HSA GF Match		128,054	128,054
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	524,088	128,054	652,142
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	524,088	128,054	652,142
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	524,088	128,054	652,142
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - QDF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	
Units of Service	5,520	920	
Unit Type	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	94.94	139.19	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	94.94	139.19	
Published Rate (Medi-Cal Providers Only)	-	-	
Unduplicated Clients (UDC)	0	0	Total UDC: 0

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Document Date: 7/1/14

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF SPMP Fostercare

Document Date: 7/1/14

Appendix #: B-4

Expenditure Category	TOTAL	HSA SPMP Fostercare Work Order HMMCHSPMPWO	HSA Children's Match Work Order HMMCHMCHWO	Term:	Term:	Term:
Occupancy:	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:
Rent	-	-	-	-	-	-
Utilities (Telephone, Electricity, Water, Gas)	-	-	-	-	-	-
Building Repair/Maintenance	-	-	-	-	-	-
Materials & Supplies:	-	-	-	-	-	-
Office Supplies	1,200	1,200	-	-	-	-
Photocopying	-	-	-	-	-	-
Printing	-	-	-	-	-	-
Program Supplies	1,800	1,800	-	-	-	-
Computer Hardware/Software	-	-	-	-	-	-
General Operating:	-	-	-	-	-	-
Training/Staff Development	1,200	1,200	-	-	-	-
Insurance	-	-	-	-	-	-
Professional License	-	-	-	-	-	-
Permits	-	-	-	-	-	-
Equipment Lease & Maintenance	-	-	-	-	-	-
Staff Travel:	-	-	-	-	-	-
Local Travel	-	-	-	-	-	-
Out-of-Town Travel	1,200	1,200	-	-	-	-
Field Expenses	-	-	-	-	-	-
Consultant/Subcontractor:	-	-	-	-	-	-
Other:	-	-	-	-	-	-

TOTAL OPERATING EXPENSE

5,400 5,400

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)										Contract Appendix #: B-5	
Provider/Program Name: CBHS MH FI Services										Document Date: 7/1/14	
Provider Number: 00038										Fiscal Year: 14-15	
Program Name	MH Administration	Sunnydale Community Facility	Medi-Cal Billing Clerks	DPH HSA Health Worker Pilot Project	MH Administration	Information Technology	SF Community Response Network				
Program Code (formerly Reporting Unit) Mode/SFC (MH) or Modality (SA)	n/a 6078 Other Non-Medi-Cal Client Support Exp	n/a 6078 Other Non-Medi-Cal Client Support Exp	n/a 6078 Other Non-Medi-Cal Client Support Exp	n/a 6078 Other Non-Medi-Cal Client Support Exp	n/a 40/00	n/a 40/00	n/a 40/00				
Service Description	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL			
FUNDING TERM											
FUNDING USES											
Salaries & Employee Benefits	124,607	83,293	298,770	36,278	110,655	27,027	22,522	703,152			
Operating Expenses	3,600	-	-	-	-	-	-	3,600			
Capital Expenses (greater than \$5,000)	-	-	-	-	-	-	-	-			
Subtotal Direct Expenses	128,207	83,293	298,770	36,278	110,655	27,027	22,522	706,752			
Indirect Expenses	14,103	9,163	32,864	3,990	12,173	2,973	2,478	77,744			
TOTAL FUNDING USES	142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496			
CBHS MENTAL HEALTH FUNDING SOURCES											
MH COUNTY - General Fund	142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496			
MH STATE - MHSA CSS Project	-	-	-	-	-	-	-	-			
MH STATE - MHSA WDET Project	-	-	-	-	-	-	-	-			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496			
CBHS SUBSTANCE ABUSE FUNDING SOURCES											
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-	-			
OTHER DPH FUNDING SOURCES											
TOTAL OTHER DPH FUNDING SOURCES	-	-	-	-	-	-	-	-			
TOTAL DPH FUNDING SOURCES	142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496			
NON-DPH FUNDING SOURCES											
TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-	-			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496			
CBHS UNITS OF SERVICE AND UNITS OF SERVICE											
Number of Beds Purchased (if applicable)											
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)											
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program											
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	CR	CR	CR	CR	CR	CR			
Units of Service	1,656	920	5,520	736	920	460	230	230			
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	85.94	100.50	60.08	54.71	133.51	65.22	108.70	108.70			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	85.94	100.50	60.08	54.71	133.51	65.22	108.70	108.70			
Published Rate (Medi-Cal Providers Only)	-	-	-	-	-	-	-	-			
Unduplicated Clients (UDC)	0	0	0	0	0	0	0	0			
Total UDC:	0	0	0	0	0	0	0	0			

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
 Program Name: CBHS MH FI Services
 Document Date: 7/1/14

Appendix #: B-5

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	28.2%	28.2%	27.41%	18.33%	28.2%	7.08%	18.28%	5.04%	28.2%	5.04%
Employee Fringe Benefits:		154,872								

TOTAL SALARIES & BENEFITS

703.152

124.607

83 293

799 770

BLC 96

140 SEP

47037

44 673

DPH 4: Operating Expenses Detail

Appendix # B-5

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS MH FI Services

Document Date: 7/1/14

Expenditure Category	TOTAL	MH Administration General Fund HMHMCC730515	Sunnydale Community Facility General Fund HMHMCC730515	Medi-Cal Billing Clerks General Fund HMHMCC730515	DPH HSA Health Worker Pilot Project General Fund HMHMCC730515	MH Administration MHSA CSS PMH563-1607	Information Technology MHSA CSS PMH563-1607	SF Community Response Network MHSA WDET PMH563-1508
Occupancy:								
Rent								
Utilities (Telephone, Electricity, Water, Gas)								
Building Repair/Maintenance								
Materials & Supplies:								
Office Supplies								
Photocopying								
Printing								
Program Supplies	1,200	1,200						
Computer Hardware/Software								
General Operating:								
Training/Staff Development	1,200	1,200						
Insurance								
Professional License								
Permits								
Equipment Lease & Maintenance								
Staff Travel:								
Local Travel	1,200	1,200						
Out-of-Town Travel								
Field Expenses								
Consultant/Subcontractor:								
Other:								

TOTAL OPERATING EXPENSE

3,600

3,600

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

DPR 2: Department of Public Health Cost Reporting/Data Collection (CRDC)									
DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)					Contract Appendix #: B-6		Document Date: 7/1/14		
Provider/Program Name: CBHS SA FI Services					Provider Number: 383800		Fiscal Year: 14-15		
Program Name	Program Code (formerly Reporting Unit)	Mode/SFC (MH) or Modality (SA)	Methodone Van Parking	OBOT Services	Quality Mgmt - Consumer Specialist	Quality Mgmt - Data Manager	Training	Children's Program	
			n/a	n/a	n/a	n/a	n/a	n/a	
			Supt-00	Supt-00	Supt-01	Supt-01	Supt-00	Supt-00	
			SA-County Support	SA-County Support	SA-County Support	SA-County Support	SA-County Support	SA-County Support	
			7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL
FUNDING USES									
Salaries & Employee Benefits			-	-	101,890	98,292	-	57,528	257,710
Operating Expenses			55,034	32,384	31,800	-	209,533	11,400	340,151
Capital Expenses (greater than \$5,000)			-	-	-	-	-	-	-
Subtotal Direct Expenses			55,034	32,384	133,690	98,292	209,533	68,928	597,861
Indirect Expenses			5,054	3,552	14,706	10,812	23,049	7,582	65,765
TOTAL FUNDING USES			61,088	35,936	148,396	109,104	232,582	76,510	663,626
CBHS MENTAL HEALTH FUNDING SOURCES									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES									
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
SA COUNTY - General Fund			61,088	35,936	148,396	109,104	232,582	76,510	587,116
SA WORK ORDER - HSA Children's Program									76,510
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			61,088	35,936	148,396	109,104	232,582	76,510	663,626
OTHER DPH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES									
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES									
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			61,088	35,936	148,396	109,104	232,582	76,510	663,626
CBHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased (if applicable)									
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)									
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
Cost Reimbursement (CR) or Fee-For-Service (FFS)			CR	CR	CR	CR	CR	CR	
Units of Service			6	138	920	920	1,380	920	
Unit Type			Months	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			10,181.33	260.48	161.30	118.59	168.54	83.16	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			10,181.33	260.48	161.30	118.59	168.54	83.16	
Published Rate (Medi-Cal Providers Only)									
Unduplicated Clients (UDC)			0	0	0	0	0	0	Total UDC: 460

