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Committee:	Budget & Finance Sub-Co	<u>mmittee</u>	Date July 23,	2014
Board of Su	pervisors Meeting		Date	
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Completed I	by: Linda Wong	Date	July 18, 2014	
•	by: Linda Wong	Date_		
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Programs - \$71,260,913]

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

[Contract Amendment - HealthRIGHT360 - Behavioral Health Services and Primary Care

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

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

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

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

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Barbara A. Garcia

Director of Health

APPROVED:

Mark Morewitz

FOR MARK MARK MOREWITZ

Secretary, Health Commission

San Francisco Department of Public Health



City and County of San Francisco

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

Dear Ms. Calvillo:

Director of Health

Barbara A. Garcia, MPA

June 30, 2014

OARD OF SUPERVISO SAN FRANCISCO

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):

- Resolution draft, signed by the Director of Health and Health Commission Secretary;
- o The proposed first amendment to the contract;
- 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,

Macquie/Male Director

DPH Office of Contracts Management and Compliance

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	CONTRACTOR
Recommended by:	HealthRIGHT360
Barbara Garcia, MPA Director of Health Department of Public Health	Vitka Eisen, MSW, EdD Chief Executive Director City vendor number: 08817
Approved as to Form:	
Dennis J. Herrera City Attorney	
By: Mulecy Murphy Kathy Murphy Deputy City Attorney	6/23/14
Approved:	
Jaci Fong Director of the Office of Contract Administration, and Purchaser	

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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. <u>CBHS Electronic Health Records System</u>

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. <u>Under-Utilization Reports</u>:

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-1CBHS 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 941.03

Phone

415-762-3700

Program Name:

CBHS CYF Care Management 1380 Howard Street, 5th Floor

San Francisco, CA 94103

Phone:

415-255-3439

Contact:

Address:

Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

ŔЙ	New
\sim	NGM

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

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
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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)

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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

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 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

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

I.	Contractor	and	Program	Identification
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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

CBHS CYF SPMP Fostercare 3801 3rd Street, Suite 400

Address:

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 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

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	1.	Contractor and	Program	Identification
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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)

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\square 1 λ	ew	Renewai	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

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 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

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	1.	Contractor	and Program	Identificatio
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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

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 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

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 1380 Howard Street, 4th Floor

San Francisco, CA 94103

Phone:

415-255-3416

Contact:

Address:

Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

⊠ New .	Renewal	☐ Modification
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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

HealthRIGHT 360 (Fiscal Intermediary) Contractor:

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	1.	Contractor	and Program	Identification
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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 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

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	1.	Contractor	and Program	Identification
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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)

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1/	٠J	13		w

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

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
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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)

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

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	1.	Contractor	and	Program	Identificatio
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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	
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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

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Appendix B Calculation of Charges

Method of Payment 1.

Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable A. 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

- (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.

Final Closing Invoice В.

(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.

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

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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-1CBHS 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.

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- (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

	- SCHO	ICS Legal Entity Number: 00348	00348	. 0	Dranamad Bulbhorn & David Krowen / A46 040 4000	David Konden 1 646	070 7000		
		Contractor Name:	HealthRIGHT:	Contractor Name. HealthRIGHT 360 (Fiscal Infermediary)	mediary)	rau Noger 41	0701-016-0	Document Date:	7/1/14
		Appendix Number	8-1	. B-2	B-3	B-4	8-5	B-6	8-7
		Program Name	CBHS CYF Care Managentenf	CBHS CYF Family Mosaic Project	CBHS CYF Fostercare Migration	CBHS CYF SPMP Fostercere	CBHS MH FI Services	CBHS SA F1 Services	CBHS Drug Court Treatment Center
		Provider Number	96000	92000	86000	95000	92000	383800	383804
		FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	711/14-6/30/15	7/4/14-6/30/15	7/1/14-6/30/15
EUNDINGIUSES X A THE STATE OF LANGUAGES AND A STATE OF THE STATE OF TH	Section 1								
	Salaries 8	ries & Employee Benefits	639,318	150,919	211,754	582,116	703,152	257,710	818,858
		Operating Expenses	28,943	10,840	14,452	5,400	3,800	340,151	342,000
		Capital Expenses	ı				-		. '
	Subk	Subtotal Direct Expenses	668,261	161,759	226,208	587,516	706,752	597,861	1,158,858
		Indirect Expenses	73,509	17,793	24,884	64,626		65,785	
TOTAL CLINING		indrect %	11.00%	11.00%	11.00%	11.00%		11.00%	
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MH STATE - MHSA WDET Project	,	PMHS63-1508	100,000		1		25.000	•	
MH STATE - Family Mosaic Capitated	١,	HIMHMCP8828CH		95,000			.1	'	1
MH COUNTY ~ General Fund CYF	•	HWMHCP751594	387,480	84,552	_			ı	ı
MH WORK ORDER - HSA Childcare	,	нмнмснсонѕмо	26,050	7		,	1		,
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MH WORK ORDER - SECFC First Five		HMHMCHPTINWO	108,682		_	1		-	•
MHSTATE - SAMHSA FMP Grant	93,958	HMM007-1502	119,558	t.		•			-
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SA STATE - PSR Drug Court	,	HMHSCCRES227	4	-				-	688,482
SA COUNTY - General Fund		HMHSCCRES227	1	1		1	•	587,116	597,850
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1500	-	-	•	ſ	1	•	
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SA WORK ORDER - USA Children's Brusser	'	HMHSPKOP38		1			1		
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	A CHOM								
Community Health - CRN Work Order		HCHCCHCCRNWO			1	1		,	-
COPC - Cerulal Agnin General Fund	1	HCHAPADMINGT			•	•		1	•
COPC - Salesforce.com Grant		HCGSAL-1500		,		' ' '			,
TOTAL OTHER DPH FUNDING SOURCES			1	•	_				
TOTAL DPH FUNDING SOURCES			741.770	179,552	251,090	652,142	784,496	663,626	1,286,332
TOTAL NON-DPH FUNDING SOURCES					1 1				_
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			741,770	179,552	251,090	852,142	784,496	663,626	1,286,332
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DPH 1: Department of Public Health Contract Budget Summary

		בו זו יי בכלמו							
•	DHCS Le	DHCS Legal Entity Number: 00348	00348	Pre	sared By/Phone #;	Prepared By/Phone #: Paul Kroger / 415-918-1820	918-1820	Fiscal Year	14-15
The second secon		Contractor Name: 1	HealthRIGHT 3	Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)	mediary)			Document Date:	7/1/14
		Appendix Number	8-8	B-9	B-10	B-11	B-12	B-13	
		Program Name	CBHS Behavioral Health Access Center	Project Homeless Connect	Minority AIDS Infliative	Primary & Behavioral Helath Care Integration	COPC FI Services	SF Street Violence Intervention Program	
		Províder Number	383800	383800	383800	00038	n/a	n/a	TOTAL
		FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	9/30/14-9/29/15	9/1/14-8/31/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-9/29/15
EUNDING/USES			The Automobile						
	Salaries &	Salaries & Employee Benefits	066'869	859,648	884,700	195,317	179,403	1,747,515	7,922,400
	Ç	Operating Expenses	38,500	17,420	,	59,567	301,802	584,955	1,747,530
		Capital Expenses	1	1		-	-		
	Subto	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	2	1,063,702
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MH STATE - MHSA CSS Project		PMHS63-1507	ı		•	•	-	-	152,828
MH STATE - MHSA WDET Project	-	PMHS63-1508		4	ľ	1	-	1	125,000
MH STATE - Family Mosaic Capitated		HMHMCP8828CH	,					,	95,000
MH COUNTY - General Fund CYF	,	HMMHCP751594	1	*			1	-	472,032
MH WORK ORDER - HSA Childcare	1	HMHMCHCDHSWO				_	*		28,050
MH WORK ORDER - HSA Fostercare	-	HMHMCHFOSTWO	1		-		•	1	251,090
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MH WORK ORDER - SECTO First Five		HMHMCHPTINWO	•		'				108.582
MH STATE - SAMHSA FMP Grant	83,958	HMM007-1502			-		,		119,558
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SA GRANT, Fed SAMHSA MAI	93.243	HCSA10.1501		'	136 375				136.375
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1502		,	53,444	1		•	53,444
SA STATE - SACPA Project	-	HMHSPROP36	253,964					1	253,964
SA WORK ORDER - HSA Children's Program		HMHSDIFFERWO	1		'	1			76,510
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CONTRIBUTION SOUND ANCE ABOVE FONDING SOUNCES	THE PROPERTY OF	AND SIND DOCUMENTS	813,064	9/3,546	10,786 (10,400)		. SHEWING BENDARING	- PLANTED BLADS AND STREET	0,718,565
Community Health - CRN Work Order			1	CANDION PROPERTY OF THE PROPER				2.589.040	2,589,040
COPC - Central Admin General Fund	,	HCHAPADMINGF					300,000		300,000
COPC - Tom Waddell General Fund		HCHAPTWC-GF			•		35,000		35,000
COPC - Salesforce,com Grant	-	HCGSAL-1500		1			199,136		199,136
TOTAL OTHER DOLL INVINCE COLORGES							824 136	070 070	9 199 176
TOTAL DEPT FINDING SOURCES			813 064	072 546	GR2 047	7 2R9 G94	534 136		10 733 732
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DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC)

חדח הקשי הפוחיות	partition of rubile nearly	Cost Reporting/Data	- 1	collection (outpo)			
DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)	HealthRIGHT 36	30 (Fiscal Interme	diary)		ŏ	Contract Appendix #:	B-1
Provider/Program Name.	CBHS CYF	Care Management				Document Date:	7/1/14
Provider Number: 00038	r. 00038					Fiscal Year.	14-15
	CBHS CYF Care	CBHS CYF Care	CBHS CYF Care	CBHS CYF Care	CBHS CYF Care		
Program Name		Management	Management	Management	Management		
Program Code (formerly Reporting Unit)	1) 38CX	38CX	38CX	38CX	38CX		
Mode/SFC (MH) or Modality (SA)	V) 60/78	82/09	60/78	60/78	80/78		
	_	Other Non-	Other Non-	Other Non-	Other Non-	-	
	_	Medical Client	Medical Client	MediCal Client	MediCal Client		ieror
Service Description	N 7/1/14 S/30/15	Support Exp 7/1/14_6/30/15	7/1/14-6/30/15	Support exp	5Upport Exp 7/1/14-6/30/15		7/1/14-6/30/15
		HE COLD TO SELECT	any contract of the contract o				
distribution and selections and selections are selected as the selection and selections are selected as the selection are selected as the selection are selected as the selection are selected as the selected are selected are selected as the selected are selected are selected are selected as the selected ar	337 128	104 937	22,550	84.812	90.091		639,318
Operating Expenses		2773	918	13,300	-		28,943
Canital Exnenses (orester than \$5 000)			-	_	1		
Sublotal Direct Expenses	349,080	107,710	23,468	97,912	90,091	1	668,261
Indirect Expenses		11,848	2,582	10,770	606'6		73,509
TOTAL	387,480	119,558	26,050	108,682	100,000	•	741,770
CBHSIMENTABIHEARTHEIGNDINGISSURGES BY STATISTIC GEORGY STAMIST							
PMHS6					100,000		100,000
1	4 387,480						387,480
2			26,050				26,050
- A	Q			108,662			108,682
93.958		119,558					119,558
							1
TOTAL CEHS MENTAL HEALTH FUNDING SOURCES	387,480	119,558	26,050	108,682	100,000	-	741,770
CHES HUBBITANCH RAUSE FOR DINGS SOURCES FOR THE STATE OF			用产业区域的通过				
	ara di sersara kanandara da sa		or value and the second transfer of the secon				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-1	1	+	-	\$	-	1 Compared to the control of the con
OTHER TRANSPORTED OF THE STATE							
							1
TOTAL OTHER UPH FUNDING SOURCES	1 100	440 640	7 26 260	Cap any	100000		741 770
The same of the sa	. John John Commission of the	Salvenskiller and	45660 No. 1566	CONTRACTOR SOCIAL	DOO'COL	-	C) /'LT'
NOT DESTRUCTION OF THE PROPERTY OF THE PROPERT							,
TOTAL NON-DPH FUNDING SOURCES		-		-	,	-	1
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	387,480	119,558	26,050	108,682	100,000	•	741,770
OBHSIONITS: OBSERVICE AND UNITED STATEMENT OF THE PROPERTY OF					trains + last trains		
Number of Beds Purchased (if applicable)	(e)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	es)		,		-		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	am						
Cost Reimbursement (CR) or Fee-For-Service (FFS)	·s) cR	CR	CR	R	CR		
Units of Service			322		920		100741574
Unit Type	pe Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		83.84	80.90	118.13	108.70		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	(S) 80.52	83.84	80.90	118.13	108.70		
Published Rate (Medi-Cal Providers Only)	-	1	*	-			Total UDC:
Unduplicated Clients (UDC)	0 (2)	0	0		0		0

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary) Program Name: CBHS CYF Care Management Document Date: 7/1/14

Term: T/1/14-6/20/15 Term: T/1/14-6/20			d in	.	General Fund	SA	SAMHSA FMP Grant	¥ HS	A Childcare ork Order	3#8 	JC First Five	HW.	MHSA WDET
Torn: 7/1/14-6/30/15 Term: 7/1/14-6/30/15		-	LOIAL	Σ	AHCP751594	拼	AM007-1502	HMH	1CHCDH5W0	HWH	MCHPTINWO	PM	PMHS63-1508
FTE Salaries FT	1000	Term:		Term:	l	Term:	7/1/14_6/30/15	Jem.	214144 620018				
1,00 30,256 O.64 32,666 FIE Salarfes FIE Salarfes FI Salarfes <	Position Title	<u> </u>	Safaries	£	١.				11111111111111111111111111111111111111	imai .	11/14-6/30/15	Тетт:	7/1/14-6/30/15
1,00 30,266 0.35 17,590 1,00 30,710 30,710 0.35 17,590 1,00 31,640 1,00 34,540 1,00 34,540 1,00 65,888 0,45 23,684 0,65 36,238 0 1,00 45,616 1,00 45,616 1,00 45,616 1,00 1,00 66,088 0,48 30,680 0,66 1,00 45,616 1,00 1,00 66,000 1,00 45,616 1,00 45,610 1,00 66,000 1,00 66,000 1,00 1,00 1,00 1,00 66,000 1,00 70,274 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00 1,00	dministrative Analyst	5		-	Salaites	1	Safaries	FTE	Salaries	표	Salaries	FTE	Salaries
1.00 30,710 1.00 31,640 1.00 31,640 1.00 31,640 1.00 31,640 1.00 45,640 1.00 65,868 0.45 29,860 1.00 45,616 1.00 45,61	2011	3,1		0.65	32,666			0.35	17,590				
1,00 31,640 1,00 31,640 6,075 54,540 6 6,4540 6 6,4540 6 6,4540 6 6,4540 6 6,4540 6 6,238 6 6,238 6 6,238 6 6,238 6 6,238 6 6 6,238 6	dminstralive Assistant	3.8		1.00	30,710								
1,00 54,540 1,00 54,540 1,00 54,540 1,00 65,888 0,45 53,094 1,00 45,616 1,00 45,616 1,00 45,616 1,00 45,616 1,00 45,616 1,00 45,616 1,00 45,616 1,00 45,616 1,00	Serk Typist/ Receptionist	1.00		8,	31,640								
0.75 53,064 0.75 53,064 0 65,888 0.45 20,850 0.65 36,238 0 45,616 0 0 45,616 0	patient Discharge Coordinator	1.00		1,00	54.540								
1,00 66,888 0,45 29,650 0,55 36,238 96,238	dental Health Case Manager (TBS)	0.75		0.75	53.084			<u> </u>					
1.00 45,616 1.00 45,616 1.00 45,616 0.38 30,680 1.00 45,616 1.00 66,000 1.00 70,274 1.00 66,000 66,000 1.00 1.00 1.00 66,000 1.00 1.00 1.00 66,000 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.00 1.0	ecretary	1.00		0.45	OF OF	1							
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1.00 B6,000 1.00 66,000 1.00 66,000 1.00 1.00 1.00 1.00 1.00 1.00 1.00	rainer (Title IV E)	0.38		000	400	200	45,616						
1,00 70,274 1.00 66,000	arest Training Institute Coordinator	5		000	090,00								
	Silms Informed Surface Designs									8.	66,000		٠
	teame mounted aystern Floject Coolginator	99.							:			00.	A70 07
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1													
		,						-					
9.13 498,688 5.23 262.970 155 R1 854 A28	Totals:	9.13	498,688	5.23	262.970	1.55	81854	20.00	2011	1	,		

