

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

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of July 1, 2015, in San Francisco, California, by and between Conard House ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and
WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the contract term, increase the contract amount and update Appendices;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4151-09/10 dated June 21, 2010;

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

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

1a. Agreement. The term "Agreement" shall mean the Agreement dated October 7, 2010 between Contractor and City, as amended by the:

First amendment **dated June 30, 2015 Contract Number BPHM11000025, and**
Second amendment **this amendment**

1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.

1c. 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. of the Agreement currently reads as follows:

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.

2b. Section 5. 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 **Thirty Seven Million Six Hundred Ninety Two Thousand One Hundred Ninety Seven Dollars (\$37,692,197)**. 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 **Fifty Four Million Fifty Nine Thousand Nine Hundred Seventy Seven Dollars (\$54,059,977)**. 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.

2c. Add Appendices A-1 through A-2 dated 7/1/15.

2d. Add Appendix B Calculation of Charges) and B-1 through B-2 dated 7/1/15.

2e. Add Appendix F dated 7/1/15.

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.

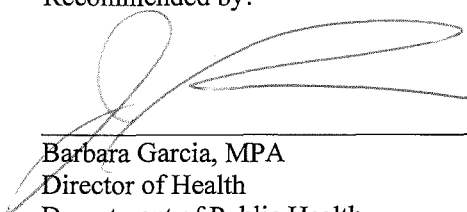
IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

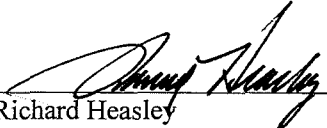
CONTRACTOR

Recommended by:

Conard House



Barbara Garcia, MPA
Director of Health
Department of Public Health

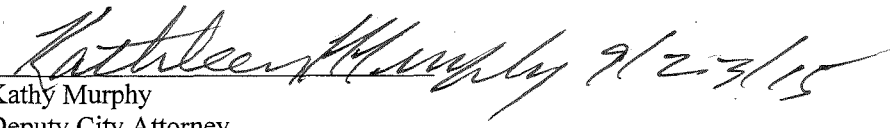


Richard Heasley
Executive Director
1385 Mission Street, #200
San Francisco, CA 94103

City vendor number: 02448

Approved as to Form:

Dennis J. Herrera
City Attorney



Kathy Murphy
Deputy City Attorney

Approved:

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

1. **Program Name:** Outpatient Services (1a)/Supportive Housing (1b)
Program Address: 1385 Mission Street, Suite 200
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 864-7833
Facsimile: (415) 864-7093
Program Code: 89492 (Conard House Outpatient Services)
8949SH (Conard Supportive Housing)

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

New Renewal Modification

3. **Goal Statement**

To provide a full range of psycho-social rehabilitation services (assessment, counseling, crisis intervention, case management, self-management training and community support, representative payee/money management) to adults with serious mental and behavioral health conditions living in Conard House supportive housing (residential hotels and co-operative apartments) or other community housing located throughout San Francisco.

4. **Target Population**

The Target Population is adult residents of San Francisco, ages 18 and older, with chronic psychiatric disabilities who are residents of Conard House's Supportive Housing Program or other housing, who meet BHS criteria for Medical Necessity and Functional Impairments, and whose ability to maintain independent living without hospitalization or becoming homeless would be greatly enhanced by the provision of Case Management and Mental Health Services.

The Cooperative Apartment Program specifically addresses the supportive housing and outpatient needs of monolingual Asian-American clients as a specialized target sub-population. For Resident and Community Fellows, the Jackson Street Community specifically addresses personal and leadership development for community living.

Under this contract Conard House provides psychosocial support services at the Plaza Apartments, a supportive housing facility opened January 2006, jointly operated by the Public Initiatives Development Corporation (owner-sponsor), DPH's Housing and Urban Health (Direct Access to Housing/medical support services).

Across all sites, approximately 93% of clients eligible for services are recipients of Medi-Cal benefits. Their Outpatient Services are funded by Medi-Cal revenue in this contract. The other 7% are funded by the County General Fund revenue in this contract.

5. **Modality(ies)/Interventions**

Outpatient Services:

The CRDC Modes of Service for Reporting Unit 89492 are:

- 15-01 Case Management Brokerage - (AVATAR T1017)
- 15-10 Mental Health Services – Collateral (AVATAR 2015CI)
- 15-30 Mental Health Services – Assessment (AVATAR H2015AS)
- 15-30 Mental Health Services – Plan/Development (AVATAR H2015AP)
- 15-40 Mental Health Services – Individual (AVATAR 2015IT)
- 15-50 Mental Health Services – Group (AVATAR2015GT)
- 15-70 Crisis Intervention (AVATAR H2011)

A billable Unit of Service (UOS) of eligible health services, as defined by the Medi-Cal Rehab Option, is a one minute of service. We will use the CPT codes for the relevant service according to instructions from BHS quality assurance.

The maximum static capacity of the Outpatient Services is 467 clients. However, with some residents refusing services, others no longer meeting medical necessity, and turnover estimated at 5% for established and new sites, 15% for the Plaza, and 25% for the transitional Washburn site, the estimated unduplicated number of clients open in Avatar and receiving Outpatient Services is 506.

See CRDC for details of OP UOS and UDC.

Supportive Housing:

The CRDC Mode of Service is Mode 60 - 78 Support Services.

A billable Unit of Service is a Supportive Housing Service Day, i.e., a day in which an individual is in residence in a co-op or hotel setting providing access to case management, staff time for core services (non-outpatient) such as money management, benefits advocacy, supportive employment, community orientation, community meetings and resident councils, and/or milieu management.

The maximum static bed-capacity of the program is 467. Details are shown in the table below. The 106-unit Plaza Apartment program is included in the 467 total. There was a loss of 11 beds in the Coops from 96 beds in FY14 to 85 beds in FY15 because landlords terminated their leases with Conard House Inc.

With turnover estimated at 5% for established sites, 15% for the Plaza, and 25% for the transitional Washburn site, the estimated unduplicated number of clients to receive Supportive Housing Services is 505.

Under CRDC Mode/SFC 60 - 78, the Supportive Housing program will be billed in Supportive Housing Days. See CRDC in Appendix B for details of UOS and UDC.

Intake Coordinator, Case Managers or Counselors will open each client in the Avatar System at the beginning of his admission into outpatient services. Each client will be closed at termination when the client declines further outpatient services or moves out of a Conard House supportive housing program. A small portion of the co-op and hotels' population will not be entered into Avatar because support services are voluntary by statute - some clients will decline services, or because some clients are not clients of BHS and choose not to be identified in the Mental Health System. Consequently, if the actual units of service achieved by the end of the contract year for Supportive Housing services do not meet the projected units of service for this Reporting Unit, then Conard House will produce its Rent Roster to determine the total number of supported housing days delivered for the purpose of reconciling actual and contracted Units of Service.

Supportive Housing Sites	Static Resident Capacity	Annual Unduplicated SH Residents	Supportive Housing Days (90% capacity)	Annual Unduplicated OP Residents (open in Avatar)	Outpatient Hours (100%)	Medi-Cal Hours (93%)
DPH						
Jackson Street	8	8	1,314	8	0	0
Coops	85	89	27,923	89	2,694	2,513
El Dorado	57	60	18,725	60	1,761	1,642
Washburn	22	27	7,227	28	2,057	1,919
Midori	77	81	25,295	81	2,218	2,069
Lyric	58	61	19,053	61	1,818	1,696
Jordan	54	57	17,739	57	341	318
Plaza	106	122	34,821	122	2,733	2,549
Assessments						
SH Intakes				59	222	207
Under-billing					-271	-254
DPH total	467	505	152,097	565	13,573	12,659
OP Minutes					814,353	759,539

6. Methodology

A. Outreach, recruitment, promotion, and advertisement:

As a part of Community Behavioral Health Services, it is the role of Conard House's Outpatient Services Program to provide outpatient mental health services under the Social Rehabilitation Option to its residents living in Conard House's Coops apartments and Hotels in the community. Conard House has been providing

cooperative apartments for 50 years and SRO housing and social rehab options for almost 30 years to San Franciscans with psychiatric disabilities.

Outpatient Services are available to Supportive Housing clients who meet the criteria for Medical Necessity, Target Symptoms/Impairments on the BHS Treatment Plan of Care. Priority is given to those clients referred by the BHS Placement Team who have been through a transitional level of care. Most of these clients will have been initially referred from residential treatment programs, and streets and homeless shelters. Outpatient Services imbedded in Supportive Housing furthers the BHS goals of providing consumer-guided and community-based services to its clients and reducing psychiatric hospitalization.