Appendix #: B-6

Document Date: 7/11/14

Employee Fringe Benefits: 84.6%	56,688	-	-	28.2%	22,413	28.2%	21,621	28.2%	12,854
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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS SA FI Services

Document Date: 7/1/14

B-6

Expenditure Category	TOTAL	Methodone Van Parking General Fund HMHSCCRES227	OBOT Services General Fund HMHSCCRES227	Quality Management - Consumer Specialist General Fund HMHSCCRES227	Quality Management - Data Manager General Fund HMHSCCRES227	Training General Fund HMHSCCRES227	Children's Program HSA Work Order HMHSDIFFERWO
Occupancy:	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15
Rent	-	-	-	-	-	-	-
Utilities (Telephone, Electricity, Water, Gas)	-	-	-	-	-	-	-
Building Repair/Maintenance	-	-	-	-	-	-	-
Materials & Supplies:	-	-	-	-	-	-	-
Office Supplies	6,000	-	-	6,000	-	-	-
Photocopying	-	-	-	-	-	-	-
Printing	-	-	-	-	-	-	-
Program Supplies	9,000	-	-	6,000	-	-	3,000
Computer Hardware/Software	-	-	-	-	-	-	-
General Operating:	-	-	-	-	-	-	-
Training/Staff Development	7,800	-	-	6,000	-	-	1,800
Insurance	-	-	-	-	-	-	-
Professional License	-	-	-	-	-	-	-
Permits	-	-	-	-	-	-	-
Equipment Lease & Maintenance	-	-	-	-	-	-	-
Staff Travel:	-	-	-	-	-	-	-
Local Travel	2,400	-	-	1,800	-	-	600
Out-of-Town Travel	-	-	-	-	-	-	-
Field Expenses	-	-	-	-	-	-	-
Consultant/Subcontractor:	-	-	-	-	-	-	-
Harm Reduction Therapy Center	32,384	-	32,384	-	-	-	-
Training Consultants	209,533	-	-	-	-	209,533	-
Other:	-	-	-	-	-	-	-
Vehicle Expense	55,034	55,034	-	-	-	-	-
Client Expense	18,000	-	-	12,000	-	-	6,000

TOTAL OPERATING EXPENSE

340,151

55,034

32,384

31,800

209,533

11,400

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix # B-7	
Provider/Program Name: CBHS Drug Court Treatment Center		Document Date: 7/1/14	
Provider Number: 383804		Fiscal Year: 14-15	
Program Name	Drug Court Treatment Center		
Program Code (formerly Reporting Unit)	38041		
Mode/SFC (MH) or Modality (SA)	Anc-87		
Service Description	Drug Court-Other Tx Related Svcs		
FUNDING TERM	7/1/14-6/30/15		TOTAL
FUNDING USES			7/1/14-6/30/15
Salaries & Employee Benefits	816,858		816,858
Operating Expenses	342,000		342,000
Capital Expenses (greater than \$5,000)	-		-
Subtotal Direct Expenses	1,158,858		1,158,858
Indirect Expenses	127,474		127,474
TOTAL FUNDING USES	1,286,332		1,286,332
CBSHS MENTAL HEALTH FUNDING SOURCES			
TOTAL CBSHS MENTAL HEALTH FUNDING SOURCES			
CBSHS SUBSTANCE ABUSE FUNDING SOURCES			
SA STATE - PSR Drug Court	HMHSOCRES227	688,482	688,482
SA COUNTY - General Fund	HMHSOCRES227	597,850	597,850
TOTAL CBSHS SUBSTANCE ABUSE FUNDING SOURCES		1,286,332	1,286,332
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES		1,286,332	1,286,332
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,286,332	1,286,332
CBSHS UNIT OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR		
Units of Service	9,512		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	135.23		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	135.23		
Published Rate (Medi-Cal Providers Only)	-		
Unduplicated Clients (UDC)	180		180

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
 Program Name: CBHS Drug Court Treatment Center
 Document Date: 7/1/14

Appendix #: B-7

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TOTAL SALARIES & BENEFITS\$

816.858 816.858 816.858 816.858 816.858

DPH 4: Operating Expenses Detail

Appendix #: B-7

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS Drug Court Treatment Center

Document Date: 7/1/14

Expenditure Category	TOTAL		PSR Drug Court & General Fund HMHSQCRS227		Term:		Term:		Term:	
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:	
Occupancy:										
Rent		102,000		102,000						
Utilities (Telephone, Electricity, Water, Gas)		42,000		42,000						
Building Repair/Maintenance		21,000		21,000						
Materials & Supplies:		-		-						
Office Supplies		24,000		24,000						
Photocopying		-		-						
Printing		-		-						
Program Supplies		24,000		24,000						
Computer Hardware/Software		-		-						
General Operating:		-		-						
Training/Staff Development		12,000		12,000						
Insurance		3,000		3,000						
Professional License		-		-						
Permits		-		-						
Equipment Lease & Maintenance		24,000		24,000						
Staff Travel:		-		-						
Local Travel		3,000		3,000						
Out-of-Town Travel		3,000		3,000						
Field Expenses		-		-						
Consultant/Subcontractor:		-		-						
Other:		-		-						
Client Drug Testing		42,000		42,000						
Client Expenses		36,000		36,000						
Vehicle Expenses		6,000		6,000						

TOTAL OPERATING EXPENSE

342,000

342,000

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-8	
Provider/Program Name: CBHS Behavioral Health Access Center		Document Date: 7/1/14	
Provider Number: 383800		Fiscal Year: 14-15	
Program Name	BHAC	BHAC SACPA	
Program Code (formerly Reporting Unit)	99089	99089	
Mode/SFC (MH) or Modality (SA)	SecPrev-21	SA-Sec Prev	
Service Description	Referrals/Screening/Intake	Referrals/Screening/Intake	
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL
Salaries & Employee Benefits	485,893	207,987	693,990
Operating Expenses	17,700	20,800	38,500
Capital Expenses (greater than \$5,000)	-	-	-
Subtotal Direct Expenses	503,593	228,787	732,490
Indirect Expenses	55,407	25,167	80,574
TOTAL FUNDING USES	559,100	253,954	813,054
CBHS MENTAL HEALTH FUNDING SOURCES			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
SA COUNTY - General Fund	559,100	253,954	559,100
SA STATE - SACPA Project			253,954
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	559,100	253,954	813,054
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES			
TOTAL DPH FUNDING SOURCES	559,100	253,954	813,054
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	559,100	253,954	813,054
CBHS UNIT OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - QDF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	
Units of Service	7,047	3,680	
Unit Type	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	79.34	69.01	
Cost Per Unit - Contract Rate (DPH & NON-DPH FUNDING SOURCES)	79.34	69.01	
Published Rate (Medi-Cal Providers Only)			
Unduplicated Clients (UDC)	540	465	Total UDC: 1,005

Appendix # B-8

Appendix # B-8

Employee Fringe Benefits:	28.2%	152,656	28.2%	109,503	28.2%	45,763	-	-	-
TOTAL SALARIES & BENEFITS									
		693,980			485,993			207,997	-