18,612 28.2% 4,960 28.2% 23,083 104,937 74,158 140,630 Employee Fringe Benefits: 28.2% TOTAL SALARIES & BENEFITS

DPH 4; Operating Expenses Defail

<u>4</u>

Appendix #;

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Neme: CBHS CYF Care Management Document Date: 7/1/14

				-		
Expenditure Category	TOTAL	General Fund HMMHCP751594	SAMHSA FMP Grant HMM007-1502	HSA Childcare Work Order HMHMCHCDHSWO	SFCJC First Five Work Order HMHMCHPTINWO	MHSA WDET Project PMHS63-1508
	Term: 7/1/14-6/30/15	Tem: 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
Осспрансу:	-					
Rent						4
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	5,600		2,000		3,600	
Insurance				-		
Professional License	-		-			
Permits	1					•
Equipment Lease & Maintenance	•					
Staff Travel:	1					
Local Travel	4,870	1,270			3.600	
Out-of-Town Travel	•					
Fleld Expenses	-					
Consultant/Subcontractor:						
Other:						
	1					

2,773

	יי כו ג מאוור זוכמו	d cost nepotning	vost nepotunig/Data Conection (CRUC)	(20)			
DWIT Legal Entity Name (MH)/Contractor Name (SA). HealthRIGHT 360 (Fiscal Intermediary)	HealthRIGHT 30	50 (Fiscal Interme	diary)		Contrac	Contract Appendix #:	B-2
Provider/Program Name: CBHS CYF Family Mosaic Project	CBHS CYF Fan	nily Mosaic Projec	1		Doc	Document Date:	7/1/14
Provider Number: 00038	00038					Fiscal Year.	14-15
Program Name		CBHS CYF Family CBHS CYF Family Mosaic Project					
Program Code (formerly Reporting Unit)		8957					
Mode/SFC (MH) or Modality (SA)		80/78					,
	Other Non-	Other Non-					-
Service Description	MediCal Client Support Exp	MediCal Client Support Exp					TOTAL
FUNE		7/1/14-6/30/15					7/4/44.6/30/45
FUNDING USES			The second second second	Maria Maria			2 000 1 31
Salaries & Employee Benefits	72,584	78,335					150 919
Operating Expenses	3,589	7,251					10.840
Capital Expenses (greater than \$5,000)		,					1
Subtotal Direct Expenses	76,173	85,586	•	1	•	,	161 759
Indirect Expenses		9,414					17,793
3	84,552	95,000		,	1	,	179 552
CBHS/MENIAL/HEALTH/FUNDING/SOURCES/TEAL/TOFDA						THE PROPERTY OF THE PARTY OF	AND AND ASSESSMENT
red .	-	95,000					95 000
MH COUNTY - General Fund CYF	84,552						84.557
							The state of the s
	84,552	95,000	-	,		,	179,552
		Company of the large					
TOTAL CBUS SIBSTANCE ABIGE TIMENED CO. 100000							1
Control of the second s	12. Index of the control of the cont	,		-	1		1
TOTAL OTHER DPH FUNDING SOURCES							-
TOTAL DPH FUNDING SOURCES			*	•			1
NON-THE PROPERTY OF THE PROPER	796,552	000'56		1	•	1	179,552
TOTAL NON-DPH FUNDING SOURCES			-				
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	84,552	95,000		,	1		470 550
CBHS UNITSIDE SERVICE AND UNIT COST CONTROL OF THE COST COST COST COST COST COST COST COST					SERVICE SOUTH OF THE SERVICE S	SECTION OF THE PERSON FOR	COC TO A CONTROL OF THE COLUMN TO A COLUMN
Number of Beds Purchased (if applicable)	(
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							A STATE OF THE STA
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotto Tx Program	10						
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR					
Units of Service							
Unit Type	Staff Ho	Staff Hou					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	76.59						
Cost Per Unit - Confract Rate (DPH & Non-DPH FUNDING SOURCES)	76.59	103.26					
Published Rate (Medi-Cal Providers Only)	'	-					Total UDC:
Unduplicated Clients (UDC)	0 7	٥					0
					The state of the s		

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: CBHS CYF Family Mosaic Project
Document Date: 7/1/14

		TOTAL	Ge	General Fund HMMHCP751594	Capita HMH	Capitated Medi-Cal HMHMCP8828CH						
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Тетт:	7/1/14-8/30/15	Term:		Term:		Term:	
Position Title	FTE		FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Business Office Administrator	1.00	61,104			1.00	61,104				٠		
Family Advocates	1.00		1.00	47,570								
Contract/Provider Relations Assistant	0.20	840,6	0.20	9,048								
	. '	. *			.							
	-											
	_											
Maria (14)	,											
	'											
	,	1										
		-										
	.	*										
	:											
	ı	•										
	•	1										
	,	1										
Totals:		117,722	1.20	56,818	1.00	61,104	,			1	1	-
						<u>.</u>						
Employee Fringe Benefits:	28.2%	33,197	28.2%	15,966	28.2%	17,231						
La de la companya de la companya que parte de la companya de la co]]							

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Family Mosalc Project Document Date: 7/1/14

B-2

						•
Expenditure Category	TOTAL	General Fund HMMHCP741 604	Capitated Medical		-	
			HO0200 HOMELINIE			
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Torm: 7/4/14, 8/20/48	-		
Occupancy:		-	1000-1111111111111111111111111111111111	(erm:	Term;	Тетт:
Rent						
Utilities (Telephone, Electricity, Water Cark						
Building RepairfMaintenance						
Materials & Supplies:	1					
Office Supplies						
Photocopying						
Printing						
Program Supplies	· cro					
Computer Hardware/Software	0+0'0	1,189	4,851			
General Operating:				3		
Training/Staff Development	,	Military and the second				
Insurance	2,400	1,200	1,200			
Professional License	-					
Permits						
Equipment Lease & Maintenance						
Staff Travel:	1					
Local Travel						
Out-of-Town Travel	2,400	1,200	1,200			
Field Expenses						
Consultant/Subcontractor						
Other						
The state of the s						

51.09 51.09 51.09 51.09 51.09 51.09 51.09 51.09 51.09		100 E					6 0
Carl So Cyt Cost of the case	DMH Legal Entity Name (MH)/Contractor Name (SA): 1	Health Kight 35	U (Fiscal Intermediary)		Cour	ract Appendix #:	7444
California Cal	Provider/Program Name: 1	CBHS CYF FOST	ercare Migration			Document Date:	41/1/1
Migration Migr	Provider Number: (00038				Fiscal Year,	14-15
Najesticone Pegor Majesticon Pegor		CBHS CYF				-	
B697	Program Name	Fostercare	•				
Other North Month	Program Code (formerly Reporting Unit)	8997					
Content	Mode/SFC (MH) or Modality (SA)	82/09					
Support Exp T7/114 e/30/15 T7/114 e/30/15 7/11/4 e/30/15 7/11/4 e/30/15 211/75 14,452 - - 211/75 14,452 - - - 228,20 251,080 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - 251,00 251,090 - - - - 251,00 251,090 - - - - 251,00 251,090 - - - - 251,00 251,090		Other Non- MediCal Client					
77/1/4-6/30/15 211,754 14,452 226,206 221,030 251,03	Service Description	Support Exp					TOTAL
251,754 14,452 14,452 14,452 24,864 251,090 251,000 251,000 251,000 251,000 251,000 251,000 251,000 251,000 251,000 25		7/1/14-6/30/15					7/1/14-6/30/15
225,206 225,006 25,000	(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)						
14,452 14,452 256,206 226,20 24,824 26,10 251,090 26,10 251,090 26,10 251,090 26,10 251,090 26,10 251,090 26,10 251,090		211,754					211,754
228, 206 24, 864 26, 1080 251,090 2	Operating Expenses	14,452					14,452
2.56, 206 - - - 24,884 - - 24,884 -	Capital Expenses (greater than \$5,000)	•					,
24,884 24,884 24,884 251,030 251,030 - - 251,030 251,030 - - 251,030 251,030 - - 251,030 251,030 - - 251,030 251,030 - - 251,030 251,030 - - - 251,030 251,030 - - - 251,030 CR - - - - - 251,030 - - - - - - 251,030 -	Subtotal Direct Expenses	226,206	4	,		1	226,206
251,090 - - - 251,090 251,090 - - - 251,090 251,090 - - - 251,090 251,090 - - - 251,090 251,090 - - - 251,090 251,090 - - - - 251,090 251,090 - - - - - 251,090 251,090 -	Indirect Expenses	24,884					24,884
251,090 251,000 251	TOTAL FUNDING USES	251,090	-			-	251,090
251,090 251,090 251,090 251,090 ————————————————————————————————————	CHES MENTALTHER MITTEL NO. N.G. SOURCESSON SANTOCEDAS TO THE TRANSPORTED TO THE STATE OF THE STA						
ES	MH WORK ORDER - HSA Fostercare - HMHMCHFOSTWO	251,090					251,090
ES							1
Fig.		251,090	1		-	•	251,090
ES -		The second second					
		_	•	ı	3	•	
N-DPH Session (classes) Session (classe							
251,090	TOTAL OTHER DPH FUNDING SOURCES	1	•		1		`
		251,090	•		-	1	251,090
Total Unit Office Source State (Medi-Call Providers Only) Conductor (Medi-Call Providers Onl							
Total Undividual Cale Provider Source Source Conductive Cale						,	
Total UDC: OF Rate (Med)-Case (Teachers) CR CR Provider with Narcotic Tx Program ent (CR) or Fee-For-Service (FFS) CR CR CR Unit Type Staff Hour CA 28 CA 28 CA 28 & Non-DPH FUNDING SOURCES Only) 64.98 CA 28 CA 28 CA 28 Undtypicated Clients (UDC) 0 Cotal UDC: Cotal UDC: Cotal UDC:	TOTAL PLINNING SOURCES (DBH AND NON-DPH)	251.090		*	1	,	251,090
Vumber of Beds Purchased (if applicable) (if applicable) vis 33 - ODF # of Group Sessions (classes) (if applicable) vir Cal Provider with Narcotic Tx Program CR vursement (CR) or Fee-For-Service (FFS) CR Units of Service 3,864 Unit Type Staff Hour H Rate (DPH FUNDING SOURCES Only) 64,98 (DPH & Non-DPH FUNDING SOURCES) 64,98 Published Rate (Medi-Cal Providers Only) - Unduplicated Clients (UDC) 0	CARLES IN THE CARLES OF THE PROPERTY OF THE CARLES OF THE				The second secon	And the second second second	对象的现在分
CR	Number of Bods Purchased						
CR CR <th< td=""><td>Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)</td><td></td><td></td><td></td><td></td><td></td><td></td></th<>	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
CR Amage: Control of the control o	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
3,864 Staff Hour 分配 64.98 Cotal UDC: - Total UDC:	Cost Reimbursement (CR) or Fee-For-Service (FFS)						
Staff Hour 数据数据 64.98 (2.7) 64.98 (2.7) - Total UDC: 0 (2.7)	Units of Service						
64.98	Unit Type.						
64.98 Total UDC: Total UDC: 0	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)						
	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)					500	The second second
0	Published Rate (Medi-Cal Providers Only)	•					- 1
	Unduplicated Clients (UDC)						°

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Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Fostercare Migration Document Date: 7/1/14

Total Author Total Total							_	_					
Term: 71/1/4-G301/5 Term: 71/1/4-G301/5 Term: Salaries Term: Salar			TOTAL	HSA	Ostercare WO ACHFOSTWO					······			
100 1164 116		Term:	7/1/14-6/30/15	Tarm:	7/1/14-6/20/15								
1,00 42,269 1.0		<u> </u>	Salaries	2	21000	E I		Term;		Term:		Тетт:	
1.20 64.44 1.20 64.45 1.20 64.45 1.20 1.20 64.45 1.20 1.20 1.20 64.45 1.20 1.20 1.20 1.20 1.20 1.20 1.20 1.20		2	42 600	3	odiaries	<u> </u>	Salaries	H	Safaries	FIE	Salaries	FTE	Sataries
1.00 228,897 1.00			45,000	20.1	42,588								
100 21,807 100 22,807 100		1.20	64,743	1.20	64,743			-					
1,00 29,807 1,00 29,937		1.00	27,907	1.00	27.907								
28.2% 46.578 28.2% 46.579 21.754		9.	29,937	1.00	29.937								
23.2% 46.579 28.2% 46.579													
23.2% 49.579 28.2% 46.579	The second secon		1										
420 165,175 4.20 165,175		,											
420 165,175 420 165,175 23,2% 46,579 211,754		-											
420 165,175 4.20 165,175		-				+							
28.2% 46,579 28.2% 46,579		1	-										
28.2% 46,579 28.2% 46,579	Control of the second of the s	1	·				-						
28.2% 46.579 28.2% 46.579 211.754 321.754	The state of the s	ı	•										
28.2% 48.578 28.2% 46.579 28.2% 21.754 21.754		,											
420 165,175 4.20 165,175 - 28.2% 46,579 - 211,754 - 211,754													
420 165,175 4.20 165,175 28.2% 46,579 -		+											
4.20 165,175 4.20 165,175 28.2% 46,579 46,579		•					•						
4.20 165,175 4.20 165,175 28.2% 46,579 46,579		 '	•	-									
4.20 165,175 4.20 165,175 28.2% 46,579			1										
4.20 165,175 4.20 165,175 28.2% 46,579 46,579		-											
4.20 165,175 - 28.2% 46,579 211,754 211,754		,											
28.2% 46,579 28.2% 46,579 211,754 211,754		4.20	185 175	56.7							,		
28.2% 46,579 28.2% 211,754 2			163,173	4.20	165,175	_		,				,	
28.2% 46,579 28.2%							•						
23.2% 46.579 28.2% 21.754 211,754 22.2%	_	1 2		-									
211,754		28.2%	46,579	28.2%	46,579								
211,754						•							
431,120	TOTAL SALARIES & BENEFITS	L	244 255	L		L		£					
		ı	431112	5	211,754				•		•	L	