B. Admission Criteria and Process:

Those eligible for the Supportive Housing Program are individuals who have serious and persistent psychiatric disabilities and functional impairments whose lives would remain more stable, without hospitalization or homelessness, with the provision of Case Management and Mental Health Services. Client/residents are assessed at entry to Supportive Housing for history/needs/goals relating to mental and functional status. The Conard Intake Coordinator performs this assessment for applicants for the Coops, El Dorado, the Midori, and the Washburn. The Intake Coordinator presents to and discusses the results with the Clinical Director, Associate Directors, and site Program Directors. Shelter Plus Care refers tenants to the Lyric Hotel and some beds at the Midori and El Dorado Hotels. Community Housing Partnership refers Section 8 tenants for admission to the Jordan. Direct Access to Housing places tenants at the Plaza Apartments.

C. Service Delivery Model:

Outpatient Services:

The Outpatient Services program is based on a psycho-social rehabilitation model in a supportive community providing a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the Supportive Housing/Outpatient program. The Outpatient services are provided in a non-institutional, residential setting.

Outpatient Services delivered, per the CRDC, include Mental Health Services, Crisis Intervention and Case Management. Targeted Case Management is directed at maintaining housing and independent living, teaching and reinforcing self-management skills, assessing physical health and mental health and substance use status, making appropriate linkages to needed services when necessary, and preventing hospitalization and/or homelessness.

Supportive Housing:

The Conard House Supportive Housing Program, as a non-licensed program, is not permitted to provide care and supervision to residents; during a crisis, staff is permitted and required to call appropriate emergency services and outside service providers, but are not permitted to provide "urgent care". This limitation includes a "system to provide medications... on site." The Program does not provide psychiatric treatment.

Conard House Supportive Housing Program will follow the harm reduction policy and offer educational groups and activities oriented to clients with dual diagnoses. The Program will refer clients to organizations that specialize in dual diagnosis treatment.

Hotel staff work from 9:00 AM to 5:00 PM, Monday through Friday (At the Washburn, we have shifts for staff that are from 11AM to 7 PM as well as 9 AM to 5 PM); desk clerks provide coverage after hours and on-weekends.; the Director of Supportive Housing and Community Services, Director of Clinical Services, Associate Clinical Director, Operations Director and Program Directors - carry cell phones. All staff is directed to bring in the assistance of outside service providers when necessary, including the police, psychiatric emergency services, mobile crisis, and outside case managers and therapists.

The Conard House Outpatient Services/Supportive Housing Program has six SRO Hotels located in the Tenderloin and South of Market areas. Room availability at the hotels ranges from 22 to 106 units. The total static capacity is 374 SRO hotel residents. The Co-op Apartment Program has a total of 85 people.

The total residents served in the Supportive Housing Program 467.

Co-operative Apartments Office 2441 Jackson Street San Francisco, CA 94115 346-6384 (Capacity: 85)	Jackson Street Community 2441 Jackson Street San Francisco, CA 94115 346-6380 (Capacity: 8)
El. Dorado Hotel 150 Ninth Street San Francisco, CA 93103 863-4582 (Capacity: 57)	Midori Hotel 240 Hyde Street San Francisco, CA 94102 775-6006 (Capacity: 77)
Lyric Hotel 140 Jones Street San Francisco, CA 94102 776-2115 (Capacity: 58)	Jordan Apartments 820 O'Farrell Street San Francisco, CA 94102 922-1503 (Capacity: 54)
Plaza Apartments	Washburn Residence

988 Howard Street San Francisco, CA 94103 344-0527 (Capacity:106)	38-42 Washburn Street San Francisco, CA 94103 864-8701 (Capacity: 22)
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The Supportive Employment staff provides contact to interested residents throughout the year to the Conard House pre-vocational Boot Camp to assess job readiness, to the Desk Clerk Training Program and to external pre-vocational and vocational services and job opportunities.

The Plaza Apartments are part of the Direct Access to Housing (DAH) program. Conard House provides the same services to Plaza residents as it does to its other supportive housing programs.

Case managers:

- Involve each tenant or client in his or her own service plan, which includes an assessment and appropriate reassessment of economic status.
- Work closely as indicated with BHS clinicians to help keep tenants and clients stably housed and able to provide for themselves. Case managers are available for case conferences with BHS and other providers.
- Assist participants in maintaining their housing, acquiring basic living skills, and coordinating with other services.
- Meet regularly with clients and collaborate with staff of other programs that provide services to clients.
- Disburse checks directly to each tenant based on the money management plan negotiated between tenant and case manager. During intake at the Washburn Transitional Residence, enroll eligible clients in the Shelter Plus Care Program or other supportive or subsidized housing programs.

D. Exit Criteria and Process:

Except for the Washburn and the Jackson Street Community, all Conard House Supportive Housing is permanent housing. The Washburn is operated to enable residents to transition into permanent supportive housing. The Jackson Street Community is operated to enable residents to transition to community living. Other tenants who wish to move to non-supportive housing are encouraged to do so when appropriate and are given referral assistance and other help they may need.

Upon move-in, Washburn tenants begin working individually and in groups to prepare for permanent, supportive or subsidized housing, as the Washburn is a transitional 24-month program.

Upon move-in, Jackson Street tenants will begin working individually and in groups on strategies for community living. The initial Fellowship residency for new residents will be 3 months. Residents in good standing with the program can extend their enrollment in 3-month increments up to 24 months.

For residents and other clients leaving Supportive Housing, Conard Case Managers or Counselors shall notify the BHS Care Manager (and conservator, if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the Case Manager or Counselor is unable due to circumstances to notify the conservator prior to such discharge or termination, staff shall notify the conservator within 24 hours or the next workday.

Outpatient Services are provided to both permanent and transitional residents of Conard House Supportive Housing. Services are normally discontinued when a client leaves the Supportive Housing program and is referred to appropriate services if necessary. Exceptions to this are made on a case-by-case basis. The step-down process is monitored per annual BHS Plan of Care reassessment.

For staffing please see Appendix B-1A Page 2, B-1B Page 2.

7. Objectives and Measurements

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY14-15.”

8. Continuous Quality Assurance and Improvement

A Board-approved Quality Assurance and Improvement Project for Conard House Outpatient and Supportive Housing Services in FY14 to FY 15 is to implement some activities listed on the Personal Interest Survey (Survey designed by Conard Communities Steering Committee) in Conard programs. (Richard, I have not discussed this with anyone including you. Is this too vague? Do we have to have one for this contract?)

Additionally, the following CQA/CQI activities continue:

A. Achievement of contract performance objectives.

Program Directors, Associate Directors, and Director of Supportive Housing and Community Services and the Director of Clinical Services meet twice a month to discuss program operations and the collection of data to track performance objectives. Director

of Clinical Services and Associate Clinical Directors receive monthly reports on Outpatient and Supportive Housing Service Units.

B. Documentation quality, including a description of internal audits.

Outpatient Services complies with Avatar documentation requirements. The Director of Clinical Services and Associate Clinical Directors and Program Directors perform routine internal audits of Avatar documents.

C. Cultural competency of staff and services.

The Conard House Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

D. Client satisfaction.

The Outpatient Services and Supportive Housing programs participate in the annual survey per BHS dates and times. The Director of Supportive Housing and Community Services and Director of Clinical Services will review program results and incorporate feedback to the program operations.

E. ANSA Outcome.

Together with Associate Directors and Program Directors of Outpatient Services, the Director of Clinical Services will review ANSA Outcome Data provided by BHS and will incorporate such data in program operations.

1. Program Name: Rep Payee Services
Program Address: 1385 Mission Street, Suite 200
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 864-7897
Facsimile: (415) 864-7093
Program Code: 8949RP

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goal of Conard House Rep Payee Services is to help eligible clients of the San Francisco mental health system establish and manage their public income benefits by providing representative payee and money management services. These services are funded components BHS, MHSA (formerly AB 2034) and an HSA General Fund Work Order. The program will collect clients' public income benefits from the Social Security Administration and other sources and deposit these funds into client subaccounts within a master account, work with clients to budget the use of their funds, and make prudent, timely and documented disbursements from their subaccount accounts.

4. Target Population

The program will have a total potential static capacity of 810 enrollees covering the following four target populations:

The first target population is comprised of adult residents of San Francisco ages 18 and older with mental health conditions who need representative payee services and who meet the criteria set for by BHS. These clients are major users of high levels of BHS services and are cost-effectively served in the community. In FY 14-15 the static capacity of this target population of 144 clients is comprised of San Francisco residents. Some individuals may currently be receiving services in BHS-contracted IMD beds.

The second target population is comprised of MHSA clients who are adult residents of SF ages 18 and older with psychiatric disabilities who meet SF First eligibility requirements set forth by BHS and remain in need of representative payee services. In FY14-15 the static capacity of this target SF First population is 68 San Francisco residents.

A third target population is comprised of clients whose services are paid for by a continuing HSA work order. The work order pays for 518 Transitional Services Program (TSP) clients of HSA's Department of Human Services. As with the first and second target populations, these

clients include users of DPH services and are most cost-effectively served in the community through this HSA work order.