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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
 Program Name: CBHS Behavioral Health Access Center
 Document Date: 7/1/14

Appendix #: B-8

Expenditure Category	TOTAL	BHAC General Fund HMHSCRES227	BHAC SACPA Project HMHSPROP36	Term:	Term:	Term:
Occupancy:	Term: 7/1/14-6/30/15					Term:
Rent	-					
Utilities (Telephone, Electricity, Water, Gas)	-					
Building Repair/Maintenance	-					
Materials & Supplies:	-					
Office Supplies	6,000	3,000	3,000			
Photocopying	-					
Printing	-					
Program Supplies	6,000	3,000	3,000			
Computer Hardware/Software	-					
General Operating:	-					
Training/Staff Development	6,000	3,000	3,000			
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
Staff Travel:	-					
Local Travel	600	300	300			
Out-of-Town Travel	4,800	2,400	2,400			
Field Expenses	-					
Consultant/Subcontractor:	-					
Other:	-					
Client Expenses	15,100	6,000	9,100			

TOTAL OPERATING EXPENSE

28,500 17,700 20,800

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-9	
Provider/Program Name: Project Homeless Connect		Document Date: 7/1/14	
Provider Number: 383800		Fiscal Year: 14-15	
Program Name	Project Homeless Connect	Everyday Connect	
Program Code (formerly Reporting Unit) Mode/SFC (MH) or Modality (SA)	n/a	n/a	
Service Description	SA-Sec Prev Referrals/Screening/Intake	SA-Sec Prev Referrals/Screening/Intake	
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	TOTAL 7/1/14-6/30/15
FUNDING USES			
Salaries & Employee Benefits	388,187	471,461	859,648
Operating Expenses	4,896	12,425	17,420
Capital Expenses (greater than \$5,000)	-	-	-
Subtotal Direct Expenses	393,182	483,886	877,068
Indirect Expenses	43,260	53,228	96,478
TOTAL FUNDING USES	436,432	537,114	973,546
CBHS MENTAL HEALTH FUNDING SOURCES			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-	-	-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
SA COUNTY - General Fund	436,432	537,114	973,546
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	436,432	537,114	973,546
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES	-	-	-
TOTAL DPH FUNDING SOURCES	436,432	537,114	973,546
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	436,432	537,114	973,546
CBHS UNITS OF SERVICE AND UNITS COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Med-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	
Units of Service	4,512	5,976	
Unit Type	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	96.72	89.88	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	96.72	89.88	
Published Rate (Med-Cal Providers Only)	540	465	
Unpublished Rate (UDC)			
Total UDC:			1,006

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Document Date: 7/1/14

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471,461

388,187

859,648

ARIES & BENEFITS

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-9

Program Name: Project Homeless Connect

Document Date: 7/1/14

Expenditure Category	TOTAL	Project Homeless Connect General Fund HMHSCCRES227	Everyday Connect General Fund HMHSCCRES227	Term:	Term:	Term:	Term:
Occupancy:	Term: 7/1/14-6/30/15						
Rent	-						
Utilities (Telephone, Electricity, Water, Gas)	-						
Building Repair/Maintenance	-						
Materials & Supplies:	-						
Office Supplies	1,200		1,200				
Photocopying	-						
Printing	-						
Program Supplies	9,870	2,995	6,875				
Computer Hardware/Software	-						
General Operating:	-						
Training/Staff Development	5,000	2,000	3,000				
Insurance	750		750				
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
Staff Travel:	-						
Local Travel	600		600				
Out-of-Town Travel	-						
Field Expenses	-						
Consultant/Subcontractor:	-						
Other:	-						

TOTAL OPERATING EXPENSE

17,420

4,995

12,425

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

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)									
DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)									
Provider/Program Name: Minority AIDS Initiative									
Provider Number: 383800									
Contract Appendix #: B-10									
Document Date: 7/1/14									
Fiscal Year: 14-15									
Program Name		MAI - MH	MAI - SA	MAI - Prev					
Program Code (formerly Reporting Unit)		n/a	n/a	n/a					
Mode/SFC (MH) or Modality (SA)		Supt-00	Supt-00	Supt-00					
Service Description		SA-County Support	SA-County Support	SA-County Support					
FUNDING TERM		9/30/14-9/29/15	9/30/14-9/29/15	9/30/14-9/29/15	TOTAL				
Salaries & Employee Benefits		713,692	122,860	48,148	884,700				
Operating Expenses		-	-	-	-				
Capital Expenses (greater than \$5,000)		-	-	-	-				
Subtotal Direct Expenses		713,692	122,860	48,148	884,700				
Indirect Expenses		78,506	13,515	5,298	97,317				
TOTAL FUNDING USES		792,198	136,375	53,444	982,017				
CBHS MENTAL HEALTH FUNDING SOURCES									
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES									
CBHS SUBSTANCE ABUSE FUNDING SOURCES									
SA GRANT - Fed SAMHSA MAI		93,243			792,198				
SA GRANT - Fed SAMHSA MAI		93,243	136,375		136,375				
SA GRANT - Fed SAMHSA MAI		93,243		53,444	53,444				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		792,198	136,375	53,444	982,017				
OTHER DPH FUNDING SOURCES									
TOTAL OTHER DPH FUNDING SOURCES									
TOTAL DPH FUNDING SOURCES		792,198	136,375	53,444	982,017				
NON-DPH FUNDING SOURCES									
TOTAL NON-DPH FUNDING SOURCES									
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		792,198	136,375	53,444	982,017				
CBHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased (if applicable)									
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)									
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR	CR	CR					
Units of Service		11,193	1,871	736					
Unit Type		Staff Hour	Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)		70.77	72.90	72.61					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		70.77	72.90	72.61					
Published Rate (Medi-Cal Providers Only)		-	-	-					
Unduplicated Clients (UDC)		8	3	2	Total UDC: 13				

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
 Program Name: Minority AIDS Initiative
 Document Date: 7/1/14

	TOTAL	MAI - MH HCSA10-1500	MAI - SA HCSA10-1601	MAI - Prev HCSA10-1502		
	Term: 9/30/14-8/29/15	Term: 9/30/14-9/29/15	Term: 9/30/14-9/29/15	Term: 9/30/14-9/29/15	Term:	Term:
Position Title	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries
Program Manager	1.00 80,658	1.00 90,659	-	-	-	-
Behavioral Health Specialist	4.00 323,694	3.50 283,232	0.50 40,462	-	-	-
Community Health Worker	1.00 41,410	1.00 41,410	-	-	-	-
Evaluation Analyst	1.00 97,677	0.60 58,941	0.24 23,081	0.16 15,655	-	-
Evaluation Assistant	1.00 52,780	0.60 31,649	0.24 12,472	0.16 8,459	-	-
Lead Evaluator	1.00 83,875	0.60 50,612	0.24 19,820	0.16 13,443	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
Total:	9.00 690,094	7.30 556,702	1.22 95,835	0.48 37,557	-	-

Employee Fringe Benefits:	26.2%	194,606	26.2%	156,950	26.2%	27,025	26.2%	10,591		
TOTAL SALARIES & BENEFITS		884,700		713,692		122,860		48,148		