DPH 4: Operating Expenses Detail

8

Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Fostercare Migration

Document Date: 7/1/14

Expenditure Category	TOTAL	HSA Fostercare WO HMHMCHFOSTWO				
	Term: 7/1/14-6/30/15	Term: 7/1/14-8/30/15	Тетт:	Term:	Term:	Tapm
Occupancy:	•					
Rent	•					
Utilities (Telephone, Electricity, Water, Gas)						
Bullding RepairMaintenance	3					
Materials & Supplies:	1					
Office Supplies	2,400	2,400				
Photocopying						
Printing	1					
Program Supplies	9,652	9,652				
Computer Hardware/Software	•					
General Operating:						
Training/Staff Development	1,200	1,200				
Insurance	-				-	
Professional License	1					
Permits	1					
Equipment Lease & Maintenanco	,					
Staff Travel;						
Local Travel	1,200	1,200				
Out-of-Town Travel	,					
Field Expenses	•					
Consultant/Subcontractor;						
	1					
Other						

	Den 2. Department of Public Heath Cost Reporting/Data Collection (CRDC	t of Public Read	Lost Reporting	Data Collectio	n (CRDC)			
UMH Legal Entity Name (MH)/Contractor	(MH)/Contractor Name (SA):	HealthRIGHT 36	Name (SA): HealthRIGHT 360 (Fiscal Intermediary)	diary)		٥	Contract Appendix #.	84
	Provider/Program Name:	CBHS CYF SPMP Fostercare	NP Fostercare				Document Date:	7/1/14
	Provider Number: 00038	00038					Fiscal Year.	14-15
	Ргодгат Мате	CBHS CYF SPMP CBHS.CYF SPMP Fostercare	CBHS.CYF SPMP Fostercare					. :
Program Co	Program Code (formerly Reporting Unit)	L.	8997					
Mode	Mode/SFC (MH) or Modality (SA)	82/09	82/09					
		L	Other Non-					
1,000	Service Description	MediCal Cilent Support Exp	MediCal Client Support Exp					TÔTA
	FUNDING TERM		7/1/14-6/30/15					7/4/14-6/30/15
FUNDING USES	10. 化色型分析 10. 10. 10. 10. 10. 10. 10. 10. 10. 10.							
Ö	Salaries & Employee Benefits	466,751	115,365					582,116
	Operating Expenses	5,400						5,400
Capital Exp	Capital Expenses (greater than \$5,000)		•					
The second secon	Subfotal Direct Expenses	٧	115,365	-	ı	•	ı	587,516
Indirect Expenses	Indirect Expenses		12,689					64,626
2000	TOTAL FUNDING USES	524,088	128,054	-	1			652,142
CBHS MENTAL HEALTHIRCNEING SOURCES TO SELECT	CEDA" STAMIS	Market Services						
MH WORK ORDER - HSA SPMP Fostercare	- HMHMCHSPMPWO	524,088						524 088
MH WORK ORDER - HSA GF Match	- HMHMCHMTCHWO		128,054					12B,054
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		524,088	128,054	1	-	•	-	652,142
CBHS SUBSTANCE ABUSE TUNDING SOURCES		Programme and the contract of						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			1	-		,	-	
OTHER DRHIFUNDING SOURCES, TO SEE THE SECOND								
TOTAL OF THE CASE								t
TOTAL OTHER UPH FUNDING SOURCES		•	,	4	•	1	-	_
FOLAL DPH FUNDING SOURCES		524,088	128,054	ĭ	-		-	652,142
NON-DEH HEUDING SODBORS								
TOTAL NON-DPH FUNDING SOURCES		,						
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		524.088	128 054	7	-		,	- AEO 440
CBHS UNITS OF SERVICE AND UNIT GOST FOR THE	Constitution of the Board of the Constitution	ASSESSMENT OF STREET			STATE OF THE PROPERTY OF THE PARTY OF THE PA	San Color Service Color		25. 1.2CV
Number of Be	Number of Beds Purchased (if applicable)	(
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	t of Group Sessions (classes							Later Balance
SA Only - Licensed Capacity for Medl-Cal Provider with Narcotic Tx Program	ider with Narcotic Tx Program	-						
Cost Reimbursement (C	Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR CR	R					
	Units of Service	e 5,520						
	Unit Type	e Staff Hour	Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOU								
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING	-DPH FUNDING SOURCES)	94.94	139.19					
Published Ra	Published Rate (Medi-Cal Providers Only)	,						Total UDC:
	Unduplicated Clients (UDC)	0	0					0

Appendix #:

Diri o. Onini les de Demonis

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: CBHS CYF SPMP Fostercare

Document Date: 7/1/14

Term. Trinta-Galoris Term. Term. Trinta-Galoris Term. Trinta-Galoris Term. T		-	TOTAL	HSA SP W HMHIN	HSA SPMP Fostercare Work Order HMHMCHSPMPWO	HSA CI VV HMHIV	HSA Children's Match Work Order HMHMCHMTCHWO						
Provition Titrie FTE Salatries FTE FTE Salatries FTE Salatries FTE FTE Salatries FTE FTE Salatries FTE		Tem:	7/1/14-6/30/15	Tem:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:		Term:		Term:	
rager 100 58,469 100 58,469 100 58,469 100 58,469 100 58,469 100 58,460 100 58,460 100 58,460 100 58,460 100 58,460 100 58,460 100 58,772 100 5	Position Title	HE.	Salarles	FTE	Salaries	FTE	Salaries	314	Salaries	FTE	Salaries	FTE	Salarles
1,00 56,469 1,00 58,469 1,00 58,460 1,00 58,460 1,00 58,460 1,00 58,460 1,00 58,460 1,00 58,712 1,00 58,712 1,00 58,712 1,00 58,713 1,00 58,71	l	1.00	58,459	1.00	58,459								
1.00 58,460 1.00 58,712 1.00 58,71	Case Manager	1.00	58,459	1.00	58,459								
CAN(S) 1,00 \$53,712 1,00 \$53,712 1,00 \$62,179 1,00 \$62,179 1,00 \$62,179 1,00 \$62,179 1,00 \$69,888 1,00 \$69	Clinician	1.00	58,460	6,1	58,460		-						
Attack Sealor Community Coordinator 1,00 89,988 100 72,811 1,00 72,811 1,00 89,988 99,989 99,988 99,989 99,988 99,988 99,988 99,988 99,988 99,988 99,988 99,988 99,	Clinician	1.00	53,712	1.00	53,712								
1,00 86,988 1,00 72,811 1,00 86,988 1,00 86,988 1,00 86,988 1,00 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00 86,080 1,00	Clinician (CANS)	1.00	62,179	1.00	62,179								
1.00 72,811 1.00 72,811	Early Childhood Senior Community Coordinator	1,00	886,88	****		1,00	996'68		,				
Employee Fringe Banefits: 28.2% 128.2% 102.671 28.2% 25.377	Psychologist	1.00	72,811	1.00	72,811								
700 454,068 6.00 364,060 1.00 89,988						-	,						
7.00 454,068 6.00 364,080 1.00 89,988			•										
7.00 454,068 6.00 364,060 1.00 889,988													
7.00 454,068 6.00 364,080 1.00 889,988		,	,										
7.00 454,066 6.00 364,080 1.00 89,988													
7.00 454,068 6.00 364,080 1.00 889,988													
7.00 454,066 6.00 364,080 1.00 89,989													-
7.00 454,068 6.00 364,080 1.00 89,988 - - - 28.2% 128.048 28.2% 25,377 -<		,											
7.00 454,068 6.00 364,080 1.00 89,988 - - 28.2% 128.2% 102,671 28.2% 25,377 - -		'											
7.00 454,068 6.00 364,080 1.00 89,988 - - 28.2% 128.2% 102,671 28.2% 25,377 - -		ļ. Ļ.	1										
7.00 454,068 6.00 364,080 1.00 89,988		,			٠								
28.2% 128.048 28.2% 102.671 28.2% 25.377	Totals:		454,068		364,080		886'68		-	4	,		
28.2% 128.048 28.2% 102,671 28.2% 25,377			-										
20.2707 (040) 071 (040)				20 307		28 296				-			
	Employee Fringe Danella:			20.27		E0.5.71					-		

TOTAL SALARIES & BENEFITS

4 Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: CBHS CYF SPMP Fostercare
Document Date: 71/1/14

Expenditure Category	TOTAL	HSA SPMP Fostercare Work Order HMHMCHSPMPWO	HSA Children's Match Work Order HIMHMCHMTCHWO			
	Term: 7/1/14-6/30/15	Term: 2/1/14 9/20/14	T			
Occupancy:			(4) (1) (1) (4-6) (30) (1)	Term:	Term;	Тетт:
Rent	,					
Utilities (Telephone, Electricity, Water, Gas)						
Building Repatr/Maintenance						
Materials & Supplies;						
Office Supplies	1 200	1 200				
Photocopying		0021				
Printing				· ·		
Program Supplies	1 800	700				
Computer Hardware/Software		000				
General Operating:				-		
Training/Staff Development	1 200	200. 7				
Insurance	7,50	חמציו				
Professional License						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel	7000					
Out-of-Town Travel	002,1	1,200				
Field Expenses						
Consultant/Subcontractor;						
O(ther:	_		-			
	_					
	1					

	5		ביי	200 1120011 2011	r Nepot citiginal	of Homeston	, , , , , , , , , , , , , , , , , , ,			
DMH Legal Entity Nam	DMH Legal Entity Name (MH)/Contractor Name (SA):		HealthRIGHT 360 (Fiscal Intermediary)	(Fiscal Interm	ediary)			ŏ	Contract Appendix #:	B-5
	Provider/Program Name:		CBHS MH FI Services	rices					Document Date:	7/1/14
	Provider Number:		00038						Fiscal Year:	14-15
	Program Name	п Маше	MH Administration	Sunnydale Community Facility	Medi-Cal Billing Clerks	DPH HSA Health Worker Pilot Project	MH Administration	Information Technology	SF Community Response. Network	
Program	Program Code (formerly Reporting Unit)	ng Unit)	n/a	n/a	n/a	n/a	n/a	n/a	n/a	
Mc	Mode/SFC (MH) or Modelity (SA)	ffy (SA)	60/78	60/78	60/78	60/78	40/90	40/00	40/00	
			Other Non- MediCal Client	Other Non- MediCal Client	Other Non- MediCal Cilent	Other Non- Medical Client	MHSA	MHSA	MHSA	
	Service Description	scription	Support Exp	Support Exp	Support Exp	Support Exp	Administration	Administration	Administration	TOTAL
	TONDING TERM	S I E KM	//1/14-6/30/15	//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
		100 Mary 100			MANAGEMENT STORY	のでは、		Reference for the contract of		
	Salaries & Employee Benefits	Benefits	124,607	83,293	298,770	36,278	110,655	77,027	22,522	703,152
	Operating Expenses	xpenses	3,600		1	-				3,600
Capital	Capital Expenses (greater than \$5,000	(nnn'es		-		-		-		•
_	Subtotal Direct Expenses	xpenses	128,207	83,293	298,770	36,278	110,655	27,027	22.522	706,752
	Indirect Expenses	xesuedx	14,103	9,163	32,864	3,990	12,173	2,973	2,478	77,744
	TOTAL FUNDING USES	G USES	142,310	92,458	331,634	40,268	122,828	30,000	25,000	784,496
NDING SOURCES!	CFOA (MINISHERMISH)									
MH COUNTY - General Fund	- HMHMCC730515	730515	142,310	92,456	331,634	40,268				899'909
MH STATE - MHSA CSS Project	- PMHS63-1507	1507					122,828	30,000		152,828
MH STATE - MHSA WDET Project		1508							25,000	25,000
										-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496
CBHS SUBSITANGE/ABUSE FUNDING/SOURCES 1877 - 1878										
				-						-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	OURCES				-	1	1		-	
OTHER TREE COUNTY OF THE PROPERTY OF THE PROPE		3	A CONTRACTOR OF THE PARTY OF TH	を は は は は に は に に に に に に に に に に に に に			State of the Personal	非正规的		
CACCULO CINCILLA INC. CALLO CACCA		1		-						1
COLAL COLER OF TONGING SOUNCES		1			,		1		~	,
200	State of the second		142,310	92,456	331,634	40,268	122,828	30,000	25,000	784,496
NON-DRHIFTUNDING BOURGEST										
TOTAL NON-DPH FUNDING SOURCES				•	_	•	,		•	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	(Fig		142,310	92,456	331,634	40.268	122.828	30.000	25.000	784.496
GBHS UNITS (OF SERVICE ANOXUNITIODS FROM	"这种种是这个人的,我们是是一种的人的,我们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们们		· · · · · · · · · · · · · · · · · · ·	多是是一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一种的一	第3237月1日 阿拉斯特	THE REPORT OF THE PARTY OF THE	NAME OF TAXABLE PARTY OF TAXABLE PARTY.	电影 医阿勒勒氏试验		THE PROPERTY OF THE PARTY OF TH
Number of	Number of Beds Purchased (if applicable	plicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	F # of Group Sessions (classes)		ļ.						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcolle Tx Program	ovider with Narcotto Tx F	Program		_						The second second
Cost Reimbursement	Cost Reimbursement (CR) or Fee-For-Service (FFS	ce (FFS)	CR	CR	CR	8	R	CR	SS	
	Units of	Units of Service	1,656	920	5,520	736	920	460	230	
	n	Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only	PH FUNDING SOURCE	S Only)	85.94	100.50	80'09	54.71	133,51	65.22	108.70	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES	JOS-DPH FUNDING SOI	URCES)	85,94	100.50	80.08	54.71	133.51	65.22	108.70	
Published	Published Rate (Medi-Cal Providers Only	irs Only)	,		•	_	1	•	,	Total UDC:
	Unduplicated Clients (UDC	(DDC)	0	0	0	0	0	0	O	0

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

						***************************************		***************************************	-					The state of the s		
		TOTAL	MH A Gei HMH	MH Administration General Fund HMHMCC730515	Sunnyd Gel HMHI	Sunnydate Community Fedility General Fund HMHMCC730515	Medi H	Medi-Cal Billing Clerks General Fund HMHMCC730515	DPH HS.	DPH HSA Health Worker Pilot Project General Fund HMHMCC730515	MM Ag	MH Administration MHSA CSS PMHS63-1507	informs Ver	Information Technology MHSA CSS PMHS63-1507	SF Com	SF Community Rasponse Network MHSA WOET PMHS63-1508
	Term:	7/1/14-6/30/15	Term:	711/14-6/30/15	Term:	7/1/14-5/30/15	. Term:	1: 7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term.	7/1/14-6/30/15	Term:	71114-530/15	Terat	7/1/14-6/30/15
Position Title	FE	Salarles	FTE	Salaries	ᆵ	Salarjes	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	i	FTE	Salaries
Health Information Technician	1.80	97,197	1.80	761,78												
Conymunity Facility Manager	1.8	64,971			1.00	64,971	Y									
Consumer Employment Manager	18	86,314				-					1.00	86,314				
Programmer Analyst	1.00				_								1.00	21,082		
Medi-Cal Billing Clerks	6.00	233,050					6,00	233,050								
Public Service Aide/Program Coordinator	0.80	28,298							08'0	28,298						
SPI Staff	0,25														0.25	17.568
,	,	,					_									
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						-										
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	,	٠														
Totals:	11.85	548,480	1.80	97,197	1.00	64,971	71 6.00	233,050	0.80	28,298	1.00	86,314	1.00	21,082	0.25	17,568
														-		
Employee Fringe Beneffs;	5: 28.2%	154,672	28.2%	27,410	28.2%	18,322	22 28.2%	% 65,720	28.2%	7,980	28.2%	24,341	28.2%	5,945	28.2%	4,954
						. .										