The fourth target population is comprised of individuals designated as “Homeless Schizophrenic Presumptively Disabled” (HSPD). For FY14-15, 60 clients are projected to be actively enrolled.

Community Services Sites Rep Payee/Money Mgmt	Static Client Capacity	Unduplicated Clients	Service Days in FY14-15
SF First	68	75	22,338
BHS Rep Payee	164	180	53,874
BHS Subtotal	232	255	76,212
CS North	243	268	79,825
CS South	186	204	61,101
CS SOMA	62	68	20,367
Ambassador	27	30	8,869
Work Order Subtotal	518	570	170,162
DPH Core Clients Total	750	825	246,374
HSPD current year	60	66	19,710
DPH Contract Total	810	891	266,084

5. Modality/Interventions

The CRDC Mode of Service is Mode 60 Support Services.

This is a Fee-For-Service Program. For management and invoicing purposes, a Unit of Service will be a Service Day, i.e., each day of 365 days in FY14-15 that a client is enrolled in the Rep Payee Services Program.

Under CRDC Mode/SFC 60-78, the Rep Payee Program will deliver 266,084 Service Days during FY14-15 as shown in Appendix B-2. This number is discounted by 10% for regular vacancies and 10% for HSPD vacancies during the FY14-15 HSDP ramp-up.

For BHS, MHSA and Work Order clients at a static capacity of 750 and a turnover rate of 10%, the unduplicated number of people served in FY14-15 is estimated at 825. For 60 HSPD clients, the program will serve 66 unduplicated clients. Total unduplicated clients will be 891.

6. Methodology

A. Outreach, recruitment, promotion, and advertisement:

All referrals will come from designated BHS and HSA programs.

B. Admission Criteria and Process:

For BHS Rep Payee clients, the program Case Managers will process referrals from the above sources at any of the Community Services Program sites to determine Social Security income eligibility and willingness to participate in Representative Payee services as mandated by Social Security or participate in voluntary money management services. Clients sign a Rep Payee Service Agreement and negotiate a monthly disbursement plan with their Case Manager. For each IMD referral, BHS will instruct IMDs to forward signed Rep Payee Service Agreements.

For MHSA clients, the Case Manager will interview applicants from the above sources at the Harrison Street office to determine Social Security income eligibility and willingness to participate in money management or Representative Payee services as mandated by the Social Security Administration. Clients sign a Rep Payee Service Agreement and negotiate a monthly disbursement plan with their Case Manager.

For HSA-Work Order clients, staff will collaborate with the SF HOT Team to coordinate referrals.

The HSPD pilot program will accept referrals only from DPH-authorized sources and enroll them in Rep Payee services immediately.

Regardless of the funding-source, all clients sign Rep Payee Service Agreement and negotiate a monthly disbursement plan with their assigned Case Manager.

As each continuing client is re-enrolled on July 1, 2014 for FY14-15 or subsequently referred and enrolled during FY14-15, services for each client will be tracked by the program in lieu of being opened in Avatar.

C. Service Delivery Model:

The service model is centered on the working relationship between the client and his or her Case Manager, whose primary function is that of Representative Payee. In this model, the Case Manager will:

- (1) Involve each client in his or her own service plan, which shall include an assessment and appropriate re-assessment of economic status.
- (2) Work closely as indicated with BHS clinicians to help keep clients stably housed and able to provide for themselves. Case managers will be available for case

conferences with BHS providers.

- (3) Assist clients in maintaining housing, including budgeting and coordinating with other services.
- (4) Meet regularly with clients and collaborate with staff of other programs that provide services to clients, including staff of the SF HOT Team and Outpatient Clinics.
- (5) Disburse checks directly and timely to each client's landlord and ensure timely payment of utility bills; disburse at least one check directly to each client for other expenses. Clients are eligible to receive as many as two checks per day.
- (6) For persons not already in housing, make housing referrals and placements, and mediate landlord—tenant disputes.
- (7) Enroll clients in available affordable housing opportunities for which they are eligible—including Conard House and other supportive or subsidized housing programs.
- (8) Provide only third-party Rep Payee services for clients residing in IMD facilities.

The BHS Rep Payee Program Administration will be located at Conard House, Inc. at 1385 Mission Street, San Francisco CA 94103.

Rep Payees will be located at these San Francisco service locations:

- Community Services North at 259 Hyde Street,
- Community Services South at 154 Ninth Street,
- Co-located at the SOMA Clinic at 760 Fourth Street and
- Ambassador Hotel at 55 Mason Street.

BHS, MHSA Rep Payee Case Managers at SOMA and South are normally on duty from 9:00 am to 5:00 pm, Monday through Friday, although their-duties may periodically take them off-site.

The HSA Work Order Rep Payee clients are served at Community Services North, South, SOMA and the Ambassador Hotel. Rep Payee Case Managers are normally on duty form 9:00 am to 5:00 pm, Monday through Friday, although their-duties may periodically take them off-site.

The HSPD clients are served at Community Services North, South or SOMA.

All staff is directed to call in the assistance of outside services providers when necessary, including police and psychiatric emergency services.

D. Exit Criteria and Process:

Clients are encouraged to become their own payees, that is, to be able to manage their own funds without the requirement from Social Security that they must have someone else manage their money.

The Case Manager shall notify the care manager and conservator (if conserved) of proposed discharge or service termination prior to such action in order to allow for collaborative problem solving and/or disposition planning. In rare instances when the service provider is unable due to circumstances to notify the care manager and conservator prior to such discharge or termination, the service provider shall notify the BHS Care Manager and conservator within 24 hours or the next workday.

The Case Manager shall notify Social Security Administration of discharge or service termination and shall comply with instructions from Social Security regarding the disposition of benefit balances in the client's account.

E. Program Staffing:

Personnel totaling 20.520 FTE for the Program consist of the following positions:

Position	FTE
• Director SHP/CS	0.19
• Associate Director	0.13
• Associate Director Operations	0.43
• Interim Associate Director	0.69
• Program Assistant	0.35
• Client Information Svc Manager	0.06
• FIU Account Manager	0.68
• FIU Messenger	0.45
• FIU Senior Account Manager	0.68
• Senior Program Director	3.00
• Senior Case Manager	1.00
• Case Manager	12.86

The Rep Payee staff is responsible for the tasks listed above in Section 6.

The Case Managers are responsible for maintaining an enrollment of up to 810 The FIU Account Managers are responsible for processing deposits and disbursement transactions on behalf of all Rep Payee clients. The Program Director provides

supervision to the Case Managers. Associate Directors supervise the Program Directors. The Director of Supportive Housing & Community Services (SH/CS) provides overall direction for the management and expansion of the program and supervision to the Program Directors.

Staffs in other agency Departments provide administrative direction for Rep Payee Services: The FIU-Account Supervisor provides direction and training for Account Managers maintaining client accounts and processing deposits and disbursements as well as train new Case Managers on the money management software and other accounting best practices. The Director of Finance delegates to the Accounting Manager supervision of the FIU Program Director and is responsible for overall cash management, financial internal controls and audit. The Program Assistant, CIS Manager collect data for reporting purposes.

7. Objectives and Measurements

“All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled BHS AOA Performance Objectives FY14-15.”

8. Continuous Quality Assurance and Improvement

A. Achievement of contract performance objectives.

Community Services Program Directors, Operations Director, and Director of Supportive Housing and Community Services meet bimonthly to discuss program operations and the collection of data to track performance objectives. Program Directors print quarterly reports and submit to the Operations Director for review and approval. Staff will continue to meet with the Social Security Administration weekly to process paperwork required to procure entitlement benefits.

B. Documentation quality, including a description of internal audits.

The Representative Payee Services require minimum documentation of clients' progress. However, Program Directors are aware of the documentation required by BHS and are in full compliance regarding confidentiality and release of information. Program Directors will conduct audits of files and money management binders quarterly and report results to the Director of Operations.

C. Cultural competency of staff and services.

The Cultural Competency Committee meets monthly to discuss program operations and plan for future trainings based on needs as discussed during the meeting.

D. Client satisfaction.

The Representative Payee programs participate in the annual survey per BHS dates and times. Operations Director and Director of Supportive Housing and Community Services will review program results and incorporate feedback to the program operations.

E. ANSA Outcome.

Together with Associate Directors and Program Directors of Outpatient Services, the Director of Clinical Services will review ANSA Outcome Data provided by BHS and will incorporate such data in program operations.

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

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

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

CONTRACTOR agrees that within that fiscal year, this initial payment of \$647,801 shall be deducted from invoices for services delivered from December 2012 to April 2013 for 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.