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: Minority AIDS Initiative

Document Date: 7/1/14

Appendix #: B-10

Expenditure Category	TOTAL	MAI - MH HCSA10-1500	MAI - SA HCSA10-1501	MAI - Prev. HCSA10-1502	Term:
Occupancy:	Term: 9/30/14-9/29/15	Term: 9/30/14-9/28/15	Term: 9/30/14-9/28/15	Term: 9/30/14-9/29/15	Term:
Rent	-	-	-	-	
Utilities (Telephone, Electricity, Water, Gas)	-	-	-	-	
Building Repair/Maintenance	-	-	-	-	
Materials & Supplies:	-	-	-	-	
Office Supplies	-	-	-	-	
Photocopying	-	-	-	-	
Printing	-	-	-	-	
Program Supplies	-	-	-	-	
Computer Hardware/Software	-	-	-	-	
General Operating:	-	-	-	-	
Training/Staff Development	-	-	-	-	
Insurance	-	-	-	-	
Professional License	-	-	-	-	
Permits	-	-	-	-	
Equipment Lease & Maintenance	-	-	-	-	
Staff Travel:	-	-	-	-	
Local Travel	-	-	-	-	
Out-of-Town Travel	-	-	-	-	
Field Expenses	-	-	-	-	
Consultant/Subcontractor:	-	-	-	-	
Other:	-	-	-	-	

TOTAL OPERATING EXPENSE

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

DMH Legal Entity Name (MHY) Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-11	
Provider/Program Name: Primary & Behavioral Health Care Integration		Document Date: 7/1/14	
Provider Number: 00038		Fiscal Year: 14-15	
Program Name	PBHCI		
Program Code (formerly Reporting Unit)	n/a		
Model/SFC (MH) or Modality (SA)	6078		
Other Non-Medical Client Support Exp			
Service Description	9/1/14-8/31/15		
FUNDING TERM			
Salaries & Employee Benefits	195,317		195,317
Operating Expenses	59,567		59,567
Capital Expenses (greater than \$5,000)	-		-
Subtotal Direct Expenses	254,884		254,884
Indirect Expenses	28,037		28,037
TOTAL FUNDING USES	282,921		282,921
CBHS MENTAL HEALTH FUNDING SOURCES			
93.243 HMAD03-1500	282,921		282,921
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	282,921		282,921
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-		-
OTHER DPH FUNDING SOURCES			
TOTAL OTHER DPH FUNDING SOURCES	-		-
TOTAL DPH FUNDING SOURCES	282,921		282,921
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES	-		-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	282,921		282,921
CBHS UNITS OF SERVICE AND UNIT COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR		
Units of Service	2,699		
Unit Type	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)	104.84		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	104.84		
Published Rate (Medi-Cal Providers Only)	-		
Unduplicated Clients (UDC)	83		83

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: Primary & Behavioral Helath Care Integration

Document Date: 7/17/14

Appendix #: B-11

[illegible]

Employee Fringe Benefits:	28.2%	42,964	28.2%	42,964
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TOTAL SALARIES & BENEFITS

	195.317
	195.317
	195.317
	195.317
	195.317

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-11

Program Name: Primary & Behavioral Health Care Integration

Document Date: 7/1/14

Expenditure Category	TOTAL	SAHMSA PBHCL Grant HMAD03-1500	Term: 9/1/14-8/31/15	Term:	Term:	Term:	Term:
	Term: 9/1/14-8/31/15						
Occupancy:	-						
Rent	-						
Utilities (Telephone, Electricity, Water, Gas)	-						
Building Repair/Maintenance	-						
Materials & Supplies:	-						
Office Supplies	-						
Photocopying	-						
Printing	-						
Program Supplies	9,800	9,800					
Computer Hardware/Software	-						
General Operating:	-						
Training/Staff Development	5,000	5,000					
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
Staff Travel:	-						
Local Travel	-						
Out-of-Town Travel	13,567	13,567					
Field Expenses	-						
Consultant/Subcontractor:	-						
Peer Counselors, \$15/hr x 520 hrs each x 4 Peer Counselors	31,200	31,200					
Other:	-						

TOTAL OPERATING EXPENSE

59,567

59,567

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

DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)									
DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)									
Contract Appendix #: B-12									
Document Date: 7/1/14									
Provider/Program Name: COPC FI Services									
Provider Number: n/a									
Fiscal Year: 14-15									

Document Date: 7/1/14

Appendix #: B-12

[illegible]

Employee Fringe Benefits:	28.2%	39,483	-	-	28.2%	39,483	-
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TOTAL SALARIES & BENEFITS

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
TOTAL SALARIES & BENEFITS																																																																																																			
179,403																																																																																																			
179,403																																																																																																			

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: COPC FI Services

Document Date: 7/1/14

Appendix #: B-12

Expenditure Category	TOTAL	Primary Care Encounters General Fund HCHAPADMINGF	TWHC Shelter Nutritionist General Fund HCHAPTWC-GF	SEHC Salesforce Salesforce.com Grant HCGSAL-1500	Term:	Term:	Term:
Occupancy:	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:
Rent	-	-	-	-			
Utilities (Telephone, Electricity, Water, Gas)	-	-	-	-			
Building Repair/Maintenance	-	-	-	-			
Materials & Supplies:	-	-	-	-			
Office Supplies	-	-	-	-			
Photocopying	-	-	-	-			
Printing	-	-	-	-			
Program Supplies	-	-	-	-			
Computer Hardware/Software	-	-	-	-			
General Operating:	-	-	-	-			
Training/Staff Development	-	-	-	-			
Insurance	-	-	-	-			
Professional License	-	-	-	-			
Permits	-	-	-	-			
Equipment Lease & Maintenance	-	-	-	-			
Staff Travel:	-	-	-	-			
Local Travel	-	-	-	-			
Out-of-Town Travel	-	-	-	-			
Field Expenses	-	-	-	-			
Consultant/Subcontractor:	-	-	-	-			
COPC Staff Care	270,270	270,270					
TWHC Shelter Nutritionist	31,532		31,532				
Other:	-	-	-	-			
TOTAL OPERATING EXPENSE	301,802	270,270	31,532				

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)		Contract Appendix #: B-13	
Provider/Program Name: SF Street Violence Intervention Program		Document Date: 7/1/14	
Provider Number: n/a		Fiscal Year: 14-15	
Program Name	Violence Intervention Program		
Program Code (formerly Reporting Unit)	n/a		
Model/SFC (MH) or Modality (SA)	n/a		
Service Description	n/a		
FUNDING TERM	7/1/14-6/30/15		TOTAL
Salaries & Employee Benefits	1,747,515		1,747,515
Operating Expenses	584,955		584,955
Capital Expenses (greater than \$5,000)	-		-
Subtotal Direct Expenses	2,332,470		2,332,470
Indirect Expenses	256,570		256,570
TOTAL FUNDING USES	2,589,040		2,589,040
CBHS MENTAL HEALTH FUNDING SOURCES			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	-		-
CBHS SUBSTANCE ABUSE FUNDING SOURCES			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-		-
OTHER DPH FUNDING SOURCES			
Community Health - CRN Work Order	HCHCHCCRNWO	2,589,040	2,589,040
TOTAL OTHER DPH FUNDING SOURCES		2,589,040	2,589,040
TOTAL DPH FUNDING SOURCES		2,589,040	2,589,040
NON-DPH FUNDING SOURCES			
TOTAL NON-DPH FUNDING SOURCES		-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,589,040	2,589,040
UNITS OF SERVICE AND UNITS COST			
Number of Beds Purchased (if applicable)			
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)			
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR		
Units of Service	n/a		
Unit Type			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY)			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			
Published Rate (Medi-Cal Providers Only)			
Unduplicated Clients (UDC)	n/a		Total UDC: n/a

Appendix #: B-13

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
 Program Name: SF Street Violence Intervention Program
 Document Date: 7/1/14

[illegible][illegible]

TOTAL SALARIES & BENEFITS

1,747,515	1,747,515				
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DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: SF Street Violence Intervention Program

