

File No. 151043

Committee Item No. 14

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance

Date December 2, 2015

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input type="checkbox"/> | <input type="checkbox"/> | Award Letter |
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Completed by: Victor Young Date November 23, 2015
Completed by: _____ Date _____

1 [Contract Amendment - Progress Foundation - Behavioral Health Services - Not-to-Exceed
2 \$120,991,077]

3 **Resolution approving amendment one to the Department of Public Health contract for**
4 **behavioral health services with the Progress Foundation to extend the contract by two**
5 **years, from July 1, 2010, through December 31, 2015, to July 1, 2010, through**
6 **December 31, 2017, with a corresponding increase of \$28,972,744 for a total amount not**
7 **to exceed \$120,991,077.**

8
9 WHEREAS, The mission of the Department of Public Health is to protect and promote
10 the health of all San Franciscans; and

11 WHEREAS, The Department of Public Health provides health and behavioral health
12 services through a wide network of approximately 300 Community-Based Organizations and
13 service providers; and

14 WHEREAS, In 2010, the Department of Public Health selected Progress Foundation
15 through a Request For Proposals process to provide behavioral health services for the period
16 of July 1, 2010, through December 31, 2015; and

17 WHEREAS, The Board of Supervisors approved the original agreement for these
18 services under Resolution No. 563-10; and

19 WHEREAS, The Department of Public Health wishes to extend the term of that
20 contract in order to allow the continuation of services while Requests For Proposals are
21 administered to take into account the changes to behavioral health services business needs
22 related to the Affordable Care Act and the State Department of Health Care Services' 1115
23 Demonstration Waiver pertaining to the delivery of substance abuse Drug Medi-Cal funded
24 services; and

1 WHEREAS, The San Francisco Charter, Section 9.118, requires that contracts entered
2 into by a department or commission having a term in excess of ten years, or requiring
3 anticipated expenditures by the City and County of ten million dollars, to be approved by the
4 Board of Supervisors; and

5 WHEREAS, The Department of Public Health requests approval of an amendment to
6 the Department of Public Health contract for behavioral health services with Progress
7 Foundation to extend the contract by two years, from July 1, 2010, through December 31,
8 2015, to July 1, 2010, through December 31, 2017, with a corresponding increase of
9 \$28,972,744 for a total not-to-exceed amount of \$120,991,077; now, therefore, be it

10 RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health
11 and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and
12 County of San Francisco to amend the contract with the Progress Foundation, extending the
13 term of the contract by two years, through December 31, 2017, and increasing the total, not-
14 to-exceed amount of the contract by \$92,018,333, to \$120,991,077; and, be it

15 FURTHER RESOLVED, That within thirty (30) days of the contract amendment being
16 fully executed by all parties, the Director of Health and/or the Director of the Office of Contract
17 Administration/Purchaser shall provide the final contract amendment to the Clerk of the Board
18 for inclusion into the official file (File No. 151043).

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RECOMMENDED:



Barbara A. Garcia,
Director of Health

APPROVED:



Mark Morewitz,
Health Commission Secretary



City and County of San Francisco

San Francisco Department of Public Health

Barbara A. Garcia, MPA
Director of Health

October 5, 2015

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:

Attached please find a proposed resolution for Board of Supervisors approval for the extension of 22 behavioral health services contracts for two years, with corresponding increases in each contract amount, as shown in the resolution.

These contract amendments require Board of Supervisors approval under San Francisco Charter Section 9.118, as they have either already been approved by the Board and the proposed amendment exceeds \$500,000, or they have not previously been approved by the Board and the total contract amount exceeds \$10 million.

The following is a list of accompanying documents:

- o Resolution
- o Proposed amendments
- o Original agreements and any previous amendment
- o Forms SFEC-126 for the Board of Supervisors and Mayor

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

Thank you for your time and consideration.

Sincerely,

Jacquie Hale
Director
DPH Office of Contracts Management and Compliance

RECEIVED
 CLERK OF SUPERVISORS
 SAN FRANCISCO, CA
 210 OCT -5 AM 11:17

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

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

Jacquie.hale@sfdph.org – office 415-554-2509 fax 415 554-2555
101 Grove Street, Room 307, San Francisco, CA 94102

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

First Amendment

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

RECITALS

WHEREAS, City and Contractor have entered into the Agreement (as defined below);
and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to extend the contract term, increase the contract amount and update standard contractual clauses;

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4153-09/10 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 July 1, 2010 between Contractor and City, as amended by the:

| | |
|------------------------|-----------------------|
| First 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 **Ninety Two Million Eighteen Thousand Three Hundred Thirty Three Dollars (\$92,018,333)**. 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 **One Hundred Twenty Million Nine Hundred Ninety One Thousand Seventy Seven Dollars (\$120,991,077)**. 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. Insurance. Section 15. is hereby replaced in its entirety to read as follows:

15. Insurance

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

- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
- 5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.