Budget Summary

Appendix B-1a & ab Outpatient Services

Appendix B-2 Rep Payee Services

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 **Fifty Four Million Four Hundred Seventy Four Thousand Seven Hundred Fifty Four Million Fifty Nine Thousand Nine Hundred Seventy Seven Dollars (\$54,059,977) for the period of July 1, 2010 through December 31, 2017.**

CONTRACTOR understands that, of this maximum dollar obligation, \$1,741,692 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and 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.

July 1, 2010 through December 31, 2010 (BPHM07000066)	\$3,567,392
January 1, 2011 through June 30, 2011	\$3,567,391
July 1, 2011 through June 30, 2012	\$6,584,492
July 1, 2012 through June 30, 2013	\$6,706,150
July 1, 2013 through June 30, 2014	\$6,809,090
July 1, 2014 through June 30, 2015	\$6,911,475
July 1, 2015 through June 30, 2016	\$7,084,262
July 1, 2016 through June 30, 2017	\$7,429,836
July 1, 2017 through December 31, 2017	\$3,628,525
July 1, 2010 through December 31, 2017	\$52,318,285
Contingency	\$1,741,692
G. Total:	\$54,059,977

(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.

	A	B	C	D	E	F	G	H
1	DPH 1: Department of Public Health Contract Budget Summary							
2	DHCS Legal Entity Number (MH): 342			Prepared By/Phone #: Richard Heasley		scal Year: FY15-16		
3	DHCS Legal Entity Name (MH)/Contractor Name (SA): CONARD HOUSE, INC.			Date: 7/1/2015		Appendix B page 4		
4	Contract CMS # (CDTA use only):							
5	Contract Appendix Number:	B-1 A	B-1 B	B-2	B-#	B-#	B-#	
6	Appendix A/Provider Name:	CONARD HOUSE, INC.	CONARD HOUSE, INC.	CONARD HOUSE, INC.				
7	Provider Number	8949	8949	8949				
8	Program Code(s)	89492	8949SH	8949RP				
9	FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	-/- _ -/-	-/- _ -/-	-/- _ -/-	TOTAL
10	FUNDING USES							
11	Salaries & Employee Benefits:	1,741,105	843,391	1,170,194				3,754,690
12	Operating Expenses:	417,205	1,675,804	323,261				2,416,270
13	Capital Expenses:	-	-	-				-
14	Subtotal Direct Expenses:	2,158,310	2,519,195	1,493,455	-	-	-	6,170,960
15	Indirect Expenses:	258,997	302,303	179,215				740,515
16	Indirect %:	12%	12%	12%	0%	0%	0%	12%
17	TOTAL FUNDING USES	2,417,307	2,821,498	1,672,670	-	-	-	6,911,475
18					Employee Fringe Benefits %:			33.59%
19	BHS MENTAL HEALTH FUNDING SOURCES							
20	MH FED - SDMC Regular FFP (50%)	1,127,076						1,127,076
21	MH STATE - 1991 MH Realignment	1,244,615						1,244,615
22	MH COUNTY - General Fund	45,616	2,682,158	491,965				3,219,739
23	HUH - General Fund							-
24	MH WORK ORDER - HSA Rep Payee Program			888,093				888,093
25	MH COUNTY - Work Order CODB			13,321				13,321
26	MH COUNTY - General Fund (DEAP-SSI)			215,000				215,000
27	MH STATE - MHSA (CSS)			64,291				64,291
28	TOTAL BHS MENTAL HEALTH FUNDING SOURCES	2,417,307	2,682,158	1,672,670	-	-	-	6,772,135
29	BHS SUBSTANCE ABUSE FUNDING SOURCES							
30								-
31								-
32								-
33								-
34								-
35								-
36	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-	-
37	OTHER DPH FUNDING SOURCES							
38	HUH - General Fund		139,340					139,340
39								
40								
41								-
42	TOTAL OTHER DPH FUNDING SOURCES	-	139,340	-	-	-	-	139,340
43	TOTAL DPH FUNDING SOURCES	2,417,307	2,821,498	1,672,670	-	-	-	6,911,475
44	NON-DPH FUNDING SOURCES							
45								
46	TOTAL NON-DPH FUNDING SOURCES	-	-	-	-	-	-	-
47	TOTAL FUNDING SOURCES (DPH AND NON-DPH)	2,417,307	2,821,498	1,672,670	-	-	-	6,911,475
48								
49								
50	CHECK: FUNDING USES = FUNDING SOURCES (Sho	0	(0)	0	0	0	0	(0)

	A	B	C	D	E	F	G	H	I	J
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)									
2	DHCS Legal Entity Name (MH)/Contractor Name (SA): 342						Appendix/Page #: B-1a, Page 1			
3	Provider Name: CONARD HOUSE, INC.						Document Date: 7/1/2015			
4	Provider Number: 8949						Fiscal Year: FY15-16			
5	Program Name:		Outpatient	Outpatient	Outpatient					
6	Program Code (formerly Reporting Unit):		89492	89492	89492					
7	Mode/SFC (MH) or Modality (SA):		15/01-09	15/10-57, 59	15/70-79					
8	Service Description:		#REF!	#REF!	#REF!	0	0			TOTAL
9	FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	-	-			
10	FUNDING USES									
11	Salaries & Employee Benefits:		88,259	1,630,482	22,364					1,741,105
12	Operating Expenses:		21,149	390,697	5,359					417,205
13	Capital Expenses (greater than \$5,000):									-
14	Subtotal Direct Expenses:		109,408	2,021,179	27,723	-	-			2,158,310
15	Indirect Expenses:		13,129	242,541	3,327					258,997
16	TOTAL FUNDING USES:		122,537	2,263,720	31,050	-	-			2,417,307
17	BHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:							
18	MH FED - SDMC Regular FFP (50%)		HMHMCC730515	57,133	1,055,466	14,477				1,127,076
19	MH STATE - 1991 MH Realignment		HMHMCC730515	63,091	1,165,537	15,987				1,244,615
20	MH COUNTY - General Fund		HMHMCC730515	2,313	42,717	586				45,616
21										-
22										-
23										-
24	TOTAL BHS MENTAL HEALTH FUNDING SOURCES			122,537	2,263,720	31,050	-	-		2,417,307
25	BHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:							
26										-
27										-
28										-
29										-
30										-
31	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-		-
32	OTHER DPH FUNDING SOURCES		Index Code/Project Detail/CFDA#:							
33										-
34										-
35										-
36	TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-		-
37	TOTAL DPH FUNDING SOURCES			122,537	2,263,720	31,050	-	-		2,417,307
38	NON-DPH FUNDING SOURCES									
39										-
40	TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-		-
41	TOTAL FUNDING SOURCES (DPH AND NON-DPH)			122,537	2,263,720	31,050	-	-		2,417,307
42	BHS UNITS OF SERVICE AND UNIT COST									
43	Number of Beds Purchased (if applicable)									
44	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)									
45	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program									
46	Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS	FFS					
47	DPH Units of Service:		52,818	754,573	6,962					814,353
48	Unit Type:		#REF!	#REF!	#REF!	0	0			
49	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		2.32	3.00	4.46					
50	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		2.32	3.00	4.46	0.00	0.00			
51	Published Rate (Medi-Cal Providers Only):		2.32	3.00	4.46					Total UDC:
52	Unduplicated Clients (UDC):		29	529	7					565
55	CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)		0	0	0	0	0			0
56	FORMULA DPH RATE		2.32	3.00	4.46	-	-			
57	CHECK: DPH RATE row 49 = row 56) Should be ZERO		0	0	0	0	0			0

DPH 3: Salaries & Benefits Detail

Program Code: 89492
 Program Name: Outpatient
 Document Date: 7/1/15

Appendix #: B-1a
 Page #: 2

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	DPH 3: Salaries & Benefits Detail												
2	Program Code: 89492						Appendix #: B-1a						
3	Program Name: Outpatient						Page #: 2						
4	Document Date: 7/1/15												
5													
6		TOTAL		MH COUNTY - General Fund HMHMCC730515		Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
7		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:		Term:	
8	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
9	Director Of Clinical Services	0.786	\$ 68,411.82	0.786	68,412								
10	Director SHP/CS	0.555	\$ 43,115.92	0.555	43,116								
11	Director Supportive Employment	0.000	\$ -	0.000	0								
12	Associate Clinical Director	1.417	\$ 108,547.58	1.417	108,548								
13	Associate Director	1.417	\$ 87,400.94	1.417	87,401								
14	Associate Director Operations	0.405	\$ 25,457.46	0.405	25,457								
15	Associate Director Plaza Program	0.709	\$ 47,243.21	0.709	47,243								
16	Executive Assistant	0.310	\$ 17,679.72	0.310	17,680								
17	Interim Associate Director	0.146	\$ 8,980.86	0.146	8,981								
18	Program Assistant	0.333	\$ 10,435.51	0.333	10,436								
19	Client Information Svc Manager	0.340	\$ 15,491.72	0.340	15,492								
20	Health Navigator	0.709	\$ 28,517.68	0.709	28,518								
21	Intake Coordinator	0.709	\$ 34,030.19	0.709	34,030								
22	FIU Account Manager	0.000	\$ -	0.000	0								
23	FIU Messenger	0.000	\$ -	0.000	0								
24	FIU Senior Account Manager	0.000	\$ -	0.000	0								
25	Program Director	1.488	\$ 71,891.51	1.488	71,892								
26	Senior Program Director	1.417	\$ 77,045.49	1.417	77,045								
27	Senior Case Manager	0.709	\$ 28,886.13	0.709	28,886								
28	Senior Case Manager (Plaza)	0.709	\$ 31,967.61	0.709	31,968								
29	Case Manager	12.470	\$ 495,878.74	12.470	495,879								
30	Fill In Counselor	0.354	\$ 14,472.82	0.354	14,473								
31	Counselor	2.126	\$ 95,843.30	2.126	95,843								
32		0.000											
33		0.000											
34	Totals:	27.107	\$1,311,298	27.107	\$1,311,298	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
35													
36													
37													
38	Employee Fringe Benefits:	32.78%	\$ 429,807.00	32.78%	429,807	0.00%		0.00%		0.00%		0.00%	
39													
40													
41	TOTAL SALARIES & BENEFITS		\$1,741,105		\$1,741,105		\$0		\$0		\$0		\$0