Document Date: 7/1/14

Appendix #: B-13

Expenditure Category	TOTAL Term: 7/1/14-6/30/15	SF SVIP CH CRN Work Order HCHCHCCRNWO Term: 7/1/14-6/30/15	Term:	Term:	Term:
Occupancy:	-	-			Term:
Rent	116,000	116,000			
Utilities (Telephone, Electricity, Water, Gas)	38,125	38,125			
Building Repair/Maintenance	-	-			
Materials & Supplies:	-	-			
Office Supplies	-	-			
Photocopying	-	-			
Printing	-	-			
Program Supplies	21,430	21,430			
Computer Hardware/Software	11,200	11,200			
General Operating:	-	-			
Training/Staff Development	20,000	20,000			
Insurance	-	-			
Professional License	-	-			
Permits	-	-			
Equipment Lease & Maintenance	-	-			
Staff Travel:	-	-			
Local Travel	-	-			
Out-of-Town Travel	-	-			
Field Expenses	-	-			
Consultant/Subcontractor:	-	-			
Mental Health Consultant	35,000	35,000			
Evaluation Consultant	100,000	100,000			
Violence Interruptors	24,400	24,400			
Other:	-	-			
Vehicle Expense	73,800	73,800			
Client Incentives	58,400	58,400			
Client Outings and Groups	86,800	86,800			

TOTAL OPERATING EXPENSE

584,955

584,955

DPH 6: Contract-Wide Indirect Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Document Date: 7/1/14

1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.18	56,881
Chief Financial Officer	0.19	51,351
Chief Information Officer	0.19	40,817
Chief Operating Officer	0.09	10,271
VP of Quality and Compliance	0.19	15,010
VP of Development	0.13	13,168
Research and Evaluation Director	0.13	13,280
Workforce Development Director	0.02	1,840
Controller	0.19	29,847
Grants Director	0.19	20,541
Budget Manager	0.08	10,191
Fiscal Projects Director	0.19	15,802
Budget/Fiscal Analyst	0.19	15,090
Payroll Manager	0.19	19,433
Budget Coordinator	0.19	13,168
General Ledger Accountant	0.04	2,818
Accounts Payable	0.36	26,290
Billing Specialist	0.19	15,802
Billing Assistant	0.19	10,634
Human Resources Director	0.09	9,654
Human Resources Analyst	0.19	13,168
Human Resources Coordinator	0.19	10,648
Electronic Medical Records Manager	0.19	13,037
EMR OPs Software Development Director	0.19	23,701
EMR Training and Data Analyst	0.13	7,314
Client Programmer II	0.06	4,407
IT Manager - Data Control	0.19	14,104
Senior IT Systems Analyst	0.12	9,292
IT Analyst	0.19	12,773
PC Support Analyst	0.19	12,773
IT Specialist - Data Specialist	0.19	8,708
IT Specialist - Data Entry	0.19	8,705
IT Specialist - Data Control	0.19	8,705
IT Data Analyst	0.08	3,192
Donations Manager	0.19	14,482
Travel Coordinator	0.09	7,053
Administrative Assistant	0.15	6,741
Procurement Manager	0.19	13,168
Driver/Procurement Assistant	0.04	1,816
Facility Operations Director	0.02	1,270
Transportation and Facility Manager	0.02	785
Maintenance Staff	0.04	1,834
EMPLOYEE FRINGE BENEFITS		182,551
TOTAL SALARIES & BENEFITS		771,424

2. OPERATING COSTS

Expenditure Category	Amount
Rent	50,102
Utilities (Telephone, Electricity, Water, Gas)	18,009
Building Repair/Maintenance	4,304
Office Supplies	12,320
Insurance	23,452
Training/Staff Development	4,838
Staff Travel (Local & Out of Town)	19,312
Rental of Equipment	15,320
Professional Services	103,552
General Operating	41,089
TOTAL OPERATING COSTS	292,276

TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

1,063,702

CBHSMODE	CBHSSERVEDESCRIPT	Official DMH/ADP Unit
05/10-18	Hospital IP	Client Day
05/19	Hospital IP Admin Day	Client Day
05/20-29	PHF	Client Day
05/30-34	SNF Intensive	Client Day
05/35	IMD Basic No Patch	Client Day
05/36-39	IMD with Patch	Client Day
05/40-49	Adult Crisis Residential	Client Day
05/50-59	Jail IP	Client Day
05/60-64	Residential Other	Client Day
05/65-79	Adult Residential	Client Day
05/80-84	Semi-Sup Living	Client Day
05/85-89	Independent Living	Client Day
05/90-94	MH Rehab Center	Client Day
10/20-24	Crisis Stab ER	Client Hour
10/25-29	Crisis Stab Urgent Care	Client Hour
10/30-39	Vocational	Client Full Day
10/40-49	Socialization	Client Full Day
10/60-69	SNF Augmentation	Client Full Day
10/81-84	Day Tx Intensive Half day	Client 1/2 Day
10/85-89	Day Tx Intensive Full day	Client Full Day
10/91-94	Day Rehab Half day	Client 1/2 Day
10/95-99	Day Rehab Full day	Client Full Day
15/01-09	Case Mgt Brokerage	Staff Minute
15/10-57	MH Svcs	Staff Minute
15/58	TBS	Staff Minute
15/60-69	Medication Support	Staff Minute
15/70-79	Crisis Intervention-OP	Staff Minute
20/00	MH Administration	Staff Hour
25/00	Research & Evaluation	Staff Hour
40/00	MHSA Administration	Staff Hour
45/10-19	MH Promotion	Staff Hour
45/20-29	Cmnty Client Svcs	Staff Hour
60/20-29	Conserv-Investigation	Staff Minute
60/30-39	Conserv-Adm	Staff Minute
60/40-49	Life Support-Bd&Care	Client Full Day
60/60-69	Case Mgt Support	Staff Minute
60/70	CS-Client Hsng Support Exp	Staff Hour or Client Day, depending on contract.
60/71	CS-Client Hsng Operating Exp	Staff Hour or Client Day, depending on contract.
60/72	CS-Client Flexible Support Exp	Staff Hour or Client Day, depending on contract.
60/75	Non-MediCal Capital Assets	Staff Hour or Client Day, depending on contract.
60/78	Other Non-MediCal Client Support Exp	Staff Hour
Supt-00	SA-County Support	Staff Hour
Supt-01	SA-Support QA's	Staff Hour
Supt-02	SA-Support Training	Staff Hour
Supt-03	SA-Support Prog Dev	Staff Hour
Supt-04	SA-Support Research/Eval	Staff Hour
Supt-05	SA-Support Planning/Coord/Need Assess	Staff Hour
Supt-06	SA-Support Start-Up Costs	Staff Hour
Supt-09	SA-Support Alteration/Renovation	Staff Hour
PriPrev-12	SA-PriPrevention Info Dissemination	Staff Hour
PriPrev-13	SA-PriPrevention Education	Staff Hour
PriPrev-14	SA-PriPrevention Alternatives	Staff Hour
PriPrev-15	SA-PriPrevention Problem Id's/Referrals	Staff Hour
PriPrev-16	SA-PriPrevention Cmnty Based	Staff Hour
PriPrev-17	SA-PriPrevention Environmental	Staff Hour
SecPrev-18	SA-Sec Prev Early Intervention	Staff Hour
SecPrev-19	SA-Sec Prev Outreach	Staff Hour
SecPrev-20	SA-Sec Prev IDU or IVDU	Staff Hour
SecPrev-21	SA-Sec Prev Referrals/Screening/Intake	Staff Hour
Nonres-30	SA-Nonresidntl IO Day Care Rehab	Face-to-face visit
Nonres-32	SA-Nonresidntl Aftercare	Staff Hour
Nonres-33	SA-Nonresidntl ODF Grp	Staff Hour
Nonres-34	SA-Nonresidntl ODF Indv	Staff Hour