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

- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

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

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

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

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

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

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

i. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C. Insurance.

2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32. "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

32. Consideration of Criminal History in Hiring and Employment Decisions.

a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.

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

c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.

e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32.(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.

f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.

g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.

h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.

2e. Protected Health Information. Section 64.is hereby replaced in its entirety to read as follows:

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

including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

2f. Add Appendices A-1a through A-1d, A-2a through A-2f, A-3a through A-3b, A-4 and A-5 dated 7/1/15.

2g. Add Appendices B (Calculation of Charges), B-1a through B-1d, B-2a through B-2f, B-3a through B-3b, B-4 and B-5-5 dated 7/1/15.

2h. Delete Appendix D and replace in its entirety with Appendix D dated 7/1/15, to Agreement as amended.

2i. Delete Appendix E and replace in its entirety with Appendix E dated 5/7/14, to Agreement as amended.

2j. Add Appendix F.

2i. Add Appendix J.

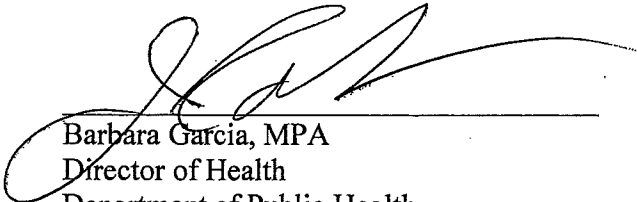
3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

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

CITY

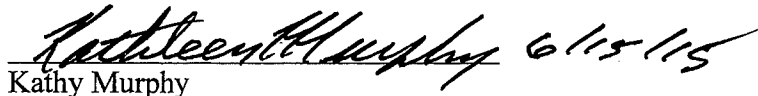
Recommended by:



Barbara Garcia, MPA
Director of Health
Department of Public Health

Approved as to Form:

Dennis J. Herrera
City Attorney



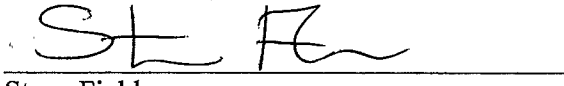
Kathy Murphy
Deputy City Attorney

Approved:

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

CONTRACTOR

Progress Foundation



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

City vendor number: 15017

Appendix A

COMMUNITY BEHAVIORAL HEALTH SERVICES

The following requirements are incorporated into Appendix A, as provided in this Agreement under Section 4. SERVICES:

A. Contract Administrator:

In performing the SERVICES hereunder, CONTRACTOR shall report to Steve Banuelous, Contract Administrator for the CITY, or her designee.

B. Reports:

(1) 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.

(2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

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.

Space owned, leased or operated by providers, including satellites, and used for SERVICES or staff shall meet local fire codes. Documentation of fire safety inspections and corrections of any deficiencies shall be made available to reviewers upon request.

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. 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, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statutes and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

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, §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 record keeping.
- (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. 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."

K. 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, 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.

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

L. Billing and Information System

CONTRACTOR agrees to participate in the CITY'S Community Mental Health Services (CMHS) and Community Substance Abuse Services (CSAS) Billing and Information System (BIS) and to follow data reporting procedures set forth by the CMHS/CSAS BIS and Quality Improvement Units.

M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

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

O. 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.

R. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, 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.

S. 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.

T. 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.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

Appendix A-1a La Posada
Appendix A-1b Shrader
Appendix A-1c Avenue
Appendix A-2a La Amistad
Appendix A-2b Progress House
Appendix A-2c Cortland

Appendix A-2d Ashbury
Appendix A-2e Clay
Appendix A-2f Dorine Loso House
Appendix A-3 Seniors Program
Appendix A-4 Supported Living
Appendix A-5 Dore St. Residential

1.