	A	B	C	D	E	F	G
1	DPH 4: Operating Expenses Detail						
2	Program Code: 89492				Appendix #: B-1a		
3	Program Name: Outpatient				Page #: 3		
4	Document Date: 7/1/15						
5							
6	Expenditure Categories & Line Items	TOTAL	MH COUNTY - General Fund HMHMCC730515	Funding Source 1 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
7		7/1/15-6/30/16	7/1/15-6/30/16	Term: _____	Term: _____	Term: _____	Term: _____
8	Occupancy:						
9	Rent	\$ 201,918	\$ 201,918				
10	Utilities(telephone, electricity, water, gas)	\$ 47,240	\$ 47,240				
11	Building Repair/Maintenance	\$ 666	\$ 666				
12	Materials & Supplies:						
13	Office Supplies	\$ 39,880	\$ 39,880				
14	Photocopying	\$ -					
15	Printing	\$ -					
16	Program Supplies	\$ -					
17	Computer hardware/software	\$ -					
18	General Operating:						
19	Training/Staff Development	\$ 11,728	\$ 11,728				
20	Insurance	\$ 42,168	\$ 42,168				
21	Professional License	\$ -					
22	Permits	\$ -					
23	Equipment Lease & Maintenance	\$ 34,554	\$ 34,554				
24	Staff Travel:						
25	Local Travel	\$ -					
26	Out-of-Town Travel	\$ -					
27	Field Expenses	\$ -					
28	Consultant/Subcontractor:						
29		\$ -	\$ -				
30	CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
31	CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
32	(add more Consultant lines as necessary)						
33	Other:						
34		\$ -					
35	Client Services [food, transportation, activities fund]	\$ 39,051	\$ 39,051				
36		\$ -					
37		\$ -					
38		\$ -					
39		\$ -					
40							
41	TOTAL OPERATING EXPENSE	\$ 417,205	\$ 417,205	\$ -	\$ -	\$ -	\$ -

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA): 342						Appendix/Page #: B-1b, Page 1	
3	Provider Name: CONARD HOUSE, INC.						Document Date: 7/1/2015	
4	Provider Number: 8949						Fiscal Year: FY15-16	
5	Program Name:		Supportive Housing	Supportive Housing				
6	Program Code (formerly Reporting Unit):		8949 SH	8949 SH				
7	Mode/SFC (MH) or Modality (SA)		60/78	60/78				
8	Service Description:		#REF!	#REF!	0	0	0	TOTAL
9	FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16	-	-	-	
10	FUNDING USES							
11	Salaries & Employee Benefits:		732,626	110,765				843,391
12	Operating Expenses:		1,662,158	13,646				1,675,804
13	Capital Expenses (greater than \$5,000):							-
14	Subtotal Direct Expenses:		2,394,784	124,411	-	-	-	2,519,195
15	Indirect Expenses:		287,374	14,929				302,303
16	TOTAL FUNDING USES:		2,682,158	139,340	-	-	-	2,821,498
17	BHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
19	MH COUNTY - General Fund		HMHMCC730515	2,682,158				2,682,158
20								-
21								-
22								-
23								-
24	TOTAL BHS MENTAL HEALTH FUNDING SOURCES			2,682,158	-	-	-	2,682,158
25	BHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
26								-
27								-
28								-
30								-
31	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
32	OTHER DPH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
33	HUH - General Fund		HCHSHHOUSGGF		139,340			139,340
34								-
35								-
36	TOTAL OTHER DPH FUNDING SOURCES			-	139,340	-	-	139,340
37	TOTAL DPH FUNDING SOURCES			2,682,158	139,340	-	-	2,821,498
38	NON-DPH FUNDING SOURCES							
39								-
40	TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
41	TOTAL FUNDING SOURCES (DPH AND NON-DPH)			2,682,158	139,340	-	-	2,821,498
42	BHS UNITS OF SERVICE AND UNIT COST							
43	Number of Beds Purchased (if applicable)							
44	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
45	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
46	Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS	FFS				
47	DPH Units of Service:		144,585	7,511				152,096
48	Unit Type:		Client Day	Client Day	0	0	0	
49	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		18.55	18.55				
50	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		18.55	18.55	0.00	0.00	0.00	
51	Published Rate (Medi-Cal Providers Only):							Total UDC:
52	Unduplicated Clients (UDC):		383	122				505
53								
54								
55	CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)		(0)	0	0	0	0	(0)
56	FORMULA DPH RATE		18.55	18.55	-	-	-	
57	CHECK: DPH RATE row 49 = row 56) Should be ZERO		0	0	0	0	0	0

DPH 3: Salaries & Benefits Detail

Program Code: 8949 SH
 Program Name: Supportive Housing
 Document Date: 7/1/15

Appendix #: B-1b
 Page #: 2

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	DPH 3: Salaries & Benefits Detail												
2	Program Code: 8949 SH										Appendix #: B-1b		
3	Program Name: Supportive Housing										Page #: 2		
4	Document Date: 7/1/15												
5													
6		TOTAL		MH COUNTY - General Fund HMHMCC730515		HUH - General Fund HCHSHHOUSGGF		Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
7		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term: 7/1/15-6/30/16		Term:		Term:		Term:	
8	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
9	Director Of Clinical Services	0.214	\$ 28,140.18	0.195	25,599	0.019	2,541						
10	Director SHP/CS	0.151	\$ 17,735.08	0.138	16,194	0.013	1,541						
11	Director Supportive Employment	1.000	\$ 62,752.00	1.000	62,752	0.000	0						
12	Associate Clinical Director	0.583	\$ 44,649.42	0.557	42,633	0.026	2,016						
13	Associate Director	0.583	\$ 35,951.06	0.583	35,951	0.000	0						
14	Associate Director Operations	0.167	\$ 10,471.54	0.152	9,525	0.015	946						
15	Associate Director Plaza Program	0.291	\$ 19,432.79	0.081	5,920	0.211	13,513						
16	Executive Assistant	0.128	\$ 7,272.28	0.128	7,272	0.000	0						
17	Interim Associate Director	0.060	\$ 3,694.14	0.046	2,836	0.014	858						
18	Program Assistant	0.137	\$ 4,292.49	0.125	3,905	0.012	387						
19	Client Information Svc Manager	0.200	\$ 9,105.28	0.187	8,530	0.013	575						
20	Health Navigator	0.291	\$ 11,730.32	0.081	3,256	0.211	8,475						
21	Intake Coordinator	0.291	\$ 13,997.81	0.291	13,998	0.000	0						
22	FIU Account Manager	0.206	\$ 7,651.00	0.158	5,873	0.048	1,778						
23	FIU Messenger	0.640	\$ 15,896.00	0.582	14,460	0.058	1,436						
24	FIU Senior Account Manager	0.206	\$ 8,507.00	0.158	6,530	0.048	1,977						
25	Program Director	0.612	\$ 29,571.49	0.612	29,571	0.000	0						
26	Senior Program Director	0.583	\$ 31,691.51	0.557	30,260	0.026	1,431						
27	Senior Case Manager	0.291	\$ 11,881.87	0.291	11,882	0.000	0						
28	Senior Case Manager (Plaza)	0.291	\$ 13,149.39	0.081	3,650	0.211	9,500						
29	Case Manager	5.130	\$ 203,972.26	4.261	167,360	0.869	36,613						
30	Fill In Counselor	0.146	\$ 5,953.18	0.146	5,953	0.000	0						
31	Counselor	0.874	\$ 39,423.70	0.874	39,424	0.000	0						
32		0.000											
33		0.000											
34	Totals:	13.075	\$636,922	11.283	\$553,335	1.793	\$83,587	0.00	\$0	0.00	\$0	0.00	\$0
35													
36													
37													
38	Employee Fringe Benefits:	32.42%	\$ 206,469.00	32.40%	179,291	32.51%	27,178	0.00%		0.00%		0.00%	
39													
40													
41	TOTAL SALARIES & BENEFITS		\$843,391		\$732,626		\$110,765		\$0		\$0		\$0