SERVICE TYPES

CBHSMODE	CBHSSERVEDESCRIPT	Official DMH/ADP Unit
Nonres-35	SA-Nonresidtl Interim Tx CalWORKS Only	Staff Hour
NTP-41	SA-Narcotic Tx Prog OP Meth Detox (OMD)	Slot Days
NTP-42	SA-Narcotic Tx Prog IP Meth Detox	Bed Days
NTP-43	SA-Narcotic Tx Prog Naltrexone	Face-to-face visit
NTP-44	SA-Narcotic Tx Prog Rehab/Amb Detox (other than Methadone)	Slot Days
NTP-48	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	Slot Days
Res-50	SA-Res Free Standing Res Detox	Bed Days
Res-51	SA-Res Recov Long Term (over 30 days)	Bed Days
Res-52	SA-Res Recov Short Term (up to 30 days)	Bed Days
Res-53	SA-Res Hospital IP Detox (24-Hr)	Bed Days
Res-54	SA-Res Hospital IP Residential (24-Hr)	Bed Days
Res-55	SA-Res Chemical Dependency Recov Hospital (CDRH)	Bed Days
Res-56	SA-Res Transitional Living Center (Perinatal/Parolee Only)	Bed Days
Res-57	SA-Res Alcohol Drug Housing (Perinatal/Parolee Only)	Bed Days
Anc-22	SA-Ancillary Svcs Perinatal Outreach	Staff Hour
Anc-63	SA-Ancillary Svcs Cooperative Proj	Staff Hour
Anc-64	SA-Ancillary Svcs Vocational Rehab	Staff Hour
Anc-65	DC NOT USE SA-Ancillary Svcs HIV Early Intervention	Staff Hour
Anc-66	SA-Ancillary Svcs TB Svcs	Staff Hour
Anc-67	SA-Ancillary Svcs Interim Svcs (within 48 hrs)	Staff Hour
Anc-68	SA-Ancillary Svcs Case Mgmt	Staff Hour
Anc-69	SA-Ancillary Svcs Primary Medical Care (Perinatal Only)	Staff Hour
Anc-70	SA-Ancillary Svcs Pediatric Medical Care (Perinatal Only)	Staff Hour
Anc-71	SA-Ancillary Svcs Transportation (Perinatal/Parolee Only)	Staff Hour
Anc-72	SA-Ancillary Svcs HIV Counseling Services	Number Served
Anc-73	SA-Ancillary Svcs HIV/AIDS Education Counseling Services	Number Served
Anc-74	SA-Ancillary Svcs Infectious Disease Services	Number Served
Anc-75	SA-Ancillary Svcs Therapeutic Measures for People Living with HIV	Number Served
Anc-76	SA-Ancillary Svcs HIV Referral/Linkage to Care Services	Number Served
Anc-77	SA-Ancillary Svcs Outreach	Number Served
Anc-80	SA-Ancillary Svcs SACPA Literacy Training	Staff Hour
Anc-81	SA-Ancillary Svcs SACPA Family Counseling	Staff Hour
Anc-82	SA-Ancillary Svcs SACPA Vocational Training	Staff Hour
Anc-83	SA-Ancillary Svcs SACPA Case Mgmt	Staff Hour
Anc-84	SA-Ancillary Svcs SACPA Other Svcs	Staff Hour
Anc-85	SA-Ancillary Svcs SACPA Testing	Staff Hour
Anc-87	Drug Court-Other Tx Related Svcs	Staff Hour
DUI-90	Driving Under the Influence	Persons Served

MH	SA
MH FED - SDMC Regular FFP (50%)	SA FED - SAPT Fed Discretionary
MH FED - Health Families/Enhanced Children FFP (at 65%)	SA FED - SAPT Adolescent Tx Svcs
MH FED - Refugee FFP (at 100%)	SA FED - SAPT Friday Night Live/Club Live
MH FED - SAHMSA PBHCI Grant	SA FED - SAPT Primary Prevention Set-Aside
MH STATE - CTF Fund (Cmnty Tx Facility)	SA FED - SAPT HIV Set-Aside
MH STATE - MH Realignment	SA FED - SAPT Perinatal Set-Aside
MH STATE - EPSDT Realignment	SA FED - Drug Medi-Cal
MH STATE - Family Mosaic Capitated	SA FED - Perinatal Drug Medi-Cal
MH STATE - IDEA Fund	SA STATE - PSR Non Drug Medi-Cal
MH STATE - MAA	SA STATE - PSR Drug Medi-Cal
MH STATE - MHSA Project	SA STATE - PSR Drug Medi-Cal carryforward from FY12-13
MH STATE - Managed Care	SA STATE - PSR Perinatal Non Drug Medi-Cal
MH STATE - Minor Consent	SA STATE - PSR Perinatal Drug Medi-Cal
MH STATE - SAMHSA FMP Grant	SA STATE - PSR Women/Children Residential Tx Svcs
MH STATE - RWJ	SA STATE - PSR Drug Court
MH STATE - PSR Managed Care	SA STATE - Parolee Services Network BASN
MH STATE - PSR EPSDT	SA STATE - SACPA Project
MH PRIOR YEAR - SEP-Special Assessment Program	SA COUNTY - General Fund - CJC GF
MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care	SA COUNTY - General Fund
MH PRIOR YEAR - SB 90	SA GRANT - Fed DOJ Safe Havens
MH PRIOR YEAR - MH Managed Care	SA GRANT - Fed DOJ Second Chance
MH STATE - MHSA CSS Project	SA GRANT - Fed SAMHSA MAI
MH STATE - MHSA PEI Project	SA GRANT - Fed SAMHSA SHOP
MH STATE - MHSA INN Project	SA WORK ORDER - Controller's CJC Evaluation
MH STATE - MHSA CF Project	SA WORK ORDER - DCYF Wellness Center
MH STATE - MHSA Tech Project	SA WORK ORDER - HSA Children's Program
MH STATE - MHSA WDET Project	SA WORK ORDER - HSA FSET
MH STATE - MHSA WET Project	SA WORK ORDER - HSA HUD-SHP
MH PRIOR YEAR - Other (please identify)	SA WORK ORDER - HSA PAES/SSI Advocacy
MH WORK ORDER - County Work Order Fund	SA 3RD PARTY Medicare
MH WORK ORDER - City Attorney	SA 3RD PARTY Insurance Fees
MH WORK ORDER - District Attorney	SA 3RD PARTY Client Fees
MH WORK ORDER - DCYF	
MH WORK ORDER - Fire Department	
MH WORK ORDER - HSA Childcare	
MH WORK ORDER - HSA Fostercare	
MH WORK ORDER - HSA SPMP Fostercare	
MH WORK ORDER - HSA GF Match	
MH WORK ORDER - Human Services Agency	
MH WORK ORDER - Human Services Agency (Match)	
MH WORK ORDER - Library	
MH WORK ORDER - Juvenile Probation	
MH WORK ORDER - Mayor's Office	
MH WORK ORDER - Police Department	
MH WORK ORDER - Sheriff's Department	
MH WORK ORDER - SFCFC First Five	
MH WORK ORDER - CALWORKS	
MH 3RD PARTY - Insurance Fees	
MH 3RD PARTY - Medicare	
MH 3RD PARTY - Patient/Client Fees	
MH COUNTY - General Fund	
MH COUNTY - General Fund WO CODB	
MH COUNTY - General Fund CYF	
MH COUNTY - General Fund CYF WO CODB	
MH COUNTY - Managed Care Match	
NON DPH - MH Conservatorship Admin Fees	
NON DPH - Provider's Fund	
NON DPH - Provider's Grants	
NON DPH - In-Kind	
NON DPH - Fund Raising	
NON DPH - Other (please identify)	