Program Name: La Posada (A-1a)
Program Address: 810 Capp St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415) 285-0810
Facsimile: (415) 285-2110
Program Code: 38081 (La Posada Crisis Residential)
3808OP (La Posada Outpatient)

Program Name: Shrader (A-1b)
Program Address: 50 Shrader St.
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 668-4166
Facsimile: (415) 668-6357
Program Code: 89661 (Shrader House Crisis Residential)
8966OP (Shrader House Outpatient)

Program Name: Avenues (A-1c)
Program Address: 1443 7th Ave.
City, State, Zip Code: San Francisco, CA 94122
Telephone: (415) 242-8034
Facsimile: (415) 242-8039
Program Code: 38A41 (Avenues Crisis Residential)
38A43 (Avenues Outpatient)

Program Name: Dore Residence (A-1d)
Program Address: 52 Dore Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 553-3115
Facsimile: (415) 553-3119
Program Code: 38GM1 (Dore House Crisis Residential)
38GM3 (Dore House OP)

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goal of the Acute Diversion Units (ADU's) is to reduce the utilization of acute psychiatric inpatient beds, either by diversion from inpatient placement or reduction of inpatient length of stay, by providing an intensively staffed and community oriented 24-hour non-institutional alternative to hospitalization for individuals who require non-hospital acute psychiatric care. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system while encouraging the lowest possible level of psychotropic medications, and through skills building, to enable the client to move toward more independent living.

4. Target Population

The Progress Foundation Acute Diversion Unit (ADU) target population is any adult referred from SFGH Psychiatric Emergency Services, Progress Foundation's Dore Urgent Care Clinic and other psychiatric crisis services designated by Community Behavioral Health Services (BHS). Clients confined in inpatient psychiatric units and approved by the BHS Placement Team for placement at the ADU-level of care are also accepted, but these referrals are a small percentage of the overall admissions. The ADUs may also accept urgent care and community referrals directly through the Progress Foundation Diversion Evaluation Team (DET) and Progress Foundation's Dore Urgent Care Clinic when there is not a priority client waiting at SF General PES.

The nature of the primary relationship between the ADUs and PES means that the ADU services only admit individuals who have first been determined by PES staff, in consultation with the Progress Foundation Diversion Evaluation Team, to be appropriate for ADU referrals. This means that the ADU admissions reflect the demographic parameters, as well as the clinical characteristics, of the individuals who are brought to PES on a 5150.

ADUs provide 24- hour psychiatric residential treatment and rehabilitation and recovery services to San Francisco residents, aged 18 years and older, who require a highly structured and supervised setting due to the crisis and/or acute nature of their condition. The program accepts referrals from crisis/emergency services, and from designated psychiatric inpatient units. All programs are designed to address clients with co-occurring mental health and substance abuse treatment needs. All admissions are voluntary. Persons on conservatorship may be referred.

Each of the ADUs has a unique, but not exclusive, focus. Avenues and Dore Residence serve clients with mobility disabilities. La Posada has the capacity to serve clients from San Francisco's diverse Spanish speaking cultures, with Spanish speaking staff on duty 24-hours. While each program has a focus population, each ADU is able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco, as well as those in several age groups.

5. Modality(ies)/Interventions

| Units of Service (UOS) Description | Units of Service | Number of Beds/Capacity | Unduplicated Clients (UDC) |
|---|------------------|-------------------------|----------------------------|
| Acute Residential Treatment (La Posada) | 3103 | 10 | 197 |
| Medication Support (La Posada) | 30,000 | | |
| Acute Residential Treatment (Shrader) | 3500 | 12 | 249 |
| Medication Support (Shrader) | 30,000 | | |
| Acute Residential Treatment (Avenues) | 3723 | 12 | 249 |
| Medication Support (Avenues) | 30,000 | | |
| Residential Treatment (Dore Residence) | 4344 | 14 | 275 |
| Medication Support (Dore Residence) | 39,780 | | |
| Total UOS Delivered | 144,450 | | |
| Total UDC Served | | | 970 |

6. Methodology

a. The ADUs are listed in the BHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgender, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups that which we serve.

b. Clients are referred directly from SFGH PES with consultation and consent from Progress Foundation Diversion Evaluation Team (DET) in most cases. Referrals from local inpatient units are approved by the BHS Placement Team and referred to the Progress Foundation DET for review. Urgent referrals from community programs are referred directly to DET. DET reviews charts and may do face-to-face interviews with clients in PES, and inpatient units or at a client's current program. DET tracks open beds in the agency and schedules intake interviews with each program. Referrals will also come directly from Progress Foundation's Dore Urgent Care Clinic. Clients go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the ADU for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, and deemed at-risk for inpatient admission if the ADU does not admit the client, and have a health screen and PPD in the last 6 months. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs, which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. After completing the intake interview and being accepted into the program,

clients fully participate in developing their own treatment plan, including the determination of attainable goals to work towards during their stay.

c. The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery in 24-hour home-like settings. ADUs have an average length of stay of 2 weeks. Benefit reviews are completed for clients requiring a longer length of stay. The program is staffed 24-hours with awake and alert staff at all times.