	A	B	C	D	E	F	G
1	DPH 4: Operating Expenses Detail						
2	Program Code: 8949 SH					Appendix #:	B-1b
3	Program Name: Supportive Housing					Page #	3
4	Document Date: 7/1/15						
5							
6	Expenditure Categories & Line Items	TOTAL	MH COUNTY - General Fund HMHMCC730515	HUH - General Fund HCHSHHOUSSGGF	Funding Source 2 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 3 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
7		Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: _____	Term: _____	Term: _____
8	Occupancy:						
9	Rent	\$ 92,057	\$90,838	\$1,219			
10	Utilities(telephone, electricity, water, gas)	\$ 25,254	\$22,953	\$2,301			
11	Building Repair/Maintenance	\$ 9,661	\$9,032	\$629			
12	Materials & Supplies:						
13	Office Supplies	\$ 19,188	\$16,841	\$2,347			
14	Photocopying	\$ -					
15	Printing	\$ -					
16	Program Supplies	\$ -					
17	Computer hardware/software	\$ -					
18	General Operating:						
19	Training/Staff Development	\$ 7,962	\$7,288	\$674			
20	Insurance	\$ 17,561	\$17,289	\$272			
21	Professional License	\$ -					
22	Permits	\$ -					
23	Equipment Lease & Maintenance	\$ 15,215	\$13,687	\$1,528			
24	Staff Travel:						
25	Local Travel	\$ -					
26	Out-of-Town Travel	\$ -					
27	Field Expenses	\$ -					
28	Consultant/Subcontractor:						
29		\$ -					
30	CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
31	CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -					
32	(add more Consultant lines as necessary)						
33	Other:						
34	Legal Services [client related]	\$ 10,728	\$9,076	\$1,652			
35	Client Services [food, transportation, activities fund]	\$ 8,382	\$6,780	\$1,602			
36	Client Services [check cashing, bank analysis fee, data s	\$ 7,681	\$6,259	\$1,422			
37	Operating Subsidies	\$ 1,462,115	\$1,462,115	-			
38							
41							
42	TOTAL OPERATING EXPENSE	\$ 1,675,804	\$ 1,662,158	\$ 13,646	\$ -	\$ -	\$ -

	A	B	C	D	E	F	G	H
1	DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)							
2	DHCS Legal Entity Name (MH)/Contractor Name (SA): 342						Appendix/Page #: B-2, Page 1	
3	Provider Name: CONARD HOUSE, INC.						Document Date: 7/1/2015	
4	Provider Number: 8949						Fiscal Year: FY15-16	
5	Program Name:		REP PAYEE					
6	Program Code (formerly Reporting Unit):		8949 RP					
7	Mode/SFC (MH) or Modality (SA)		60/78					
8	Service Description:		#REF!	0	0	0	0	TOTAL
9	FUNDING TERM:		7/1/15-6/30/16	-	-	-	-	
10	FUNDING USES							
11	Salaries & Employee Benefits:		1,170,194					1,170,194
12	Operating Expenses:		323,261					323,261
13	Capital Expenses (greater than \$5,000):							-
14	Subtotal Direct Expenses:		1,493,455	-	-	-	-	1,493,455
15	Indirect Expenses:		179,215					179,215
16	TOTAL FUNDING USES:		1,672,670	-	-	-	-	1,672,670
17	BHS MENTAL HEALTH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
19	MH COUNTY - General Fund		HMHMCC730515	491,965				491,965
20	MH WORK ORDER - HSA Rep Payee Program		HMHMREPPAYWO	888,093				888,093
21	MH COUNTY - Work Order CODB		HMHMCC730515	13,321				13,321
22	MH COUNTY - General Fund (DEAP-SSI)		HMHMDEAP-SSI	215,000				215,000
23	MH STATE - MSA (CSS)		PMHS63-1505	64,291				64,291
24								-
25								-
26	TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,672,670	-	-	-	-	1,672,670
27	BHS SUBSTANCE ABUSE FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
28								-
29								-
30								-
32								-
33	TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	-	-
34	OTHER DPH FUNDING SOURCES		Index Code/Project Detail/CFDA#:					
35								-
36								-
37								-
38	TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-
39	TOTAL DPH FUNDING SOURCES		1,672,670	-	-	-	-	1,672,670
40	NON-DPH FUNDING SOURCES							
41								-
42	TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-
43	TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,672,670	-	-	-	-	1,672,670
44	BHS UNITS OF SERVICE AND UNIT COST							
45	Number of Beds Purchased (if applicable)							
46	Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
47	Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
48	Cost Reimbursement (CR) or Fee-For-Service (FFS):		FFS					
49	DPH Units of Service:		266,085					
50	Unit Type:		Client Day	0	0	0	0	
51	Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		6.29					
52	Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES):		6.29	0.00	0.00	0.00	0.00	
53	Published Rate (Medi-Cal Providers Only):							Total UDC:
54	Unduplicated Clients (UDC):		891					891
55								
56								
57	CHECK: FUNDING USES = FUNDING SOURCES (Should always be ZERO)			0	0	0	0	0
58	FORMULA DPH RATE			6.29	-	-	-	-
59	CHECK: DPH RATE row 49 = row 56) Should be ZERO			0	0	0	0	0

DPH 3: Salaries & Benefits Detail

Program Code: 8949 RP
 Program Name: REP PAYEE
 Document Date: 7/1/15

Appendix #: B-2
 Page #: 2

6	7	TOTAL		MH COUNTY - General Fund HMHMCC730515		MH WORK ORDER - HSA Rep Payee Program HMHMREPPAYWO		General Fund (DEAP-SSI) HMHMDEAP-SSI		MH STATE - MHSA (CSS) PMHS63-1505		Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)	
		Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term:	Term:		
8	Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
9	Director Of Clinical Services	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
10	Director SHP/CS	0.194	\$ 16,705.00	0.042	4,994	0.108	9,303	0.044	2,408	0.000	0		
11	Director Supportive Employment	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
12	Associate Clinical Director	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
13	Associate Director	0.130	\$ 8,017.00	0.000	2,922	0.000	0	0.130	5,095	0.000	0		
14	Associate Director Operations	0.429	\$ 26,938.00	0.080	7,872	0.206	12,928	0.072	2,856	0.072	3,282		
15	Associate Director Plaza Program	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
16	Executive Assistant	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
17	Interim Associate Director	0.689	\$ 42,519.00	0.150	12,452	0.386	23,811	0.112	4,382	0.042	1,874		
18	Program Assistant	0.353	\$ 11,044.00	0.066	3,227	0.169	5,304	0.059	1,169	0.059	1,344		
19	Client Information Svc Manager	0.060	\$ 2,733.00	0.017	764	0.043	1,969	0.000	0	0.000	0		
20	Health Navigator	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
21	Intake Coordinator	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
22	FIU Account Manager	0.681	\$ 25,359.00	0.148	7,431	0.380	14,152	0.112	2,645	0.042	1,131		
23	FIU Messenger	0.448	\$ 11,126.00	0.125	3,112	0.323	8,014	0.000	0	0.000	0		
24	FIU Senior Account Manager	0.681	\$ 28,192.00	0.148	8,261	0.380	15,733	0.112	2,941	0.042	1,257		
25	Program Director	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
26	Senior Program Director	3.000	\$ 155,595.00	0.559	47,921	1.441	74,716	1.000	32,958	0.000	0		
27	Senior Case Manager	1.000	\$ 41,368.00	0.000	15,080	0.000	0	1.000	26,288	0.000	0		
28	Senior Case Manager (Plaza)	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
29	Case Manager	12.855	\$ 492,847.00	2.757	143,934	7.098	272,544	2.000	48,377	1.000	27,992		
30	Fill In Counselor	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
31	Counselor	0.000	\$ -	0.000	0	0.000	0	0.000	0	0.000	0		
32		0.000											
33													
34	Totals:	20.520	\$ 862,443.00	4.091	\$ 257,970.00	10.534	\$ 438,474.00	4.640	\$ 129,119.00	1.255	\$ 36,880.00	0.00	\$ 0
35													
36													
37													
38	Employee Fringe Benefits:	35.68%	\$ 307,751.00	35.63%	91,905	35.87%	157,293	34.86%	45,008	36.73%	13,545	0.00%	
39													
40													
41	TOTAL SALARIES & BENEFITS		\$1,170,194		\$349,875		\$595,767		\$174,127		\$50,425		\$0