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

Date (MM/DD/YY)
6/27/13

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

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

PRODUCER Heffernan Insurance Brokers 1350 Carlsback Avenue Walnut Creek, CA 94596 CA License #0564249	CONTACT NAME: Shelaine Gonsalves	
	PHONE (A/C, No, Ext): 925-934-8500	FAX (A/C, No): 925-934-8276
	EMAIL ADDRESS: ShelaineG@heffins.com	
	INSURERS AFFORDING COVERAGE	
INSURED HealthRIGHT360 1735 Mission Street San Francisco, CA 94103	NAIC #	
	INSURER A: Arch Specialty Insurance Company	11150
	INSURER B: Cypress Insurance Company	10855
	INSURER C: Travelers	19038
	INSURER D: Great American	39896
INSURER E:		
INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	X		NTPKG0068202	07/01/13	07/01/14	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$3,000,000 PRODUCTS - COMP/OP AGG \$3,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	X		NTAUTO0028002	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$			NTUMB0032802	07/01/13	07/01/14	EACH OCCURRENCE \$3,000,000 AGGREGATE \$3,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.) <input type="checkbox"/> If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	X	3300084772131	07/01/13	07/01/14	<input checked="" type="checkbox"/> NO STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYEE 1,000,000 E.L. DISEASE - POLICY LIMIT 1,000,000
A A C D A	Professional Liability Excess Professional Liability Crime Excess Crime Sexual Misconduct			NTPKG0068202 NTUMB0032802 105642284 SAA024161702 NTPKG0068202	07/01/13 07/01/13 07/01/13 07/01/13 07/01/13	07/01/14 07/01/14 07/01/14 07/01/14 07/01/14	Each claim/aggregate \$1mm/\$3mm Each claim/aggregate \$3mm/\$3mm Limit \$10,000,000 Limit \$10,000,000 Each claim/aggregate \$2mm/\$2mm

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

Re: As Per Contract or Agreement on File with Insured.

City and County of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance is named as additional insured as respects to General Liability & Automobile liability per attached endorsements. Insurance is primary and non-contributory. Waiver of subrogation applies to Workers Compensation policy - endorsement to follow from carrier.

CERTIFICATE HOLDER

CANCELLATION

City and County of San Francisco
 It's officers, agents & Employees
 Office of Contract Management & Compliance
 101 Grove Street, Room 307
 San Francisco, CA 94102

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

[Signature]

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name of Additional Insured Person(s) or Organization(s)
City and County of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ULTRA AUTO PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

EXTENDED CANCELLATION CONDITION

Paragraph 2.b. of the CANCELLATION Common Policy Condition is replaced by the following:

- b. 60 days before the effective date of cancellation if we cancel for any other reason.

TEMPORARY SUBSTITUTE AUTO - PHYSICAL DAMAGE COVERAGE

Under paragraph C. - CERTAIN TRAILERS, MOBILE EQUIPMENT AND TEMPORARY SUBSTITUTE AUTOS of SECTION 1 - COVERED AUTOS, the following is added:

If Physical Damage coverage is provided by this Coverage Form, then you have coverage for:

Any "auto" you do not own while used with the permission of its owner as a temporary substitute for a covered "auto" you own that is out of service because of its breakdown, repair, servicing, "loss" or destruction.

BROAD FORM NAMED INSURED

SECTION II - LIABILITY COVERAGE - A.1. WHO IS AN INSURED provision is amended by the addition of the following:

- d. Any business entity newly acquired or formed by you during the policy period provided you own 50% or more of the business entity and the business entity is not separately insured for business auto Coverage. Coverage is extended up to a maximum of 180 days following acquisition or formation of the business entity. Coverage under this provision is afforded only until the end of the policy period.

BLANKET ADDITIONAL INSURED

SECTION II - LIABILITY COVERAGE - A.1. WHO

IS AN INSURED provision is amended by the addition of the following:

- e. Any person or organization for whom you are required by an "insured contract" to provide insurance is an "insured", subject to the following additional provisions:

- (1) The "insured Contract" must be in effect during the policy period shown in the Declarations, and must have been executed prior to the "bodily injury" or "property damage".

- (2) This person or organization is an "insured" only to the extent you are liable due to your ongoing operations for that insured, whether the work is performed by you or for you, and only to the extent you are held liable for an "accident" occurring while a covered "auto" is being driven by you or one of your employees.

- (3) There is no coverage provided to this person or organization for "bodily injury" to its employees, nor for "property damage" to its property.

- (4) Coverage for this person or organization shall be limited to the extent of your negligence or fault according to the applicable principles of comparative negligence or fault.

- (5) The defense of any claim or "suit" must be tendered by this person or organization as soon as practicable to all other insurers which potentially provide insurance for such claim or "suit".

- (6) The coverage provided will not exceed the lesser of"

- (a) the coverage and/or limits of this policy; or

(b) the coverage and/or limits required by the "insured contract".

(7) A person's or organization's status as an "insured" under this subparagraph ends when your operations for that "insured" are completed.

FELLOW EMPLOYEE COVERAGE - EXECUTIVE OFFICES

Exclusion 5, FELLOW EMPLOYEE of SECTION II - LIABILITY COVERAGE - B, EXCLUSIONS is amended by the addition of the following:

This exclusion does not apply to liability incurred by your employees that are executive officers.

PHYSICAL DAMAGE - ADDITIONAL TRANSPORTATION EXPENSE COVERAGE

The first sentence of paragraph A.4 of SECTION III - PHYSICAL DAMAGE COVERAGE is amended to add:

5. We will pay for the expense of returning a stolen covered "auto" to you.

AIRBAG COVERAGE

Under paragraph B. - EXCLUSIONS of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

The exclusion relating to mechanical breakdown does not apply to the accidental discharge of an airbag.

LEASE GAP COVERAGE

Under paragraph C - LIMIT OF INSURANCE OF SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

4. the most we will pay for a total "loss" in any on "accident" is the greater of the following, subject to a \$1,500 maximum limit:
 - a. Actual cash value of the damaged or stolen property as of the time of the "loss", less an adjustment for depreciation and physical condition; or
 - b. Balance due under the terms of the loan or lease that the damaged covered "auto" is subject to at the time of the "loss", less any one or all of the following adjustments:

- 1) Overdue payment and financial penalties associated with those payments as of the date of the "loss".
- 2) Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear.
- 3) Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease.
- 4) Transfer or rollover balances from previous loans or leases.
- 5) Final payment due under a "Balloon Loan".
- 6) The dollar amount of any un-repaired damage that occurred prior to the total loss of a covered "auto".
- 7) Security deposits not refunded by a lessor.
- 8) All refunds payable or paid to you as a result of the early termination of a lease agreement or any warranty or extended service agreement on a covered "auto".
- 9) Any amount representing taxes.
- 10) Loan or lease termination fees.

GLASS REPAIR - WAIVER OF DEDUCTIBLE

Under paragraph d. - DEDUCTIBLE of SECTION III - PHYSICAL DAMAGE COVERAGE, the following is added:

No deductible applies to glass damage if the glass is repaired rather than replaced.

AMENDED DUTIES IN THE EVENT OF ACCIDENT, CLAIM, SUIT OR LOSS

The requirement in LOSS CONDITION 2.a. - DUTIES IN THE EVENT OF ACCIDENT, CLAIMS, SUIT OR LOSS - of SECTION IV - BUSINESS AUTO CONDITIONS that you must notify us of an "accident" applies only when the accident is known to:

- (1) You, if you are an individual;
- (2) A partner, if you are a partnership; or
- (3) An executive officer or insurance manager, if you are a corporation.

UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

SECTION IV – BUSINESS AUTO CONDITIONS – B.2. is amended by the addition of the following:

If you unintentionally fail to disclose any hazards existing at the inception date of your policy, we will not deny coverage under this coverage Form because of such failure. However, this provision does not affect our right to collect additional premium or exercise our right of cancellation or non-renewal.