124,607

703,152

TOTAL SALARIES & BENEFITS

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

Appendix # B-5

Expenditure Calegory	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 GSS PMHS63-1507	Information Technology MHSA CSS PMHSB3-1507	. SF Community Response Network MHSA WDET PMHSG3-1508
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-5/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-5/30/15	Term: 7/1/14-6/30/15	Term 7/1/14-6/30/15	Term: 7/1/14-6/30/15
Ο σευράητε γ :	•	-						
Rent								
Littifies (Telephone, Electricity, Water, Gas)				~.				
Bullding Repair/Maintenance	•							
Materials & Supplins:	•							
Office Supplies								
Photocopying	•		-	-				
Prénting								
Program Supplies	1,200	1,200						
Computer Hardware/Software	1							
General Operating:								
Training/Staff Development	1,200	1,200						
CLENSU	•			•				
Professional License	1							
Permits								
Equipment Lease & Maintenance								
Staff Travel;	•							
Local Travel	1,200	1,200						
Out-of-Town Travel								
Field Expenses								
Consultant/Subcontractor	•							
Other		-						
	,							
			- ~					

DMH Legal Entity Name (MHV/Contracts News (Ca), Unattables to account	1.000	in acceptant	יייים מומים לאייו	בחוום (בצום)			
Described Described	CECHINAL CALL	350 (Fiscal Inte	imediary)		Cor	Contract Appendix #:	B-6
	202200	services				Document Date:	7/1/14
r (winder Number	383800					Fiscal Year	14-15
Program Name	Methadone	OBOT	Quality Mgmt - Consumer	Quality Mgmt Data		Children's	
Program Code (formerly Reporting Unit)	vali Falkilig	Services	Specialist	Маладег	Training	Program	
Mode/SEC (MH) or Modellin, Con	00 140	211	n/a	п/а	n/a	n/a	
(AC) VIIIBDOM TO (TIM) O TOSSOM	onb-idn	Supt-00	Supt-01	Supt-01	Supt-00	Supt-00	
anina Canina S	SA-County	SA-County	SA-Support	SA-Support	SA-County	SA-County	
	7/1/14.6/30/1E	Support 7/4/4 6/00/47	OA's	QA's	Support	Support	TOTAL
FUNDING USES	THE PROPERTY OF THE PARTY OF TH	CI (DC/D-1) /1 /1	1/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
Salaries & Frankly Barofit							Property of the second
Comment without	1		101,890	98,292		57,528	257,710
Sacration District Control of the Co	55,034	32,384	31,800	•	209,533	11.400	340 151
Copies Solitan	-	7	3	t	•	-	
Sagnada In	55,034	32,384	133,690	98,292	209,533	68.928	597 861
search Appenses	6,054	3,562	14,706	10,812	23,049	7.582	65 765
COUNTY TO THE COUNTY OF THE PROPERTY OF THE PR	61,088	35,946	148,396	109,104	232,582	76.510	663 626
							1000,000
TOTAL OBUS MENTAL STATE OF THE							
	-	-					_
		the second second			A Property of the Party of the		A THE PARTY OF THE SECOND SECO
SA COUNTY - General Fund HMHSCCRES227	6h.088	35 946	14B 39B	202.002	202 000		
SA WORK ORDER - HSA Children's Program - HMHSDIFFERWO			000,041	109,104	232,582		587,116
						78,510	76,510
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	61,088	35.946	148 396	707 007	000 000		1
OTHER DRHIED NOINGS OUR CESS TO THE STATE OF			OCC 1	100, 201	792,282	76,510	663,626
TOTAL OTHER DPH FUNDING SOURCES							
TOTAL DPH FUNDING SOURCES	200 20		-	,		•	1
NOWDEHIGUNDINGSOURCES	00,10	35,946	148,396	109,104	232,582	. 76,510	663,626
TOTAL NON-DPH FUNDING SOURCES							
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	000 80	1			1	1	
GBHS UNITS GESTEWIGE AN BIUNIT COST	880,16	35,946	148,396	109,104	232,582	76,510	563,626
- L							· · · · · · · · · · · · · · · · · · ·
Substance Ahise Only - Non-Dec 32 One # 20 One			-				
SA Only - Licensed Capacity for Medi Cal Bending 11 11	~						
Section of the sectio							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	S.	CR	CR	a c	e (The state of the s
Units of Service	9	138	920	920	280	250	
Unit Type	Months	Staff Hour	Staff Hour	34.0	1,300	026	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	10.181.33	260.48	164 20	Stan Hour	Staff Hour	Staff Hour	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOI IRCES)	10 181 22	200.40	06.101	118.59	168.54	83.16	
Published Rate (Medi-Cal Providers Onty)	20:10:12:	200.40	161.30	118.59	168.54	83.16	
Unduplicated Clients (UDC)		,	, ,		_	1	Total UDC:
		, , , , , , , , , , , , , , , , , , ,	O	0	0	0	460

Appendix#: B-6

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

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		TOTAL	Methadi Ge HMH	Methadone Van Parking General Fund HMHSCCRES227	O THE	OBOT Services General Fund HMHSCCRES227	Quality Cons Gi HMF	Quality Management - Consumer Specialist General Fund HMHSCCRES227	Qualit Do G G HMI	Quality Management - Data Manager General Fund HMHSCCRES227		Training General Fund HMHSCCRES227	Chile HS HS	Children's Program HSA Work Order HMHSDIFFERWO	······································
	Term:	7/1/14-6/30/15	тет:	7/1/14-8/30/15	Term:	7/1/14-6/30/15	Тетт:	7/1/14-6/30/15	Тетт:	7/1/14-6/30/15	Teji:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	
Position Title	FTE	Safaries	FTE	Salaries	FIE	Salaries	FTE	Salaries	된	Salaries	1	l	FTE	Salaries	т
Data Manager	1.00	76,671							1.00	76.671					,
Consumer Specialist	1.00	78,477					1.00	79.477							7"
Domestic Violence Specialist	1.00	44,874											5	44 874	-
	-	-									Ī			r F	
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	,	-													т
	•	•													_
Totals:	3.00	201,022			-	l.	1.00	79,477	1.00	76,671		,	1.00	44,874	
															71
Employee Fringe Benefits:	84.6%	56.688					704 80	02.410	700 00	*C0 \$0			700		
							W 7 07		10,7:07	1,92,12			28.2%	12,854	-
TOTAL SALARIES & BENEFITS		257,710		1	_	,		101,890	I	98,292		1		57,528	<u></u>

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS SA FI Services

Document Date: 7/1/14

Expenditure Category	TOTAL	Methadone Van Parking General Fund HMHSCCRES227	OBOT Services General Fund HMIHSCCRES227	Consumer Specialist Data Management - Consumer Specialist Data Manager General Fund General Fund HMHSCCRES227	Qualify Management - Data Manager General Fund HMHSCCRES227	Training General Fund HMHSCCRES227	Children's Program HSA Work Order HMHSDIFFERWO
	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
Occupancy:	F						
Rent		_					
Utilities (Telephone, Electricity, Water, Gas)	-						
Building Repair/Maintenance	_						
Materials & Supplies:	1						
Office Supplies	6,000	.		000'9			-
Photocopying	•						
Printing			,				
Program Supplies	9,000		·	000'9			3,000
Computer Hardware/Software							
General Operating:	_						•
Training/Staff Development	7,800			000'9			1,800
Insurance		-					
Professional License							
Permits	t i		7-				
Equipment Lease & Maintenance	1						
Staff Travel:			-	,			
Local Travel	2,400			1,800		,	009
Out-of-Town Travel	1						
Field Expenses		• • • • • • • • • • • • • • • • • • •					
Consultant/Subcontractor:							
Harm Reduction Therapy Center	32,384		32,384				
Training Consultants	209,533					209,533	
Other:	1						
Vehicle Expense	55,034	55,034					
Client Expense	18,000			12,000			6,000

340,151

X HAO	z: Department	Of Public reaut	UPH 2; Department of Public heatil cost Reportingidata collection (who	שיים אוטר שושל	(SPEC)			
DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)	actor Name (SA):	HealthRIGHT 360	7 (Fiscal Intermed	ary)		ŏ	Contract Appendix #:	B-7
Provider	Provider/Program Name:	CBHS Drug Cour	CBHS Drug Court Treatment Center	J:			Document Date:	7/1/14
	Provider Number:	383804		-			Fiscal Year.	14-15
			-					
	Program Name	Drug Court Program Name Treatment Center	٠	<u> </u>				
Program Code (formerly Reporting Unit)	ly Reporting Unit)	38044						
Mode/SFC (MH)	Mode/SFC (MH) or Modality (SA)	Anc-87						
		nadio ring						
	Service Description	Tx Related Svcs						TOTAL
	ING TERM	7/1/14-6/30/15						7/1/14-6/30/15
FUNDING USES THE PROPERTY OF T								
	Salaries & Employee Benefits	836,858						816,858
do	Operating Expenses	342,000						342,000
Capital Expenses (greater than \$5,000)	eater than \$5,000)		-					1
Subtotal	Subtotal Direct Expenses	1,158,858						1,158,858
	Indirect Expenses	127,474				4,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1		127,474
TOTAL	TOTAL FUNDING USES	1,286,332	-	-		'		1,286,332
CHISMENTAL HEALTHIRINGINGSOURCES, SAME TO THE STATE OF TH								
Call Mark Children and Call Call Call Call Call Call Call Cal						,	'	,
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	WATER WILLIAMS			The second second				
ながらいない。	700000000000000000000000000000000000000	287 888						688,482
	HINTISCONE SECTION	K67 950						597.850
SA COUNTY - General Fund	HWITSUCKESCE	nco Jac						1
OBOGINO CHICKLE POLICE TOUR CHICK THEFT		1 286 332		•				1,286,332
ICIAL CBHS SUBSIANCE ABUSE FUNDING SOURCES	Particular percentagions	TOCOCO I	が、	A STATE OF THE STA	A STATE OF THE PARTY OF THE PAR	Security of the second	10年10年代中央公司公司	A STATE OF THE STA
							S OF THE STATE OF	
TOTAL OTHER OPH FINDING SOURCES								_
		1,286,332			1	1	*	1,286,332
NONDERFINANCISCORDEST		经济企业经济	3. 10 March 1997 1997 1997 1997 1997 1997 1997 199					
								1
TOTAL NON-DPH FUNDING SOURCES		į	1	•	-			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,286,332	ŧ	·	-	•		1,286,332
CHHS GINTISTOESERVICE AND UNIT COST								
Number of Beds Purchased	ased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	Sessions (classes					***************************************		
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	arcotic Tx Program	1						
Cost Reimbursement (CR) or Fee-For-Service (FFS)	-For-Service (FFS	CRI						
	Units of Service	9,512						
	Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOL	3 SOURCES Only)							1000000
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	VDING SOURCES	135.23						
Published Rate (Medi-Cal Providers Only)	Cal Providers Only	-						Total UDC:
Unduplica	Unduplicated Clients (UDC)	180						180

B-7

Appendix #:

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

		TOTAL	PSR D Ger HMHS	PSR Drug Court & General Fund HMHSCCRES227		ŧ						
	Term:	7/1/14-6/30/15	Term	7/1/14-6/30/15	ELIG		į		,			
Position Titte	벁	Salaries	1111	Salariae	1				:erm:		Тепт	
Program Coordinator	1.90	82 115	90	27 45	L	Salaries	2	Salaries	FIE	Salaries	FIE	Salaries
Asst Program Coordinator	1.00	65,926	100	65 dos								
Counselor/Case Manager	6.00	354,736	6,00	354.736								***************************************
Senior Administrative Assistant	1,00	53,241	1,00	53.241								
Administrative Assistant	1,00	47,582	1.00	47 582								
Senior Implementation Engineer	0.34	33 575	0.34	22 E7E								
				0/2/00								
			1									
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			1									
	1						4.4.					
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		•							-			
Totals:	10.34	637,175	10.34	637,175	,	,	•	•	,			
				<u></u>								
1												
Civilized Fillinge Denemies	78.2%	179,683	28.2%	179,883								
				<u>.</u>			-					

TOTAL SALARIES & BENEFITS

DPH 4: Operating Expenses Detail

B-7

Appendix #:

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 HMHSCCRES227	Aurt & nd 5227				
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15		Term:	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				
Рһоtосоруіпд						•	
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:	1						
Ollent Drug Testing	42,000		42,000				
Client Expenses	36,000		36,000				
Vehicle Expenses	000'9		6,000				
		-					

342,000

DMH least Foth, Name All			s cost neporting/Dat	reporting/Data Collection (CRDC)			
Manual Manual (Manual Manual M	Desiring (SA):	Health RIGHT 36	0 (Fiscal Intermedian			Contract Appendix #	B-8
The state of the s	i lovideli riogiam Name.	CDITO Behavior	Lower Frogram Name: OBHS Behavioral Health Access Center	er		Document Date:	714144
	Provider Number: 383800	383800				There is	5 (1)
						Fiscal Year	14-15
	Program Name	BHAC	BHAC SACPA				
Program Code	Program Code (formerly Reporting Unit)	89088	99089				
Mode/S	Mode/SFC (MH) or Modality (SA)	SecPrev-21	SecPrev-21				
		SA-Sec Prev	SA-Sec Prev	***************************************			
	6	Referrals/Screeni	Referrals/Screeni			-	
	FINDING TERM	7444 enem	ng/Intake				TOTAL
FUNDINGINSES	TO THE STATE OF TH	C1/06/0-4-1/17	//1/14-6/30/15				7HMA BISOME
		STANDARDS STANDARDS			AND THE PROPERTY OF THE PARTY O	The same of the sa	11/14-0/30/13
Selec	Salanes & Employee Benefits	485,993	207,997	g			THE STATE OF THE S
	Operating Expenses	12,700	20,800	1			693,990
Capital Expen	Capital Expenses (greater than \$5,000)		r				38,500
	Subtotal Direct Expenses	503,693	228.797	1			
	Indirect Expenses	55,407	25.167			1	732,490
	TOTAL FUNDING USES	559,100	253 984				80,574
COLD MONIAL HEALTH FUNDING SOURCES		The additional state of the supplied	1000	・ 100mmの できる 100mmの	,	-	813,064
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			***************************************				1
CBHS SUBSTANCE ABUSE FUNDING SOURCES FOR THE CEDA	TA SECTION TO SECTION	The result of the second secon					-
SA COUNTY - General Fund	COLUMN	100 March 200 Ma					State of the Tax law And
		559,100					550 100
	DE LOS LA COMPONICION DE LA COMPONICION DEL COMPONICION DE LA COMP		253,964				252,100
TOTAL CBHS SUBSTANCE ARISE FINDING SOUDCES							400,004
- 13		559,100	253,964				
			· · · · · · · · · · · · · · · · · · ·		SOLE SELECTION OF STREET	TO CONTRACT TO STAND THE PROPERTY OF	813,064
TOTAL OTHER DPH FUNDING SOURCES							•
TOTAL DPH FUNDING SOURCES		000000			-		
NON-DRH FUNDING SOURCES THE WAS A COUNTY OF THE PARTY OF	SELECTION DISTRIBUTION STATES OF THE SELECTION OF THE SEL	001,800	253,964	1	•		813,064
							The state of the s
TOTAL NON-DPH FUNDING SOURCES		-					
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				1		,	
CEHSUNITSIOFISERVICE AND INITIONAL	Controller - Stocke Interest of the Stocke S	559,100	253,964				104.5
- 46					· · · · · · · · · · · · · · · · · · ·	が一般である。ないのでは、一般のないないできない。	TOO STO
Substance Africa California Original Purchasediff a	Purchasedi(if applicable)						
Sandardica Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program	with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)	or Fee-For-Service (FFS)	2	S. C.			285	
	Units of Service	7 047	2000				
	I Init Tyne	Staff Hour	0,000				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY	JNDING SOURCES Onto	70.01	Stati Hour				
Cost Per Unit - Contract Rate (DPH & Non-DPH FLINDING SOLIBCES)	H FLINDING SOLIBORY	79.64	69.01				
Published Rate (Medi-Cal Provin	Medi-Cal Providers Only	10.04	68.01				
Un	Unduplicated Clients (LIDC)	200	144				Total UDC:
		040 l	465				1.005
					The state of the s		22,71.