	A	B	C	D	E	F	G
1	DPH 4: Operating Expenses Detail						
2	Program Code: 8949 RP				Appendix #: B-2		
3	Program Name: REP PAYEE				Page #: 3		
4	Document Date: 7/1/15						
5							
6	Expenditure Categories & Line Items	TOTAL	MH COUNTY - General Fund HMHMCC730 515	MH WORK ORDER - HSA Rep Payee Program HMHMREPPA YWO	General Fund (DEAP-SSI) HMHMDEAP- SSI	MH STATE - MHSA (CSS) PMHS63-1505	Funding Source 4 (Include Funding Source Name and Index Code/Project Detail/CFDA#)
7		Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: 7/1/15-6/30/16	Term: _____
8	Occupancy:						
9	Rent	\$ 105,324	\$ 31,481	\$ 57,477	\$ 15,251	\$ 1,115	
10	Utilities(telephone, electricity, water, gas)	\$ 33,643	\$ 9,531	\$ 22,551	\$ 957	\$ 604	
11	Building Repair/Maintenance	\$ 30,208	\$ 8,661	\$ 19,929	\$ 1,589	\$ 29	
12	Materials & Supplies:						
13	Office Supplies	\$ 32,548	\$ 9,189	\$ 21,856	\$ 730	\$ 773	
14	Photocopying	\$ -					
15	Printing	\$ -					
16	Program Supplies	\$ -					
17	Computer hardware/software	\$ -					
18	General Operating:						
19	Training/Staff Development	\$ 4,355	\$ 1,233	\$ 2,868	\$ 123	\$ 131	
20	Insurance	\$ 2,965	\$ 828	\$ 2,032	\$ -	\$ 105	
21	Professional License	\$ -					
22	Permits	\$ -					
23	Equipment Lease & Maintenance	\$ 17,810	\$ 5,022	\$ 12,229	\$ 326	\$ 233	
24	Staff Travel:						
25	Local Travel	\$ -					
26	Out-of-Town Travel	\$ -					
27	Field Expenses	\$ -					
28	Consultant/Subcontractor:						
29		\$ -					
30		\$ -					
31	King Security \$30/hr @ 100 hrs; Robert Hendrickson \$110/hr x 5 hrs	\$ 3,692	\$ 1,038	\$ 2,593	\$ 39	\$ 22	
32	(add more Consultant lines as necessary)						
33	Other:						
34	Legal Fees [client related]	\$ 1,913	\$ 534	\$ 1,324	\$ -	\$ 55	
35	Client Services [food, transportation, activities fund]	\$ 2,804	\$ 783	\$ 1,895	\$ 5	\$ 121	
36	Client Services [check cashing, bank analysis, data]	\$ 87,999	\$ 24,583	\$ 59,478	\$ 150	\$ 3,788	
37		\$ -					
41							
42	TOTAL OPERATING EXPENSE	\$ 323,261	\$ 92,883	\$ 204,232	\$ 19,170	\$ 6,976	\$ -

	A	B	C	D
1	DPH 7: Contract-Wide Indirect Detail			
2	Contractor Name/Program Name:	Outpatient		
3	Document Date:	7/1/2015	Appendix B page 5	
4	Fiscal Year:	FY15-16		
5				
6	1. SALARIES & BENEFITS			
7		Position Title	FTE	Salaries
8		Accounting Manager	0.554	32,170
9		Accounting Manager	0.554	32,171
10		Accounts Payable Accountant	0.554	24,644
11		Budget Manager	0.554	37,784
12		Client Information Svc Manager	0.072	3,282
13		Controller	0.554	42,623
14		Director Administrative Svcs	0.554	48,250
15		Director of Finance	0.554	51,868
16		Director Of Real Estate	0.055	5,845
17		Executive Assistant	0.242	13,827
18		Executive Director	0.554	83,954
19		FIU Messenger	0.072	1,781
20		Human Resources Manager	0.554	25,243
21		Payroll Accountant	0.661	33,459
22		Planning Associate Temp	0.277	12,841
23		Program Assistant	0.554	17,013
24		Temporary Program Assistant	0.166	4,129
25	SUBTOTAL SALARIES			\$ 470,884
26	EMPLOYEE FRINGE BENEFITS			25.6052% \$ 120,571
27	TOTAL SALARIES & BENEFITS			\$ 591,455
28				
29				
30	2. OPERATING COSTS			
31	Expense line item:			Amount
32		Management Fees		17,392
33		Legal Fees		1,440
34		Audit Fees		9,970
35		Accounting\Bookkeeping\Accounting Systems		24,032
36		Insurance		4,802
37		Rent		24,293
38		Utilities		5,214
39		Telephone		4,952
40		Maintenance and Repairs		1,774
41		Equipment Rental		5,441
42		Office Expense and Supplies		36,666
43		Travel and Training		13,084
44	TOTAL OPERATING COSTS			\$ 149,060
45				
46	TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs)			\$ 740,515

Appendix F
Invoice

June 17, 2009

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

Appendix F
PAGE A

Control Number

Contractor: Conard House

Address: 1385 Mission Street, San Francisco, CA 94103

Tel No.: (415) 864-7833

Fax No.: (415) 885-2344

Funding Term: 07/01/2015 - 06/30/2016

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER : M01 JL 15

Ct.Blanket No.: BPHM TBD

Ct.PO. No.: POHM DPHM14000049

Fund Source: General Fund

Invoice Period : July 2015

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-1A Outpatient Services PC# - 89492												
15/ 01 - 09 15-01 Case Management Brokerage	52,475				\$ 2.02	\$ -						
15/ 10 - 57 , 15-10, 30, 40, 50 MH Services	946,939				\$ 2.61	\$ -						
15/ 10 - 59 . 15-70 Crisis Intervention	6,783				\$ 3.88	\$ -						
B-1B Supportive Housing PC# - 8949 SH												
60/ 78 Other Non-Medi-Cal Client Support Exp	158,314				\$ 16.57	\$ -						
B-2 REP PAYEE PC# - 8949 RP												
60/ 78 Other Non-Medi-Cal Client Support Exp	24,631				\$ 7.81	\$ -						
TOTAL	1,189,142		0.000				0.000		0.00%		0.000	

Budget Amount	Expenses To Date	% of Budget	Remaining Budget
\$ 5,604,751.00	\$ -	0.00%	\$ 5,604,751.00

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

NOTES:

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

Signature: _____ Date: _____

Title: _____

Send to:

Community Programs Budget/ Invoice Analyst
1380 Howard St., 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

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

Appendix F
 PAGE A

Control Number

INVOICE NUMBER:

Contractor: Conard House

Cl.Blanket No.: BPHM

Address: 149 Ninth St., 4th Floor, San Francisco, CA 94103

CBHS

Cl. PO No.: POHM User Cd

Tel No.: (415) 864-7833

Fund Source:

Fax No.: (415) 885-2344

Invoice Period:

Funding Term: 07/01/2015 - 06/30/2016

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

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

*Unduplicated Counts for AIDS Use Only.

DELIVERABLES Program Name/Reptg. Unit Modality/Mode # - Svc Func (MH Only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-2 REP PAYEE PC# - 8949 RP												
91Other Non-MediCal Client Support Exp	27,529		2,945.000		\$ 7.81							
TOTAL	27,529		2,945.000				0.000		0.00%		0.000	
	Budget Amount		\$ 215,000.00				Expenses To Date		% of Budget		Remaining Budget	
							\$ -		0.00%		\$ 215,000.00	

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

NOTES:

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

Signature: _____ Date: _____
 Title: _____

Send to:
 Community Programs Budget/ Invoice Analyst
 1380 Howard St., 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory

 Date

**BUSINESS AUTO COVERAGE
ADDITIONAL INSURED/LOSS PAYEE EXTENSION**

POLICY NUMBER: 2015-08163-NPO

Schedule AI

Page 2

NAME OF INSURED: Conard House, Inc.*

*SEE SCHEDULE NI FOR FULL NAMED INSURED

**ADDITIONAL INSURED /
LOSS PAYEE**

Additional Insured - NIAC A1

City & County Of San Francisco Mayor's Office of Housing
& Community Development
1 S. Van Ness Ave., 5th Floor
San Francisco, CA 94103

As respects vehicle(s): N/A

Additional Insured - NIAC A1

City & County Of San Francisco Mayor's Office of Housing
& Community Development
One South Van Ness Ave., 5th Floor
San Francisco, CA 94103

As respects vehicle(s): N/A

Additional Insured - NIAC A1

City & County Of San Francisco Dept. of Public Health
Contract Office, 4th Floor
1380 Howard Street
San Francisco, CA 94103

As respects vehicle(s): N/A

Additional Insured - NIAC A1

City & County Of San Francisco Dept. of Public Health
Office of Contract Management
101 Grove Street, Room 307
San Francisco, CA 94102

As respects vehicle(s): N/A


Additional Insured - NIAC A1

City & County Of San Francisco, San Francisco
Redevelopment Agency, Attn: Brooke Barber
One S. Van Ness Ave., 5th Floor
San Francisco, CA 94103

As respects vehicle(s): N/A

COUNTERSIGNED: 02/20/2015

BY



(AUTHORIZED REPRESENTATIVE)

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

Name Of Additional Insured Person(s) Or Organization(s)

Any person or organization that you are required to add as an additional insured on this policy, under a written contract or agreement currently in effect, or becoming effective during the term of this policy, and for which a certificate of insurance naming such person or organization as additional insured has been issued, but only with respect to their liability arising out of their requirements for certain performance placed upon you, as a nonprofit organization, in consideration for funding or financial contributions you receive from them. The additional insured status will not be afforded with respect to liability arising out of or related to your activities as a real estate manager for that person or organization.