RESULTANT MENTAL ANGUISH COVERAGE

SECTION V – DEFINITIONS – C. is replaced by the following:

"Bodily injury" means bodily injury, sickness or disease sustained by a person including mental anguish or death resulting from any of these.

HIRED AUTO PHYSICAL DAMAGE COVERAGE

If hired "autos" are covered "autos" for Liability coverage and if comprehensive, specified Causes of Loss or collision coverages are provided under this coverage form for any "auto" you own, then the Physical Damage Coverages provided are extended to "autos" you hire or borrow of the private passenger or light truck (10,000 lbs. Or less gross vehicle weight) type, subject to the following limit.

The most we will pay for loss to any hired "auto" is \$50,000 or actual Cash Value or cost of Repair, whichever is smallest, minus a deductible. The deductible will be equal to the largest deductible applicable to any owned "auto" of the private passenger or light truck type for that coverage. Hired Auto Physical Damage coverage is excess over any other collectible insurance. Subject to the above limit, deductible and excess provisions, we will provide coverage equal to the broadest coverage applicable to any covered "auto" you own of the private passenger or light truck type.

HIRED AUTO PHYSICAL DAMAGE COVERAGE – LOSS OF USE

SECTION III – PHYSICAL A.4.b Form does not

apply.

Subject to a maximum of \$1,000 per accident, we will cover loss of use of a hired "auto" if it results from an accident, you are legally liable and the lessor incurs an actual financial loss.

RENTAL REIMBURSEMENT COVERAGE

A. This coverage applies only to a covered "auto" of the private passenger or light truck (10,000 lbs. Or less gross vehicle weight) type.

B. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of a covered "loss" to a covered "auto." Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto." No deductible apply to this coverage.

C. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:

1. The number of days reasonably required to repair or replace the covered "auto." If "loss" is caused by theft, this number of days is added to the number of days it takes to locate the covered "auto" and return it to you.

2. 30 days.

D. Our payment is limited to the lesser of the following amounts:

1. Necessary and actual expenses incurred.
2. \$50 per day

E. this coverage does not apply while there are spare or reserve "autos" available to you for your operations.

F. If "loss" results from the total theft of a covered "auto" of the private passenger type, we will pay under this coverage only that amount of your rental reimbursement expenses which is not already provided for under the PHYSICAL DAMAGE COVERAGE Coverage Extension.

G. The Rental Reimbursement Coverage described above does not apply to a covered "auto" that is described or designated as a covered "auto" on Rental Reimbursement coverage form CA 99 23

AUDIO, VISUAL AND SATA ELECTRONIC

EQUIPMENT COVERAGE**A. Coverage**

1. We will pay with respect to a covered "auto" for "loss" to any electronic equipment that receives or transmits audio, visual or data signals and that is not designed solely for the reproduction of sound. This coverage applies only if the equipment is permanently installed in the covered "auto" at the time of the "loss" or the equipment is removable from a housing unit which is permanently installed in the covered "auto" at the time of the "loss", and such equipment is designed to be solely operated by use of the power from the "auto's" electrical system, in or upon the covered "auto."
2. We will pay with respect to a covered "auto" for "loss" to any accessories used with the electronic equipment described in paragraph A.1. above. However, this does not include tapes, records or discs.
3. If audio, Visual and data Electronic Equipment Coverage form CA 99 60 or CA 99 94 is attached to this policy, then the Audio, visual and Data Electronic Equipment Coverage described above does not apply.

B. Exclusions

The exclusions that apply to PHYSICAL DAMAGE COVERAGE, except for the exclusion relating to Audio, Visual and Data Electronic Equipment, also apply to this coverage. In addition, the following exclusions apply:

We will not pay for wither any electronic equipment or accessories used with such electronic equipment that is:

1. Necessary for the normal operation of the covered "auto" for the monitoring of the covered "auto's" operating system; or
2. Both:
 - a. an integral part of the same unit housing any sound reproducing equipment designed solely for the reproduction of sound if the sound reproducing equipment is permanently

Installed in the covered "auto"; and

- b. permanently installed in the opening of the dash or console normally used by the manufacturer for the installation of a radio.

C. Limit of Insurance

With respect to this coverage, the LIMIT OF INSURANCE provision of PHYSICAL DAMAGE COVERAGE is replaced by the following:

1. The most we will pay for "loss: to audio, visual or data electronic equipment and any accessories used with this equipment as a result of any one "accident" is the lesser of:
 - a. The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - b. The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
- c. \$1,000
 1. an adjustment for depreciation and physical condition will be made in determining actual cash value at the time of the "loss."

If a repair or replacement results in better than like kind or quality, we will not pay for the amount of the betterment.

D. Deductible

1. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment is the result of a "loss" to the covered "auto" under the Business Auto coverage form's Comprehensive or Collision coverage, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by the applicable deductible shown in the Declarations. Any Comprehensive Coverage deductible shown in the Declarations does not apply to "loss" to audio, visual or data electronic equipment caused by fire or lightning.

2. If "loss" to the audio, visual or data electronic equipment or accessories used with this equipment is the result of a "loss" to the covered "auto" under the Business Auto Coverage form's specified Causes of Loss coverage, then for each covered

POLICY NUMBER: NTAUT0026002

COMMERCIAL AUTO
CA 71 10 09 05

"auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

3. If "loss" occurs solely to the audio, visual or data electronic equipment or accessories used with this equipment, then for each covered "auto" our obligation to pay for, repair, return or replace damaged or stolen property will be reduced by a \$100 deductible.

4. In the event that there is more than one applicable deductible, only the highest deductible will apply. In no event will more than one deductible apply.

BLANKET WAIVER OF SUBROGATION

We waive the right of recovery we may have for payments made for "bodily injury" or "property damage" on behalf of the persons or organizations added as "insureds" under section II - LIABILITY COVERAGE - A.1.D. BROAD FORM NAMED INSURED and A.1.e. BLANKET ADDITION INSURED.

PERSONAL EFFECTS COVERAGE

A. SECTION III-PHYSICAL DAMAGE COVERAGE, A.4. COVERAGE EXTENSIONS, is amended by adding the following:

c. Personal Effects Coverage

For any Owned "auto" that is involved in a covered "loss", we will pay up to \$500 for "personal effects" that are lost or damaged as a result of the covered "loss", without applying a deductible.

B. SECTION V - DEFINITIONS is amended by adding the following:

Q. "Personal effects" means your tangible property that is worn or carried by you, except for tools, jewelry, money, or securities.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA

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

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

The additional premium for this endorsement shall be 5.00 % of the total policy premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5.00 % of total policy premium.

The minimum premium for this endorsement is \$ 350.00

Schedule**Person or Organization**

City and County of San Francisco
It's officers, agents & Employees
Office of Contract Management & Compliance
101 Grove Street, Room 307
San Francisco, CA 94102

Job Description

All California Operations

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

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

Endorsement Effective 07/01/2013

Policy No. 3300064772-131

Endorsement No. 1

Insured HEALTHRIGHT360

Premium \$

Insurance Company

Cypress Insurance Company

Countersigned by 

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

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information <i>(Please print clearly.)</i>	
Name of contractor: HealthRIGHT360	
Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary. 1 – 2 See attached documents 3 – 5 Not applicable	
Contractor address: 1735 Mission Street, Suite 2050, San Francisco, CA 94103	
Date that contract was approved:	Amount of contract: \$71,260,913
Describe the nature of the contract that was approved: Fiscal intermediary services for Community Behavioral Health and Primary Care programs	
Comments:	

This contract was approved by (check applicable):

☐ the City elective officer(s) identified on this form

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

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

Print Name of Board

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

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

Date Signed

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

Date Signed