B-8

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

		***************************************		-						,		
		TOTAL	A HW	BHAC General Fund HMHSCCRES227	る重	BHAC SACPA Project HMHSPROP36						44-14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	Term:	7/1/14-8/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Tem:		Term:	,	Term:	
Position Title	FTE	Salaries	FTE	Salaries	H		FTE	Safarles	FTE	Salaries	ž.	Salarine
Assistant Program Coordinator	1.00	58,177	1.00	771,85								
Counselor/Case Manager	8.00	324,488	4.00	162,244	4.00	162,244						
Administrative Assistant	2.00	93,494	2.00	93,494								
Sentor Implementation Engineer	99.0	65,175	99.0	65,175								
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Totals:	11.86	541,334	7.66	379,090	4,00	162,244	-		1		,	ī
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Even County County	L		700		Ŀ							
Culpioyee Fringe Seneius:	787.8	152,656	28.2%	106,903	28.2%	45,753		-				
		٠										
TOTAL SALARIES & BENEFITS		693,990		485,993		702,997	_		L		<u> </u>	
	•								J		.# -	

DPH 4: Operating Expenses Detail

8

Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS Behavioral Health Access Center

Document Date: 7/1/14

Term: Term: Term: 9,100 2,400 3,000 3,000 3,000 ê Term: 7/1/14-6/30/15 BHAC SACPA Project HMHSPROP36 6,000 2,400 3,000 3,000 3,000 300 Term: 7/1/14-6/30/15 BHAC General Fund HMHSCCRES227 15,100 6,000 4,800 6,000 600 6,000 Term: 7/1/14-6/30/15 TOTAL Expenditure Category Utilities (Telephone, Electricity, Water, Gas) Equipment Lease & Maintenance Computer Hardware/Software Building Repair/Maintenance Training/Staff Development Consultant/Subconfractor. Professional License Out-of-Town Travel Materials & Supplies: Program Supplies General Operating: Client Expenses Field Expenses Office Supplies Photocopying Local Travel Staff Travel: Insurance Occupancy: Printing Permits

TOTAL OPERATING EXPENSE

38,500

Projection Name Project Projection Name Projection	Urn 4; Departiell	ו מו רשמות חפמו	COSt Nepot with	DEN A: Department of Fubilic near 1 Cost Nepartming/Data Concentration (CASA)			
Properties Pro	DMH Legal Entity Name (MH)/Contractor Name (SA):	HealthRIGHT 36	30 (Fiscal Intermed	lary)	Contract Ap	pendix #:	P d
Property Name	Provider/Program Name	Project Homeles	ss Connect		. Docum	ent Date;	7/1/14
Program Conference Program Name Conference Program Conference Program Name Conference Program Conference Program Conference Confere	Provider Number	383800			Fig	scal Year.	14-15
Commercy Program Code Program Name Program Name Program Code Program Name Program Code Program Name Program Name Program Code Program Name Program Code Program Name Program Code Program Name Program Code Program Name Program Name Program Code Program Name Program							
Program Code (Cernify Program) Code (Cernif	Program Name		Everyday Connect				
Accepted to the control for	Program Code (formerly Reporting Unit)		n/a	-			
Secretary Secr	Mode/SFC (MH) or Modality (SA)		SecPrev-21			•	
Service Description Service Description Particularizations Referencia Screen Particularizations Referencia Screen Particularizations Referencia Screen Particularizations Particul			SA-Sec Prev				
STATEST CONTINUES OF THE PROPERTY OF THE POST OF THE			Referrals/Screeni				TOTAL
Standard & Expenses Standard & Expenses Standard & Standard	DINDING TERM	L	7/1/14-6/30/15			7	/1/14-6/30/15
Capiel E-portres (parent Species 4,040 4		老	A STATE OF THE STATE OF				
Cable Equation Caple Equation Equa			471.461				859,648
Capila Expenses (greater than \$5 000) 51 12 52,228 53,228 53,228 54,240 53,228 54,240 53,228 54,240 53,228 54,240	Operating Expense						17,420
Charles State Charles State	Canital Expenses (greater than \$5,000						1
COLITION COLOR PER COLOR CEST COL	Subtotal Direct Expense		483,886		1	1	877,068
TOTAL CHEEN MENTAL HEALTH FUNDING SOURCES ASSACTE	Indirect Expense		53,228				96,478
TOTAL CBHS NEWTAL HEALTH FUNDING SOURCES TOTAL CBHS NEWTAL HEALTH FUNDING SOURCES TOTAL CBHS NEWTAL HEALTH FUNDING SOURCES TOTAL CBHS SUBSTANCE RAUBE FUNDING SOURCES TOTAL CBHS SUBSTANCE RAUBE FUNDING SOURCES TOTAL CBHS SUBSTANCE RAUBE FUNDING SOURCES TOTAL CHARGE TO THE FUNDING SOURCES CHARGE TO THE FUNDIN	TOTAL FUNDING USE			T		-	973,546
TOTAL CENTA MENTAL HEALTH PUNDING SOURCES TOTAL CENTA MENTAL HEALTH PUNDING SOURCES TOTAL CENTA SUBSTITUTE CENTA CENTA SUBSTITUTE CENTA	Į.	THE PARTY NAMED IN	DESCRIPTION OF	THE PROPERTY OF THE PROPERTY OF THE PARTY OF	Constitution of the Consti	STATE OF THE PARTY	Co. In Case of the Control of the Co
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SA COUNTY - General Faul Struck	TOTAL CRUMMENTAL HEALTH ELINDING SOCIECES	-				,	
SA COUNTY, Cannal Fund	SAUCEDIA SECTION			是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		and all the second	
TOTAL CHIS SUBSTANCE ABUSE FUNDING SOURCES	AND SECURITY OF SE		537.114				973,546
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES 496,432 587,114 - 977 TOTAL CTHIS SUBSTANCE ABUSE FUNDING SOURCES 498,432 587,114 - 977 TOTAL CTHER DPH FUNDING SOURCES 498,432 537,114 - - 977 TOTAL DPH FUNDING SOURCES (DPH AND NON-DPH) 498,432 637,114 - - - - 977 TOTAL FUNDING SOURCES (DPH AND NON-DPH) ABUSE AND TOTAL SOURCES (DPH AND NON-DPH) ABUSE AND TOTAL SOURCES (DPH AND NON-DPH) - </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>-</td>							-
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TOTAL OTHER DPH FUNDING SOURCES		_					
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TOTAL NON-DPH FUNDING SOURCES Cost Per Unit - DPH Raie (DPH FUNDING SOURCES COST Per Privalers Williams (Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (DPH FUNDING SOURCES CON) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Medi-CPH Providers Only) Cost Per Unit - Contract Rate (Med-CPH Providers Only) Cost Per Unit - Contract Rate (Med-CPH Providers Only) Cost Per Unit - Cost Per Un	TOTAL OPH FUNDING SOURCES	436,432				-	973,546
TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH TOTAL ENDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH FOR Group Sessions (classes) Substance Abuse Only - Non-Rea 33 - OPF # of Group Sessions (classes) SA Only - Licensed Capacity for Medi-Cal Provider with Narrocit (TPS) CR CR CR CR CR CR CR C	CONTRACTOR OF THE PARTY OF THE	THE PROPERTY OF THE PARTY OF TH	NOTATION.	· · · · · · · · · · · · · · · · · · ·			
Provider With Narcotic Tr Provider With Narcotic Tr Provider Source (FS) Provider With Narcotic Tr Provider With Narcotic Tr Program Provider With Narcotic Tr Provider Source (FS) Provider Sour							
Provider With Narcotic Tr Provider With Narcotic Tr Provider Source (FS)	TOTAL NON-DPH FUNDING SOURCES		τ			•	1
For DPH FUNDING SOURCES Only) Staff Hour Subset Asset Asset <td>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</td> <td>436,432</td> <td></td> <td></td> <td></td> <td>•</td> <td>973,546</td>	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	436,432				•	973,546
For Electrop Prochased (If applicable) CR			Maria San San San San San San San San San Sa				
CR CR Staff Hour Staff Hour 80.28 CR	at of Beds Purchased ((e)					
CR CR<	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classe	(\$					
CR	SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Progra	E					
4,512 5,976 (2,50%) Staff Hour 89.88 (2,50%) 96.72 89.88 (2,50%) 96.72 89.88 (2,50%) 7 Total UE Total UE 7 Total UE 7 Total UE	Cost Reimbursement (CR) or Fee-For-Service (FF		CR				
Staff Hour Staff Hour 交易 96.72 89.88 (2.5) 96.72 89.89 (2.5) 7 Otal UL Total UL 7 Otal UL Total UL	Units of Servi						
96.72 89.88 Residence 96.72 89.86 Total UE 540 465 Total UE	Unit Tyr		Staff Hour				
96.72 98.88	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES On						
Total UC Total UC	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCE						
540 465	Published Rate (Medi-Cal Providers On	,		And the Address of the Control of th			Total UDC:
	Unduplicated Cilents (UD						1,005

DPH 3: Salaries & Benefits Detail

B-9

Appendix #

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: Project Homeless Connect
Document Date: 71/1/14

Salaries Term: 크 Salaries Term: FIE Salaries Term: E 95,000 12,500 20,000 25,000 5,000 48,212 36,608 33,280 367,754 47,154 30,000 45,000 7/1/14-6/30/15 Everyday Connect General Fund HMHSCCRES227 Salaries Term: 0.43 0.87 0.19 0.31 0.44 0.56 0.10 0.80 0.80 1.00 6.50 1.00 FIE 52,500 45,000 20,000 62,846 10,000 37,500 45,000 29,952 302 798 Project Homeless Connect General Fund HMHSCCRE\$227 7/1/14-6/30/15 Salaries Term: 0.57 0.13 0.69 0.56 0.81 0.44 0.90 0,80 4.90 FTE 75,000 67,500 110,000 65,000 65,000 45,000 50,000 48,212 36,608 33,280 45,000 29,952 670,552 7/1/14-6/30/15 Salaries TOTAL 1.00 1.00 1.00 1.00 1,00 1.00 0.80 0.80 11.40 8 0.80 1.00 60. Totals: Director of Events and Marketing Position Title Director of Housing Resources Provider/Resource Coordinator Floating Case Manager Director of Operations Volunteer Coordinator Senior Case Manager Director of Programs Program Associate Events Assistant Case Manager

103,707	471 461
85,289 28.	388,187
189,096 28,2%	859,648
Employee Fringe Benefits: 28.2%	TOTAL SALARIES & BENEFITS

DPH 4 Operating Expenses Detail

8-6 6-8

Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: Project Homeless Connect

Document Date; 7/1/14

Term: Term: Term: 1,200 6,875 3,000 220 8 Term: 7/1/14-6/30/15 Everyday Connect General Fund HMHSCCRES227 2,895 2,000 Project Homeless Connect General Fund HMHSCCRES227 Term: 7/1/14-6/30/15 5,000 9,870 800 1,200 750 Term: 7/1/14-6/30/15 TOTAL Expenditure Category Utilities (Telephone, Electricity, Water, Gas) Equipment Lease & Maintenance Computer Hardware/Software Building Repair/Maintenance Training/Staff Development Consultant/Subcontractor: Professional License Out-of-Town Travel Materials & Supplies: Program Supplies General Operating: Field Expenses Office Supplies Photocopying Local Travel Staff Travel: Printing Rent Other:

Provident frames Provident f	DMH-Legal Entity Name	e (MH)/Contractor	· (AR)	HealthRight 3	ntactor Name (SA). HealthRIGHT 3en (Einer Lister)	ly Data Collecti	סה (כאטכ)			
Providen Number 383800 NAL-MH NAL-SA NAL-Prev NAL-MH NAL-SA NAL-Prev NAL-MH NAL-SA NAL-Prev NAL-MH NAL-SA NAL-MH NAL-SA NAL-MH NAL-SA NAL-MH NAL-SA NAL-MH Service Description Sup-Do		Provider/Prod	ram Name.	Vinority AIDS In	of the state ment	regial y)			Contract Appendix #	
Program Name MAI - MAI - SA MAI - Prey SA - County		Provid	or Mumber	282800	unduly c				Document Date:	3. 7/1/14
Program Name MAI - MH MAI - SA MAI - Prev		LIONIO	er Number.	202000					Fiscal Year	r. 14-15
Service Description SA-County SA-Cou		Proc	ram Name	MAI - MH	MAI - SA	MAI. Prev				
Service Description Supple Supton Supton Support Suppo	Program C	Code (formerly Rep	orfing Unit)	n/a	n/a	n/a			.	
Service Description Support Su	Mo	ode/SFC (MH) or Mc	odality (SA)	Supt-00	Supt-00	Supt-00				
Salaries & Employee Benefits 7/13,692 122,860 481.1		Service		SA-County Support		SA-County Support				
Salaries & Employee Benefits 7/13.692 122,860 481,1	The state of the s	FUND		9/30/14-9/29/15		9/30/14-9/29/15				TOTAL
Expenses & Employee Benefits 713,692 122,860 481,1 Operating Expenses 713,692 122,860 481,1 Subtoal Direct Expenses 713,692 122,860 481,1 Subtoal Direct Expenses 78,506 13,515 5,54 Subtoal Direct Expenses 78,506 13,515 5,54 Subtoal Direct Expenses 78,506 13,515 5,54 Subtoal Direct Expenses 78,506 13,575 5,54 Subtoal Direct Expenses 78,506 13,575 5,54 Subtoal Direct Expenses 78,506 13,575 5,54 Subtoal Direct Expenses 78,7198 136,375 5,54 Subtoal Cources Only 70,77 72,90 72,90 Subtoal Clears (Unit of Service 70,77 72,90 72,90 72,90 Subtoal Clears (Unit of Service 70,77 72,90 7				第四次,加州省大学的					STEER PARTY SOLVENSON	9150114-9729115
Expenses (greater than \$5,000)		Salaries & Employ	ee Benefits	713,692		48 148		6 1 7 4 1 2 4 1 7 1 6 A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Subtotal Direct Expenses 713,692 122,660 481,1	7777	Operating) Expenses							884,700
Subtotal Direct Expenses	Capital Ex	xpenses (greater th	lan \$5,000)		1					
TOTAL FUNDING SQURCES OF 13,515 5.2 TOTAL FUNDING SQURCES OF 13,515 5.34	W. C.	Subtotal Direc	1 Expenses	713,692	122,860	48.148		-		
TOTAL FUNDING USES 792,198 136,375 534		Indirec	t Expenses	78,506						884 700
### CRANDING SOURCES Only 190 191 19		TOTAL FUND	ING USES	792,198						118,78
## CES ##	CONSTRUCTION OF THE PROPERTY O		Chick Street			A COLUMN TO A COLUMN		STOLENS TO	ensisted and the second) LO'386
### ### ### ### ### ### ### ### ### ##	TOTAL OBJECTATE LIFA CONTROLLED									
93.243 HCSA10-1500 792,198 136,375 53.4 93.243 HCSA10-1501 792,198 136,375 53.4 Provider with Narcotic Tx Program ent (GR) of Fee-For-Service (FFS) 702,77 72.90 72.90 CDPH FUNDING SOURCES Only 70.77 72.90	ABJUSTED MENTAL HEAL IN FUNDING SOURCES			•	-	_				
93.243 HCSA10-1501 136,375 93.243 HCSA10-1502 136,375	CHILDREN AND BEEN BEING NO INCIDENCE OF THE PROPERTY OF THE PR		AMISTA			Control of the Land	Personal designation of the second se	Company of the Compan	New York and All September 21 they	ALICENSIS OF THE PROPERTY OF SECURITY OF THE PROPERTY OF THE P
93.243 HCSA10-1501 136,375 1			0-1500	792,198						
93.243 HCSA10-1502 TB2,198 136,375 TB2,198 T36,375 T			0-1501		136 375					792,198
Total			0-1502			53 444				136,375
Table Tabl										53,444
Total	OFFICIAL CERTS SUBSTANCE ABUSE FUNDING SOURCES			752,198	136,375	53,444	7			
792,198 136,375 136,	SHORINGINGINGING THE	4			(A)				2000年 · 1000年	710,286
792,198 136,375	TOTAL OTHER PRO FINANCE CO. TOTAL									STATE OF STA
136,375	TOTAL DEM GINDING SOUNCES						_			
Text	S. CONTRACTOR	- 1		792,198	136,375	53,444	1			770 000
r of Beds Purchased (if applicable) 100F # of Group Sessions (classes) 100F # of Group Sessions (cla		7.72			。 第一次 第一次 第一次 第一次 第一次 第一次 第一次 第一次 第一次 第一次					11 (208 11 (12 (13 (14 (14 (14 (14 (14 (14 (14 (14 (14 (14
TB2,198 136,375 TP2,198 136,375 TP2,198 136,375 TOT Beds Purchased (if applicable) TOT Beds Purchased (if applicable) TOT Beds Purchased (if applicable) TOT BEDS PROVIDED (IT APPLICATION OF SERVICE TOT BEDS PROVIDED (IT TYPE START Hour Staff Hour Staff Hour Staff Hour STAPP FUNDING SOURCES) TO,77 TO,290 TO,77 TO,90 TO,77 TO,90 T	TOTAL NON-DPH FUNDING SCURCES		+							
Total Beds Purchased (if applicable)	TOTAL FUNDING SOURCES (DPH AND NON-DPH)				1	'				
To fleds Purchased (if applicable) Provider with Narcotic Tx Program Provider With Starff Hour	OBHS UNITS OF SERVICE AND UNITCOST		The second second	861,198	136,375	53,444	1			982,017
CR CR CR CR Staff Hour Staff Hour 72.90 77.			Service Servic			作品に対して			1000 mm	
CR CR CR CR Staff Hour Staff Hour 72.90 77.	Substance Abuse Only 1912	Seds Purchased (if	applicable)							
CR CR 1,871 Staff Hour Staff Hour 72,90 70,77 72,90 71 70,77 72,90 71 70,77 72,90 71 72,90 72,90 72,90 73	FACILITY AND SECURITY OF THE SOLUTION OF THE S	# of Group Session	s (classes)							
CR CR CR CR CR 1,871 Staff Hour Staff Hour 72,90 77 70,77 72,90 77 8 8 3	SA Uniy - Licensed Capacity for Medi-Cal Prov.	/der with Narcotic 1	'x Program							
Staff Hour Staff Hour Staff Hour 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 77 72,90 72 72,90 72 72 72 72 72 72 72 72 72 72 72 72 72	Cost Reimbursement (CR) or Fee-For-Se	rvice (FFS)	S	8	SS				
Staff Hour Staff Hour Staff Hour 70.77 72.90 77 70.77 72.90 77 8 3	THE PROPERTY OF THE PROPERTY O	Units	of Service	11,193		1				100000000000000000000000000000000000000
70.77 72.90 70.77 72.90 8 3			Unit Type.	Staff Hour	Staff Hour	Staff Hour				
70.77 72.90 3	Cost Per Unit - DPH Rate (DPI	H FUNDING SOUR	CES Only)	770.77	72.90	72.61				
8	Cost Per Unit - Contract Rate (DPH & Nor	P-DPH FUNDING S	OURCES	70.77	72.90	72.61				
88	Published Ra	tate (Medi-Cal Prov	iders Only)							
		Unduplicated Clie	ents (UDC)	80	8	2				Total UDC:
								Janes de la companya		13

B-10

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

Total Tota													
Focation This FTE Salarius FTE FTE Salarius FTE FTE Salarius FTE			TOTAL	- 문	MAI - MH SA10-1500	<u>-</u> 도	MAI - SA :SA10-1501	¥Ç	Al - Prev SA10-1502				
Term Grout Appendix Term Grout Appendix Term Statut Appendix Term		-							_				
Provided Thio FTE Salarines FTE		Term:		Term:	9/30/14-9/29/15	Tem:	9/30/14-9/29/15	Term:	9/30/14-9/29/15	Term:		Tacm	
1.00 90,689 1,00 90,689 6.50 40,482 6.	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	뱚	Salarles	21.5	Calorino	The state of the s	O afterday
The controlled by the control of t	т Мәладег	1,00		1.00	90,658			'			2011000	2	SAIRLIBS
Start 1,00 1,20 1,4,4 0 0,24 1,24,2 0,16 1,6,659 0,16 1,6,659 0,16 1,6,659 0,16 1,6,659 0,16 1,6,659 0,16 1,2,42 0,16 1,2,43 1,2,43 0,16 1,2,43 1,2,43 1,2	oral Health Specialist	4.00		3,50	283.232	0.50	40.462	,					
100 62,780 0.00 31,649 0.24 12,472 0.16 8,459	unliy Heath Worker	1.00		1.00	41.410	L	•	,					
100 65,780 0.60 31,490 0.24 12,472 0.16 8,459 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 13,443 0.24 12,2 12	tion Analyst	1.00		0,60	58,941		23.081	0.16	15 655				
150 88.4770 150,612 0.24 10,620 0.16 13,442 10,581	tion Assistant	1.00		0.60	31,849		12.472	0.16	R 459				
26.2% 154.606 28.2% 172, 86,835 0.46 37,557	valuator	1.00		99.0	50.612		19.820	0.18	13 443				
26.2% 194,006 28.2% 155 980 28.2% 27,025 28.2% 10,591		1	•			L							
28.2% 194.606 28.2% 156.990 28.2% 27.025 28.2% 10.591													
28.2% 159,606 28.2% 155,90 28.2% 27.025 20.2% 10,581													
25.2% 194,606 28.2% 156,592 122,880 37,557 10,581 36.2% 773,622 28.2% 10,581 10,581			1.	1.									
28.2% 194,606 28.2% 113,692 122,860 28.2% 122,860 48,148		,											
28.2% 154,606 28.2% 156,990 28.2% 122,880 37,025 28.2% 10,591 122,880		, 											
28.2% 156,980 28.2% 122,860 37,025 28.2% 10,581 10,581 884,700 713,692 713,692 122,860 48,148 48,148		,	•										
28.2% 156,990 28.2% 156,990 28.2% 28.2% 28.2% 28.2% 122,860 45.00 48,700 713,692 713,692 712,860 48,148 713,692 713,692													
28.2% 156,990 28.2% 156,990 28.2% 122,860 37,025 28.2% 10,591 384,700 713,692 713,692 122,860 48,148		'	1										
28.2% 158,700 28.2% 156,890 28.2% 1736,890 28.2% 173,892 122,860 48,148 37,557		,	•							ľ			
9.00 690,094 7.30 556,702 1.22 95,835 0.48 37,557 - 28.2% 194,606 28.2% 156,990 28.2% 27,025 28.2% 10,591 - 884,700 713,692 713,692 422,860 - 48,148 -		1											
9.00 680,084 7.30 558,702 1.22 95,835 0.48 37,557 - 28.2% 194,608 28.2% 156,980 28.2% 27,025 28.2% 10,591 - 884,700 713,692 713,692 4122,860 48,148 - -		,	ı										
28.2% 194,608 28.2% 156,990 28.2% 27,026 28.2% 10,591	Totals:			7.30	556,702		95,835	0.48	37,557			,	
28.2% 194,608 28.2% 159,990 28.2% 27,025 28.2% 2													
884,700 713,692 122,860	Employee Fringe Benefits:			28.2%	156.990	28.2%	27.025	28.2%	10 501				
884,700 713,692 122,860									10000				
	TOTAL SALARIES & BENEFITS	•	884,700	_	713,692		122,860	لــا	45,148	. 	,		
					 . •								

DPH 4 Operating Expenses Detail

B-10

Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: Minority AIDS Initiative

Document Date: 7/1/14

Expenditure Category	. ТОТАТ.	MAI - MH HCSA10-1500	MAI - SA HCSA10-1501	MAI - Prev. HCSA10-1502		·
	Term: 9/30/14-9/29/15	Term: 9/30/14-9/29/15	Term: 9/30/14-9/29/15	Term: 9/20/14_9/29/15	Torm:	Tarm
Occupancy:	Ţ) child.
Rent						-
Utillies (Telephone, Electricity, Water, Gas)						
Building RepairMaintenance			THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW			
Materials & Supplies:	•					
Office Supplies						
Photocopying	1					
Printing	1				,	
Program Supplies	~					
Computer Hardware/Software	-					
General Operating:						
Training/Staff Development	1					
Insurance	1	~	-			
Professional License	•		-			
Permits		-				
Equipment Lease & Maintenance		,				
Staff Travel:	1					
Local Travel						
Out-of-Town Travel						
Field Expenses	-					
Consultant/Subcontractor:	1					
						Land Angles Control Service Co
Other:	1					ر المساوميس والمساوميس والمساوم والم

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DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)	HealthRIGHT 36	i0 (Fiscal Interme	diary)		PO	Contract Appendix #:	B-11
Provider/Program Name: F	Primary & Behav	Behavioral Helath Care Integration	Integration			Document Date:	7/1/14
Provider Number: 00038	9000					Fiscal Year.	14-15
							
Program Name	PBHCI						
Program Code (formerly Reporting Unit)	n/a						
Mode/SFC (MH) or Modelity (SA)	80/78						
	Other Non- Medical Client						
Service Description	Support Exp				-		TOTAL
4	9/1/14-8/31/15					to the state of th	9/1/14-8/31/15
ENVINCED SESSION OF THE PROPERTY OF THE PROPER							
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
TOTAL FLUDING LISES	ľ			,			282,921
· · · · · · · · · · · · · · · · · · ·	建筑地位	10000000000000000000000000000000000000		North and the second second			
						en e	780 021
MH FED - SAHMSA PBHCI Grant 93,243 HMAD03-1500	282,921						505,36
	200 000					†·	282 921
	176,307	C. M. Control and M.	at the first of the second sec	And the Control of th	at bracker the transfer to the second	Sales de la constante de la co	Control of the Contro
OBHS/GUESTANGUARGS/GUAR	_						
TOTAL CRUE SUBSTANCE ARISE FUNDING SOURCES			•		,		+
TOTAL COMS SOBSTANCE ABOSE I CACIMO COCACAS	OF LIESEN DESIGNATION OF THE PERSON OF THE P						
				a sa chach a bhailte i cean mar an an			_
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TOTAL CIMER UPA FUNDING SOURCES	700 000						282 021
	787,871		a mental production of the second sec	Street of the Contract Secure School	A MANAGEMENT OF THE PARTY OF TH	H MANAGEMENT OF THE PARTY OF TH	Service of Contract C
NONIGHTHUNDING SOORCEST AND SOOR							1
TOTAL MON DOU ELINDING COLIDCES			,			-	
TOTAL ELABORAS COURSES (DBH AND MON. DBH)	282 924				•		282,921
THE REPORT OF THE PROPERTY OF	(A)	THE RESERVE THE PROPERTY OF THE PERSON NAMED IN	THE PARTY CHARACTER STATE	HOWENERS AND THE SEA		The second secon	
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Substance Abuse Office 50 - Co Colour Session School Casses						2.13	
SA Uniy - Licensed Capacity for Medi-Cal Provider with Naticulic 1x Flugrafii							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	ម						
Units of Service	2,699						
Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	104.84					ch2	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	104.84		-				
Published Rate (Medi-Cal Providers Only)	,						Total UDC:
Unduplicated Clents (UDC)	83						83

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary) Program Name: Primary & Behavioral Helath Care Integration

Document Date: 7/1/14

					į							
		TOTAL	SAHMS	SAHMSA PBHCI Grant HMAD03-1500								
						-						
	Term:	ě	Term:	9/1/14-8/31/15	Term:		Tem:		16191		ļ	
Position Title	E	Safaries	FIE	Salaries	35	Salaries	1	Saiarlos	Ë		HLES	
Project Manager	1.00	82,723	1.00	82.723	L			Calalles		Salaries		Salaries
Lend Evaluator	0.60	42.630	0.60	A2 R30								
Evaluation Assistant	S	22.52	8	OCO T								
		DOM, 12 ,	0.00	27,600				,				
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Totals:	2.20	152,353	2.20	152,353	1	1	,					
										1		-
	-											
Employee Fringe Benefits:	28.2%	42,964	28.2%	42,964								
TOTAL SALARIES & BENEFITS		195,317	<u></u>	195,317		4	 				<u> </u>	
											l	

DPH 4: Operating Expenses Detail

B-11

Appendix #.