City & County of San Francisco, Its Officers, Agents & Employees

Information required to complete this Schedule, if not shown above, will be shown in the Declarations.

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

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



Arthur J. Gallagher & Co. Insurance Brokers of CA., Inc.
505 N Brand Blvd, Suite 600
Glendale CA 91203
USA

004795



City & County of San Francisco
Dept. Of Public Health
1380 Howard St Ste 1000
San Francisco CA 94103-2639





RE: Quality Comp, Inc. – Group Workers' Compensation Program

To Whom It May Concern:

As proof of workers' compensation coverage, I would like to provide you with the attached Certificate of Consent to Self-Insure issued to Quality Comp, Inc. by the Department of Industrial Relations, Office of Self-Insurance Plans. This Certificate carries an effective date of December 1, 2004 and does not have an expiration date. The Quality Comp, Inc. program has excess insurance coverage with NY Marine & General Insurance Company (NY-MAGIC). NY-MAGIC is a fully licensed and admitted writer of Excess Workers' Compensation Insurance in the State of California. The company is rated "A" Category "VIII" by A.M. Best & Company (NAIC#16608).

Specific Excess Insurance

Excess Workers' Compensation: Statutory per occurrence excess of \$500,000
Employers Liability: \$1,000,000 Limit

Term of Coverage

Effective Date: January 1, 2015
Expiration: January 1, 2016

Please contact me if you should have any questions or require additional information. Thank you.

Sincerely,

Jacqueline Harris
Director of Underwriting

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

NUMBER 4515

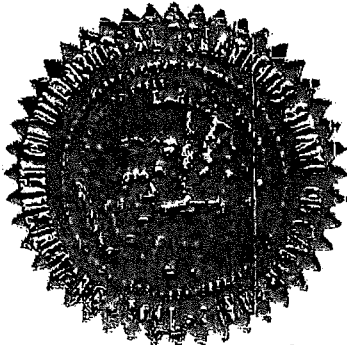
CERTIFICATE OF CONSENT TO SELF-INSURE

Quality Comp, Inc.

THIS IS TO CERTIFY, That (a CA corporation)

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-Insure.

This certificate may be revoked at any time for good cause shown.*



EFFECTIVE:

THE 1st DAY OF December 2004

Mark T. Johnson
MARK T. JOHNSON

MANAGER

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA

John M. Rea
JOHN M. REA

DIRECTOR

* Revocation of Certificate.—“A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of the solvency of such employer, the inability of the employer to fulfill his obligations, or the practice by such employer or his agent in charge of the administration of obligations under this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him.” (Section 3702 of Labor Code.) The Certificate may be revoked for noncompliance with Title 8, California Administrative Code, Group 2—Administration of Self-Insurance.

NUMBER: 4515 - 0050

STATE OF CALIFORNIA
DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF THE DIRECTOR

CERTIFICATE OF CONSENT TO SELF-INSURE

THIS IS TO CERTIFY, That

Conard House, Inc.

(Name of Affiliate)

STATE OF INCORPORATION CA

Quality Comp, Inc.

(Master Certificate Holder)

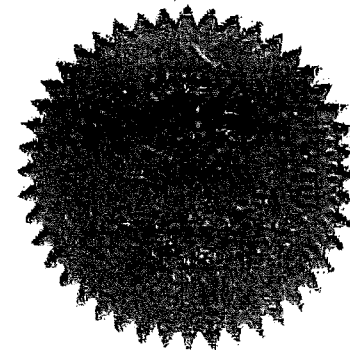
STATE OF INCORPORATION CA

has complied with the requirements of the Director of Industrial Relations under the provisions of Sections 3700 to 3705, inclusive, of the Labor Code of the State of California and is hereby granted this Certificate of Consent to Self-insure, holder of Master Certificate No, 4515.

This certificate may be revoked at any time for good cause shown.*

EFFECTIVE DATE: July 1, 2013

DEPARTMENT OF INDUSTRIAL RELATIONS
OF THE STATE OF CALIFORNIA



Jon Wroten, Chief

Christine Baker, Director

*Revocation of Certificate.--"A certificate of consent to self-insure may be revoked by the Director of Industrial Relations at any time for good cause after a hearing. Good cause includes, among other things, the impairment of solvency of such employer, the inability of the employer to fulfill his obligations, or the practice of such employer or his agent in charge of the administration of obligations, under the this division of any of the following: (a) Habitually and as a matter of practice and custom inducing claimants for compensation to accept less than the compensation due or making it necessary for them to resort to proceedings against the employer to secure the compensation due; (b) Discharging his compensation obligations in a dishonest manner; (c) Discharging his compensation obligations in such a manner as to cause injury to the public or those dealing with him."(Section 3702 of Labor Code.) The Certificate may be revoked for non compliance with Title 8, California Administrative Code, Group 2 -- Administration of Self Insurance

DEPARTMENT OF INDUSTRIAL RELATIONS
OFFICE OF SELF-INSURANCE PLANS
11050 Olson Drive, Suite 230
Rancho Cordova, CA. 95670
Phone No. (916) 464-7000
FAX (916) 464-7007



CERTIFICATION OF SELF-INSURANCE OF WORKERS' COMPENSATION

TO WHOM IT MAY CONCERN:

This certifies that Certificate of Consent to Self-Insure No. 4515 was issued by the Director of Industrial Relations to:

Quality Comp, Inc.

under the provisions of Section 3700, Labor Code of California with an effective date of December 1, 2004. The certificate is currently in full force and effective.

Dated at Sacramento, California
This day the 16th of December 2014

A handwritten signature in black ink, appearing to read "Jon Wroten".

Jon Wroten, Chief

ORIG: Jackie Harris
Underwriting & Operations Manager
Monument Insurance Services
255 Great Valley Pkwy., Ste 200
Malvern, Pa 19355



WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS

Quality Comp, Inc. is a Group Self-Insurance Program authorized by the Office of Self-Insurance Plans to provide workers' compensation to approved members. The Board of Directors of Quality Comp, Inc. has authorized the Program Administrator to waive rights of subrogation in certain instances.

This change in coverage, effective 12:01 AM January 1, 2015, forms part of the member's coverage in Self-Insurance Group No. 4515.

Issued to Conard House, Inc.

By Quality Comp, Inc.

The Program has the right to recover our payments from anyone liable for an injury covered by this employer. 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.)

The additional premium for this change shall be \$250.00.

Schedule

Person or Organization

City and County of San Francisco
Office of Contract Administration
Purchasing Division
City Hall #430
1 Dr. Carlton B. Goodlett Place

Job Description

Contract to provide Mental
Health & Substance Abuse
Services

Countersigned by 
Samantha McCullough, Program Administrator, Authorized Representative



FORM 3: CMD NON-DISCRIMINATION AFFIDAVIT

1. I will ensure that my firm complies fully with the provisions of Chapter 14B of the San Francisco Administrative Code and its implementing Rules and Regulations and attest to the truth and accuracy of all information provided regarding such compliance.
2. Upon request, I will provide the CMD with copies of contracts, subcontract agreements, certified payroll records and other documents requested so the CMD may investigate claims of discrimination or non-compliance with either Chapter 12B or Chapter 14B.
3. I acknowledge and agree that any monetary penalty assessed against my firm by the Director of the Contract Monitoring Division shall be payable to the City and County of San Francisco upon demand. I further acknowledge and agree that any monetary penalty assessed may be withheld from any monies due to my firm on any contract with the City and County of San Francisco.
4. I declare and swear under penalty of perjury under the laws of the State of California that the foregoing statements are true and correct and accurately reflect my intentions.

Signature of Owner/Authorized Representative: _____

Richard Heasley

Owner/Authorized Representative (Print) _____

Richard Heasley

Name of Firm (Print) _____

Conard House, Inc.

Title and Position _____

Executive Director

Address, City, ZIP _____

*1385 Mission Street, San Francisco
94103*

Federal Employer Identification Number (FEIN): _____

94-1489356

Date: _____

March 16, 2015