Through the intake process and during the stabilization of the crisis the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric crisis. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. This process will include planning for discharge from the first day of admission, so that realistic plans can be developed within the target time limit. The program will work with other BHS System of Care providers as appropriate.

Clients will meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients will be an integral part of the entire process of developing treatment plans and disposition recommendations.

24 hour services are provided to clients. Structured program activities fall into these categories:

- Structured group therapeutic activities designed to enhance crisis stabilization will be provided seven days a week. ~~for approximately four (4) hours each day.~~ Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education (medication information, clients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.
- Pre-vocational activities will be developed, as appropriate given the short length of stay and tailored to individual levels, which will be designed to prevent the erosion of existent skills and to develop new skills and the self-perception of "ableness" necessary for vocational achievement.
- Individually tailored activities will be scheduled to enhance the client's ability for self-planning and management. These activities will be the follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings, application for public assistance grants, search for housing, education and vocational opportunities, follow-up on application/interview process for the next level residential programs or housing.

Because clients who are admitted to the ADUs do not reliably have any existing case management relationship, it is the role of the ADU counselors to act as case managers in a brokerage model. Even with those who have a case management relationship, the experience of the ADUs is that the linkage is difficult to establish, particularly within the rapid time frame of the ADU length of stay. Therefore, counselors are primarily responsible with establishing income eligibility, housing or ongoing treatment service referrals, linkages to social supports and referrals to medication services.

Clients meet with the psychiatric consultant within 72 hours. These scheduled meetings will be used to review the efficacy of current medication regimen and to renew or revise prescribed medications as appropriate, and to provide an additional opportunity for medication education. Each of the ADUs has a licensed psychiatric consultant who is available to review and sign all consumer plans of care and provide consultation to staff of the program to assure compliance with all Medi-Cal guidelines and standards. The program psychiatric consultant work approximately 15 hours a week in each ADU, consulting with staff and clients, reviewing charts and other documentation and addressing medication issues.

In addition, the ADUs are staffed with Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal system, under the Rehabilitation Option, to sign progress notes and charts delineating progress toward treatment goals.

Over the past 15 years, Progress Foundation has had a contract with the University of California School of Nursing. This relationship was established because Progress Foundation saw the urgency to develop primary care services that would come to the programs for clients in an acute setting. To this day, it is one of the best examples of the "best practice" of incorporating primary care services in a 24-hour, non-hospital setting.

In addition, regular group meetings may be held, depending on their relevance to current client population, to address such issues as the operation of the household, the division of tasks, relationships between client and between clients and the program, and special groups to explore issues and topics of direct concern to clients.

The program will develop a practical Wellness & Recovery based model that is geared toward emphasizing the client's healthy potential to participate in his/her own rehabilitation process, as a member of the community, both within the house and in the community outside. The emphasis will be placed on the development of survival skills and a support system in the community, including linkage to case management services, entitlements, physical health and other mental health and social services. In all cases, whenever possible, these activities will be coordinated with the individual's BHS case manager.

There will be regular meetings between the ADUs and representatives of other relevant programs providing services to clients. The goal is to minimize problems and facilitate the exchange of information between the programs, and to address transitional issues such as a seamless availability of medication support services when the client leaves the ADU.

Progress Foundation programs have a long history of working closely and collaboratively with BHS authorizing services. It is in the best interests of the acute diversion services to work to assure that the programs are utilized by the clients who are the priority target population. This is the fundamental reason why, when Progress Foundation proposed and designed the ADU level of care, it was an essential element of the agency's proposal that the only avenue into the ADU beds was through PES so that the agency could assure that we were addressing diversion at the critical decision-making juncture.

The agency Director of Clinical Services, the DET staff, and other ADU program staff are in close contact via email and phone and have regular in person meetings with the director of Placement, and the placement staff. Program management staff also work closely with placement staff (on a daily basis) to ensure positive clinical outcomes for the program's clients. These meetings, at various levels, are designed to assure the most appropriate use of ADU resources, while assuring that the commitment to recovery and not just stabilization and maintenance, is honored in the effort to ensure services for clients who most at risk of repeated hospitalizations. See logic model for objectives and short-term and long term objectives.