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: Primary & Behavioral Helath Care Integration
Document Date: 7/1/14

Expenditurs Category	TOTAL	SAHMSA PBHCI Grant HMAD03-1500				
	Term: 9/1/14-8/31/15	Term: 9/1/14-8/31/15	Тегт:	Term:	Term:	Term:
Occupancy:						
Rent	1					
Uffities (Telephone, Electricity, Water, Gas)						ě,
Buliding Repair/Maintenance	5					
Materiels ជី Supplies:	,					-
Office Supplies	•	,				
Photocopying	•					
Priving	\$		•			
Program Supplies	9,800	9,800				
Computer Hardware/Software						
General Operating:						
Training/Staff Development	2006 .	5,000				
Insurance						
Professional License	•			-		
Permits	1					
Equipment Lease & Maintenance						
Staff Travel:	1					
Local Travel						
Out-of-Town Travel	13,567	13,567				
Field Expenses	4					
Consultant/Subcontractor:	1					
Peer Counselors, \$15/hr x 520 hrs each x 4 Peer Counselors	31,200	31,200				
Other:	3					

DMH Legal Entity Name (MALVI) Contractor Name (Cat. Licella Li	onfractor Mana (9.6)	Licelth Digital	III AOSI LICEDOLIIII	Seporality Data Collection (CRDC)	on (CRDC)			
Part	Provided Drame (SA): Health (SH) 360	COD TICHE	60 (Fiscal Interm	ediary)			Contract Appendix #:	B-12
	viden togram value	COLC TI SELVIC	Ses				Document Date:	7/1/14
the same of the sa	riovider Number: n/a	n/a		The state of the s			Fiscal Year.	14-15
	Program Name	Primary Care Encounters	TWHC Shelter Nutritionist	Salesforce				
Program Code (for	Program Code (formerly Reporting Unit)	n/a	n/a	n/a				
Mode/SFC	Mode/SFC (MH) or Modality (SA)	n/a	n/a	n/a				
				- Acceptance - Acc				
	Service Description	- 1	n/a	n/a				
FUNDING WEEK STATES OF THE STA	FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15				TOTAL
			阿拉拉拉拉斯斯		· · · · · · · · · · · · · · · · · · ·	(A Water State Control of State Control	ということの情報を受けるのである。	1) () (4-5/30/15
Salaries	Salaries & Employee Benefits			179,403				
	Operating Expenses	270,270	31.532	'		- Contract C		179,403
Capital Expenses	Capital Expenses (greater than \$5,000)							301,802
qnS		270,270	31.532	170 403				1
	Indirect Expenses	29,730		10 733	1		•	481,205
TOI	ONO	300,000		100 136				52,931
SERS MENIAL HEALTH TUNDING SOURGES	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	A STREET STREET	OCI 'SGI	1 Contract of the Contract of			534,136
JUIAL CHAS MENTAL HEALTH FUNDING SOURCES								١
CBHS: SUBSTANCE ABUSE HUNDING SOURCES	世界など ないと 日本の		The state of the s	Secure and the secure of the s	4			,
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES				-				-
OTHER DPHITUNDING SOURCES TO THE STATE OF THE PROPERTY OF THE	THE PROPERTY OF THE PERSON OF	- Committee Comm	Act of the second secon	1	,	•		
				0.000			· · · · · · · · · · · · · · · · · · ·	天然 化基本标题 化基层
	TO COLLEGE COL	300,000			,			300 000
	HCHAP I WC - GF		35,000					200,000
	HCGSAL-1500			199,136				000'66
TOTAL OTHER DPH FUNDING SOLIBORS		^						189,136
TOTAL DPH FUNDING SOURCES		300,000	35,000	199,136				- 207 700
	Committee of the second	300,000	35,000	199,136		-		534 436
						ED - C. ST. ST. LAUSE ST. CO.	A CONTRACTOR OF THE PARTY OF TH	DC1 PCC
TOTAL NON-DPH FUNDING SOURCES								
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				-	E			
CBHS UNITS OF SERVICE AND UNFICOST		300,005	35,000	-199,136	ŀ	_		534 136
90	The state of the s							Charles and the second of the
Substance Abuse Only - Non-Dec 32 Opt # 20	Traseo (II applicable)						50 50 50 50 50 50 50 50 50 50 50 50 50 5	
SA Only - Libensed Capacity for Madi Ali and	p sessions (classes)						\$1 EX	
Charles Capacity 10f Medi-Cal Provider with Narcotic TX Program	Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	e-For-Service (FFS)	CR	R	S				
The state of the s	Units of Service	n/a	n/a	D/a				
	Unit Type							
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	4G SOURCES Only)							
Cost Per C	UNDING SOURCES)							
Published Rate (Medi-Cal Providers Only)	-Cal Providers Only)							
Undupl	Unduplicated Clients (UDC)	n/a	. II/a	2/2				Total UDC:
								n/a

Appendix #: B-12

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: COPC FI Services Document Date: 7/1/14

		TOTAL	Primary Ge HCH	Primary Care Encounters General Fund HCHAPADMINGF	TWHC:	TWHC Shelter NutritionIst General Fund HCHAPTWCGF	SEP Salest HC	SEHC Salesforce Salesforce.com Grant HCGSAL-1500				
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/}5	Term:	7/1/14-6/30/15	Тет.	7/1/14-6/30/13	Term:		TeT	
Position Title	FTE	Salaries	FTE	Salaries	FTE		FTE		FIE	Salaries	ä	Salaries
ediatric Primary Care Behaviorist	1.00			man rim			1,00	94,264				
ediatric Primary Care Behaviorist Assistant	1.00						1.00	45,676				
	•	•										
	,	•										
	-											
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	,	•										-
	,	ı										
Totals:	2.00	139,940	,		•	-	2.00	139,940	,	-	ı	
Employee Fringe Benefits:	28.2%	39 483					200 200	20, 00				
The state of the s							P 7:07			1		
			_	}	ſ		- -					
TOTAL SALARIES & BENEFITS		179,403			_			179,403				

DPH 4: Operating Expenses Detail

B-12

Appendix #:

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: COPC FI Services : Document Date: 7/1/14

Expenditure Category	TOTAL	Primary Care Encounters General Fund HCHAPADMINGF	TWI-C Shelter Nutritionist General Fund HCHAPTWG-GF	SEHC Salesforce Salesforce.com Grant HCGSAL-1500		
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term- 7/4/14 \$/20/45	Torm	į
Occupancy:					10113	121111
Rent	,					
Utilities (Telephone, Electricity, Water, Gas)						
Bullding Repair/Maintenance	1					
Materials & Supplies:			-			
Office Supplies						
Photocopying	t					
Printing						
Program Supplies	T					
Computer Hardware/Software	ī					
General Operating:				The state of the s		
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;						

270,270

301,802

7 U.I.O	:: Department	oi rubite neaui	DEM 2: Department of Public nearly Cost Nepot ungrata Conscion (C)	vara collectio	12000			97.0
DMH Legal Entity Name (MH)/Contractor Name (SA); HealthRIGHT 360 (Fiscal Intermediary)	ctor Name (SA): 1	Health RIGHT 360	(Fiscal Interme	diary)		ŏ	Contract Appendix #:	21-0
Provider	Program Name: 5	Provider/Program Name: SF Street Violence Intervention Program	e Intervention P	ogram			Document Date:	7/1/14
G .	Provider Number: n/a	1/a					Fiscal Year.	14-15

Program Name Program Code (formark Reporting Unit)	Program Name	Program n/a						
Mode/SFC (MH)	Mode/SFC (MH) or Modelity (SA)	n/a						
								TOTAL
98	Service Description	7/1/14-6/30/15						7/1/14-6/30/15
	THE PARTY OF THE P	THE RESERVE OF THE PARTY OF THE				AND DESCRIPTIONS	The second second	
	Salaries & Employee Benefits	1,747,515						1,747,515
8O	Operating Expenses	584,955						584,955
Capital Expenses (greater than \$5,000)	ater than \$5,000)							1
Subtotal	Subtotal Direct Expenses	2,332,470	•	_	٠	1	1	2,332,470
	Indirect Expenses	256,570						256,570
TOTAL	FUNDING USES	2,589,040	•	1	-		_	2,589,040
ENTER THE RESIDENCE OF THE PROPERTY OF THE PRO	The second secon	THE PERSON NAMED IN COLUMN	The second second			Carlotte Service Control		
								-
TOTAL CRHS MENTAL HEALTH FUNDING SOURCES		,	-		•	'	,	1
		-	1	,	1 (2) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	and the second s	*	A STATE OF THE PROPERTY OF THE
HAVA AL	FRMISS							
	HCHCCHCCRNWO	2,589,040						2,589,040
								2 0 000
TOTAL OTHER DPH FLINDING SOURCES		2,589,040	-	1	1	,	'	2,589,040
TOTAL DON FLINDING SOURCES		2,589,040			•	•		2,589,040
			建筑建筑工作的基本企业					
	Section and the section and th							
TOTAL NON-DPH FUNDING SOURCES			•	1	_		-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,589,040				'	1 Control of the cont	OPD'SBC'Z
CBHSHUN HS OF SERVICE AND BUILDING SERVICES	。 第1章 (基) (第1章)							
Number of Beds Purchased (if applicable)	sed (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)	Sessions (classes)							
SA Only - Linensed Capacity for Medi-Cal Provider with Narcotic Tx Program	arcotic Tx Program				-			
Cost Reimbursement (CR) or Fee-For-Service (FFS)	-For-Service (FFS)	2						
	Units of Service							
	Unit Type							
Cost Dar Linit - DPH Rate (DPH FINDING SOLI	١œ							
SNICINI E HOCLON & HOCH of SI Prestand - #oltred tech	DING SOURCES					,		10年に 10年ま
Winders Only	al Providers Only		·					Total UDC:
Significal	(hour licated Clents (UDC)							n/a

B-13

Appendix #:

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

TOTAL CHERN WORK ORDER Term TOTAL CHERN WORK ORDER Term Total Term Term Total Term T													•
Tem: 71/14-62015 Tem: 71/14-62015 Tem: 1em: 1am Tem: 1am Te			TOTAL	P HOH	SF SVIP IN Work Order ICHCCRNWO								
FTE Salatries FTE Salatries FTE Salatries FTE Salatries FTE Salatries FTE Salatries FTE TE FTE TE TE FTE TE FTE TE FTE <		Term:		Term	711114 BIROHE								
1,00 1,00	Position Title	111	Colorina		21000	, erm:		Term;		Term:	i	Term:	
1.00 40,000 1,00 80,000 1 1.00 1.00 0 1.00	Program Manager		Salaries	FIE	Salaries	31.	Salaries	FTE	Salaries	FTE	Salaries	E	Ontractor
10	Administrative Assistant	3 8	000.08	1.00	80,000								Col Indian
1,00	Street Oulreach Associate Manager	3	40,000	8	40,000								
1,00 60,000 1,00 80,000 1,00 220,000 1,00 220,000 1,00	Paris December 2012	8	75,000	8.	75,000								
1700 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00 888-115 17.00	Litis Response Associate Manager	90.	60,000	1.00	60.000								
77 00 888,115 17.00 888,115 17.00	District Coordinators	4,00	220,000	4 00	220,000								
25.00 1,363,115 25.00 1,363,115	ine Staff	17,00	BRR 11K	17.00									
25.00 1,363,115 26.00 1,363,115 28.2% 384,400 28.2% 384,400					C11,000						•		
25.00 1,363,115 26.00 1,363,115		•											
25.00 1,363,115 25.00 1,363,115		-	,										
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25.00 1,363,115 26.00 1,383,115 - 28.2% 384,400 28.2% 384,400		'										-	
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25.00 1,363,115 26.00 1,383,115 - 28.2% 384,400 28.2% 384,400			'			,						†	
28.2% 384,400 28.2% 384,400	Totals:		_	25.00	1.363.115								
28.2% 384,400 28.2%			0							-	•	•	•
28.2% 384,400 28.2%			j				· .						
	Employee Fringe Benefits:	- 1	384,400	28.2%	384'400								
					1004,400								
					-								

TOTAL SALARIES & BENEFITS

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

Expendíture Category	TOTAL	SF SVIP CH CRN Work Order HCHCCHCCRNWO				
	Term: 7/1/14-6/30/15	Тепп: 7/1/14-6/30/15	Тет.	Tem:	Төт:	Тетт.
Оссирянсу:	,					
Rent	116,000	116,000				
Uililies (Telephone, Electricity, Water, Gas)	38,125	38,125				
Building RepainMaintenance	•	-				
Materials & Supplies:						
Office Supplies		•				
Photocopying	-					
Printing	•					
Program Supplies	21,430	21,430				
Computer Hardware/Software	11,200	11,200				
General Operating:	1					
Training/Staff Development	20,000	20,000				
Insurance	1					
Professional License	1					
Pemils	3.					
Equipment Lease & Maintenance	•					
Staff Travel:	1					
Local Travel	•					
Out-of-Town Travel						
Field Expenses	,					
Consultant/Subcontractor:	E.					
Mental Health Consultant	35,000	35,000				
Evaluation Consultant	100,000	100,000				
Violence Interruptors	24,400	24,400				
Other:		,		,		
Vehide Expense	73,800	73,800				
Client Incentives	58,400	58,400				
Client Outings and Groups	96,800					

TOTAL OPERATING EXPENSE

584,95

DPH 6: Contract-Wide Indirect Detail
Contractor Name HealthRiGHT 380 (Fiscal Intermedian)
Document Date: 71/1/4

10 10 10 10 10 10 10 10	Position little	<u> </u>	Salaries
1,000 1,00	Chief Executive Officer		1
10 10 10 10 10 10 10 10	Chief Financial Officer	0.10	30,087
100 100	Chief Information Officer	61.0	100,10
1009 1019	Chief Operating Officer	0.18	40,817
Columbia	VD of Ottaliby and Complement	0.09	10,271
Octobal Octobal	VO of Development	0.19	15,010
Cold	ar of Development	0.13	13 168
Control Cont	Research and Evaluation Director	610	13 380
## Colores Colores Colores Colores	Workforce Development Director	600	10,500
## Categary ## Amount ## 500 10 10 10 10 10 10 10 10 10 10 10 10 1	Controller	20.0	040,1
## Colores Colore	Grants Director	61.0	78,847
1008 1008 1009	Rivinst Manager	0.19	20,541
19 19 19 19 19 19 19 19	Fieral Denierte Director	60.0	10,191
Inger Mid Director Mid Director Mid Live Category Mid Mid	District Control of the Control of t	0.19	15,802
rager Cetegory Amount 12.220 Weder Geal Sept. 19.220 Weiter Geal Sept. 19.220 Goods 19.22	Dungar Fiscal Atialysi	0.19	15,090
1979 1979	Fayroli Manager	0.19	19 493
10	Budget Coordinator	010	13 100
Inger Interference Cetegory Interference Ce	General Ledger Accountant		10,100
Inger Inger Inger Interactor Interacto	Accounts Payable	0,04	818,2
Integer 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19	Billing Angologie	96.0	26,290
10.19 10.19	Different Americans	0.19	15,802
Coots Coots	Hipieles Amilia	0.19	10.634
Inger 0.19 In Director 0.19 In Director 0.13	Human Kesources Director	60.0	7906
Tager	Human Resources Analyst	0.10	12 400
Trigger Co.15 Co	Human Resources Coordinator	0.00	001,61
## Of the control of	Electronic Medical Reports Manager	200	10,648
1 1 1 1 1 1 1 1 1 1	FMR OPs Software Davisionand Disputes	0.18	780,81
15	EMO Training and Date Applies	0.19	23,701
0.06 0.19 0.17 0.17 0.17 0.17 0.18 0.19 0.19 0.19 0.19 0.19 0.09 0.04 0.04 0.04 0.04 0.04 0.04 0.0	Clear D	0.43	7,314
## O 19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.10	Clear Flogrammer II	90.0	4.407
## Cools 1,063,702 1,063,7	II Manager - Data Control	81.0	10+0+
## O 19 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.10	Senior IT Systems Analyst	0.13	100 G
## Costs) ## Costs) ## Costs) ## Costs) ## Costs ## Costs ## Costs ## Costs ## Costs ## Cos	IT Analyst	21.0	767'6
regor 0.19 0.19 0.19 0.19 0.19 0.19 0.19 0.19	PC Support Analyst	61'0	14,113
## 19 19 19 19 19 19 19 19	IT Specialist - Data Specialist	61.0	12,773
15 15 16 17 18 18 18 18 18 18 18 18 19 19 19 19 19 19 19 19 19 19	IT Specialist Date Duty	0.19	8,708
0.19 0.09 0.09 0.09 0.09 0.05 0.09 0.05 0.00 0.00	T Sections - Data Entry	0.19	8,705
## O 109 0,19 0,19 0,19 0,19 0,19 0,19 0,19 0,10 0,10 0,00	1 Specialist - Data Control	0.19	8.705
reger 0.19 0.09 0.09 0.01 0.15 0.00 0.00 0.00 0.00 0.00 0.00	II Data Analyst	80.0	3 192
ture Cetegory Amount 0.09 fure Cetegory Amount 0.002 fure Cetegory Amount 0.002 fure Cetegory Amount 0.002 fure Cetegory Amount 0.002 fure Cetegory 16,002 fure Cetegory 16,002 fure Cetegory 16,003 fure Cetegory 1	Contrions Manager	0.19	C87 P)
fture Category Amount 50,19 fture Category Amount 50,102 fture Category Amount 12,320 12,320 14,338 19,312 16,320 103,532 103,532 103,532 103,532 103,532	Travel Coordinator	500	207(7)
tture Cettegory fture	Administrative Assistant	80.7	590,7
iture Cattegory Amount 0.04 iture Cattegory Amount 0.02 iture Cattegory Amount 0.04 iture Cattegory 18,003 iture Cattegory 10,003 iture Cattegory	Programment Manager	0.15	6,741
tture Cettegory Amount 50,102 tter, Gas) ture Cettegory Amount 12,320 12,320 13,320 13,320 103,532 103,532 103,532 103,532 103,532 103,532 103,532 103,532		0.19	13,168
fure Cetegory Amount 0.02 fure Cetegory Amount 0.03 fee, Ces) 16,003 fee, Ces) 16,320 fee, Ces) 103,532 fee	Unvering ment Assistant	0.04	1.615
iture Category Amount 50,04 iter Gas) Amount 50,102 iter Gas) 12,320 4,304 4,304 1,332 19,312 16,320 103,532 292,278	Facility Operations Director	200	122
Titure Cetegory	Transportation and Facility Manager	600	190
titure Cattegory Amount 50,102 iter, Gas) 18,009 4,304 4,304 12,320 23,452 23,453 15,320 103,532 103,532 292,278	Maintenance Staff	20.0	CA/
fture Category Amount 50,102 tter, Gas) 18,009 18,009 12,304 12,320 23,452 23,452 19,312 11,320 13,520 13,520 103,532 103,532 103,532		0,04	1,934
fure Cetegory	EMBI OVEC COMOC SCHOOLS		
tture Category Amount 50,102 tter, Gas) 50,102 18,009 4,304 4,304 12,320 23,452 23,453 19,312 15,320 103,532 292,278	CALL CITY OF BENEFICE		182,551
Expenditure Cetegory Amount 50,102	LOTAL SALAMES & BENEFITS		ACA 177
Expenditure Cetegory Amount echticity, Weter, Gas) nentice Ment Dut of Town) SGSTS 1 Operating Costs)			
Expenditure Cetegory Amount echticity, Weter, Ges) nence ment Nut of Town) CGSTS Operating Costs)	2. OPERATING COSTS		
echticity, Water, Gas) ment but of Town) COSTS Operating Costs)		Amount	
echticity, Water, Gas) nence ment but of Town) GOSTS Operating Costs)	Rent	Ţ	
ment Nut of Town) CGSTS Operating Costs)	Utilities (Telaphone, Electricity Water Cast	301,102	
ment but of Town) COSTS STS Operating Costs)	Reiliffed Repair (Maintenance	SCH, ST	
ment Dut of Town) Dut of Town) COSTS COSTS Operating Costs)	Office County	4,304	
Dut of Town) COSTS Operating Costs)	China cultinies	12,320	
ment but of Town) GOSTS Operating Costs)	lisorarica	23,452	
Operating Costs)	Training/Staff Development	A RAB	
COSTS STS Operating Costs)	Staff Travel (Local & Out of Town)	40.04	
COSTS STS Operating Costs)	Rental of Equipment	21 5, 51	
COSTS SSTS Operating Costs)	Destablished Candida	15,320	
TS ading Costs)	runesskutat oervices	103,532	
IS ading Costs)	General Operating	41,089	
ris ding Costs)			
ating Costs)	TOTAL OPERATING COSTS	000	
ating Costs)		017,262	
ating Costs)	TOTAL INDIDENT CORTS		
Contained or Deficially + Operating Costs)	Confedence Design Co.	1,063,702	
	Complete a peneina + Operating Costs/		

CBHSMODE	CBHSSERVEDESCRIPT	Official DMH/ADP Unit
	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	Jali IP	Client Day 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 Hour
10/20-24	Crisis Stab ER	Client Hour
10/25-29	Crisis Stab Urgent Care	Client Full Day
10/30-39	Vocational	Client Full Day
10/40-49	Socialization	Client Full Day
10/60-69	SNF Augmentation	Client 1/2 Day
10/81-84	Day Tx Intensive Half day Day Tx Intensive Full day	Client Full Day
10/85-89	Day Rehab Half day	Client 1/2 Day
10/91-94 10/95-99	Day Rehab Full day	Client Full Day
	Case Mgt Brokerage	Staff Minute
15/01-09 15/10-57	MH Svcs	Staff Minute
15/10-5/	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	Cmmty 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 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 Cmmty 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	Face-to-face visit
Nonres-30	SA-Nonresidntl IO Day Care Rehab	Staff Hour
Nonres-32	SA-Nonresidntf Aftercare	Staff Hour
Nonres-33	SA-Nonresidnti ODF Grp	Staff Hour
Nonres-34	SA-Nonresidntl ODF Indv	

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 Sycs	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 Transportaion (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
		Number Served
Anc-75	SA-Ancillary Svcs Therapeutic Measures for People Living with HIV	Number Served
		Number Served .
		Number Served
Anc-80	SA-Ancillary Svcs SACPA Literacy Training	Staff Hour
Anc-81		Staff Hour
		Persons Served

MH FED - SDMC Regular FFP (50%) MH FED - Health Families/Enhanced Children FFP (at 65%) MH FED - Refugee FFP (at 100%) MH FED - SAHMSA PBHCI Grant MH STATE - CTF Fund (Cmmty Tx Facility) MH STATE - MH Realignment MH STATE - EPSDT Realignment MH STATE - Family Mosaic Capitated MH STATE - IDEA Fund MH STATE - MAA MH STATE - MHSA Project MH STATE - Managed Care MH STATE - Minor Consent MH STATE - SAMHSA FMP Grant MH STATE - RWJ MH STATE - PSR Managed Care MH STATE - PSR EPSDT MH PRIOR YEAR - SEP-Special Assessment Program MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH PRIOR YEAR - SB 90 MH PRIOR YEAR - MH Managed Care MH STATE - MHSA CSS Project MH STATE - MHSA PEI Project MH STATE - MHSA INN Project MH STATE - MHSA CF Project MH STATE - MHSA Tech Project MH STATE - MHSA WDET Project MH STATE - MHSA WET Project MH PRIOR YEAR - Other (please identify) MH WORK ORDER - County Work Order Fund MH WORK ORDER - City Attorney MH WORK ORDER - District Attorney 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 - Sherrif'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)

SA SA FED - SAPT Fed Discretionary SA FED - SAPT Adolescent Tx Svcs SA FED - SAPT Friday Night Live/Club Live SA FED - SAPT Primary Prevention Set-Aside SA FED - SAPT HIV Set-Aside SA FED - SAPT Perinatal Set-Aside SA FED - Drug Medi-Cal SA FED - Perinatal Drug Medi-Cal SA STATE - PSR Non Drug Medi-Cal SA STATE - PSR Drug Medi-Cal SA STATE - PSR Drug Medi-Cal carryforward from FY12-13 SA STATE - PSR Perinatal Non Drug Medi-Cal SA STATE - PSR Perinatal Drug Medi-Cal SA STATE - PSR Women/Children Residential Tx Svcs SA STATE - PSR Drug Court SA STATE - Parolee Services Network BASN SA STATE - SACPA Project SA COUNTY - General Fund - CJC GF SA COUNTY - General Fund SA GRANT - Fed DOJ Safe Havens SA GRANT - Fed DOJ Second Chance SA GRANT - Fed SAMHSA MAI SA GRANT - Fed SAMHSA SHOP SA WORK ORDER - Controller's CJC Evaluation SA WORK ORDER - DCYF Wellness Center SA WORK ORDER - HSA Children's Program SA WORK ORDER - HSA FSET SA WORK ORDER - HSA HUD-SHP SA WORK ORDER - HSA PAES/SSI Advocacy SA 3RD PARTY Medicare SA 3RD PARTY Insurance Fees SA 3RD PARTY Client Fees

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ACORD TO CERTIFICATE OF LIABILITY INSURANCE

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

CERT	CERTIFICATE IS ISSUED AS A MATTER OF TIFICATE DOES NOT AFFIRMATIVELY OR CERTIFICATE OF INSURANCE DOES NO RESENTATIVE OR PRODUCER, AND THE	NEGAT CONS	TIVELY .	AMEND, EXT A CONTRAC	END OF	ALTER T	E CC	OVERAGE AFF	ORDED BY THE P	DER. T OLICIE	HIS S BELOW,
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) 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 theu of such endorsement(s).											
PRODUCER				CONTACT Shelsine Gonselves							
	ernan Insurance Brokers Carlback Avenue				PHO	NAME STIBILITY GOTSDIVER PAX PAX					
	nut Creek, CA 94596				EM	AIL	Shel	laineG@heffin			
CAL	icense #0564249					DRESS: SURERS .		ORDING COV		NAIC	#
INSUI	RED hRIGHT360					URER A: URER B:		Specially Instruct	urance Company Company	11150	
	Mission Street				INS	URER C:	Trev	elers		19038	3
San Francisco, CA 94103				INS	urer D: urer e;	Grea	at American		39896		
COVERAGES CERTIFICATE NUMBER:			BER:	1148	URER F:		REVISION	NIMPER:			
THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INS NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOC ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SU SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					HER DOCU VEIN 18 SUB	MENT JECT	VAMED ABOVE I WITH RESPECT TO ALL, THE TE	FOR THE POLICY PER	TEIFIC:A	TE MAY DE	
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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 Country of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance is named as additional insured as respects to General Liability & Automobile itability per attached endorsements. Insurance is primary and non-contributory. Waiver of subrogation applies to Workers Compensation policy — endorsement to follow from carrier.											
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City and County of San Francisco					PIRATION	Y OF THE A I DATE THE PROVISION	REOF,	DESCRIBED PO NOTICE WILL I	DLICIES BE CANCELL BE DELIVERED IN AC	ED BEF CORDA	ORE THE NCE WITH
It's officers, agents & Employees Office of Contract Management & Compliance 101 Grove Street, Room 307 San Francisco, CA 94102					THORIZED PRESENTA	TIVE			<u></u>		
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THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

City and County of San Francisco, it's officers, agents & Employees, Office of Contract Management & Complia	Name of Additional Insured Person(s) or Organiza	ıtlon(s)
	Clty and County of San Francisco, It's officers, agents	s & Employees, Office of Contract Management & Compliance
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	Information construct to a second to the first the first terms of the second to the se	

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:

 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 "bodity 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

COMMERCIAL AUTO CA 71 10 09 05

- (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 d ends when your operations for that "insured" are completed.

FELLOW EMPLOYEE COVERAGE - EXECUTIVE OFFICES

Exclusion 5. FELLOW EMPLOYEE of SECTION II

- LIABILTY COVERAG - B. EXCLUDIONS 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:

- 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
- 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;

- Overdue payment and financial penalties associated with those payments as of the date of the "loss".
- Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear.
- Costs for extended warranties, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease.
- Transfer or rollover balances from previous loans or leases.
- Final payment die under a "Balloon Loan".
- 6) The dollar amount of any unrepaired damage that occurred prior to the total loss" of a covered "auto".
- 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 fall to disclose any hazards existing at the inception date of you 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 flable and the lessor incurs an actual financial loss.

RENTAL REIMBURSEMENT COVERAGE

- A. This coverage applies only to a covered "auto" of the private passenger of light truck (10,000 lobs. 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

POLICY NUMBER: NTAUT0026002

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" 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."
- 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.
- 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:

 Necessary for the normal operation of the covered "auto" for the monitoring of the covered "auto's" operating system: or

2. Both:

 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 DAMGE COVERAGE is replaced by the following:

- 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:
 - The actual cash value of the damaged or stolen property as of the time of the "loss"; or
 - The cost of repairing or replacing the damaged or stolen property with other property of like kind and quality.
 - c. \$1,000
 - 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

"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.

Premium \$

Insured HEALTHRIGHT360

Insurance Company

Cypress Insurance Company

WC 99 04 02B (Ed 7-07) Countersigned b

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information (Please print clearly.)	
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 (Please print clearly.)	
Name of contractor: HealthRIGHT360	
Please list the names of (1) members of the contractor's board of dire financial officer and chief operating officer; (3) any person who has a any subcontractor listed in the bid or contract; and (5) any political cadditional pages as necessary. 1 – 2 See attached documents 3 – 5 Not applicable	n ownership of 20 percent or more in the contractor; (4)
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 Pr	imary 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 Sa the board of a state agency (Health Authority, Housing Authority, Parking Authority, Redevelopment Agency Commission, Development Authority) on which an appointee of the City elect	Relocation Appeals Board, Treasure Island
Print Name of Board	
Ellow Information (Diagrammint -1 - L.)	·
Filer Information (Please print clearly.) Name of filer:	Contact telephone numbers
Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address:	E-mail:
City Hall, Room 244. 1 Dr. Carlton B. Goodlett Pl., San Francisco, CA	
Signature of City Elective Officer (if submitted by City elective officer	Date Signed
	, saw signou
Signature of Board Secretary or Clerk (if submitted by Board Secretary	or Clerk) Date Signed
	, Davi DiBrion

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