Medication monitoring follows policies and procedures established by the State of California Division of Community Care Licensing as well as the agency's medication policy (Policy and Procedures Manual, 10/06, Section 2, 2.06). Medications will be kept locked centrally in the program. Each client who is taking medications will have a log indicating amounts and frequency of medications. Counseling staff will observe the clients' actions in regard to medications, and will note in the med log whether or not medications were taken by the clients, in what quantity, and at what time. The program's psychiatric consultant will review all medication levels on a regular basis, and will be primarily responsible for monitoring the medications of the client in the program. This monitoring will include supervision of the counseling staff.

d. Exit criteria are determined on a case-by-case basis by conducting a Benefit Review, which is designed to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

Progress Foundation utilizes a three-part approach to monitor, enhance and improve the quality of the services delivered.

The first part of the approach is the agency’s Continuous Quality Improvement Committee. The agency holds quarterly Continuous Quality Improvement (CQI) meetings. At this meeting, a selection of clients who were served in the previous quarter charts are reviewed by CQI Committee Members. The CQI committee members include the Director of Clinical Services and program leadership from Acute Diversion Units, Transitional Residential programs and the Supported Living Program. Each CQI session is planned with a particular question or topic to be analyzed. The particular question or topic is identified by looking at current trends or emerging issues identified by program staff or clients. Charts are analyzed and committee members discuss the information obtained, determine whether policy changes and improvements are necessary and execute a plan for implementation. Findings of the CQI meetings are reviewed at the program directors meeting.

As part of CQI meetings, there is also a review of incident reports. The CQI reviews the incidents (mindful of incidents that have occurred in other quarters) to determine if there is a pattern that needs to be addressed, assess whether or not the incident could have been addressed in a different manner and identify any future challenges or risks that the agency needs to address. An additional part of the CQI process is using the ANSA generated data. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be analyzed at the CQI meetings. Finally, the CQI committee, using data from AVATAR, reviews the BHS contract performance objectives to ensure that the agency is meeting the objectives.

The second part of the approach includes a daily/weekly review of client charts to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff are expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

The Supported Living program, in addition, holds monthly PURQC Reviews to assure that all the approved services are reviewed.

Lastly, the agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in "real time". Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

Program Name: La Amistad (A-2a)
Program Address: 2481 Harrison St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415)-285-8100
Facsimile: (415)285-2448
Program Code: 38091(La Amistad Residential Adult)
38092 (La Amistad Day Treatment)

Program Name: Progress House (A-2b)
Program Address: 25 Beulah St.
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415)668-1511
Facsimile: (415)668-1300
Program Code: 38371/38371MH (Progress House Residential Adult)
38372 (Progress House Day Treatment)

Program Name: Cortland House (A-2c)
Program Address: 77 Cortland Avenue
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415)550-1881
Facsimile: (415)550-1791
Program Code: 38631 (Cortland House Residential Program)
3863DT (Cortland House Day Treatment)

Program Name: Clay Street (A-2d)
Program Address: 2210 Clay Street
City, State, Zip Code: San Francisco, CA 94115
Telephone: (415) 776-4647
Facsimile: (415)776-1018
Program Code: 89851 (Clay Street Residential)
89852 (Clay Street Day Treatment)

Program Name: Dorine Loso House (A-2e)
Program Address: 405 Baker Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415)346-7775
Facsimile: (415)346-7555
Program Code: 38GH1 (Dorine Loso House Residential)
38GH2 (Dorine Loso House Day Treatment)

Program Name: Ashbury House (A-2f)
Program Address: 212 Ashbury St.

City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 775-6194
Facsimile: (415) 775-1120
Program Code: 89841 (Progress Ashbury House)
89842 (Ashbury House Day Treatment)

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

1. Nature of Document (check one)

New Renewal Modification

2. Goal Statement

The goal of the Transitional Residential Treatment Programs (TRTP's) is to maximize individuals' efforts to achieve the highest possible level of self-sufficiency by implementing or continuing a rehabilitation and recovery process. TRTPs provide a diversion from, and an alternative to, institutional placement such as skilled nursing facilities and local acute hospitals, and promote rehabilitation and recovery from mental health conditions including those that co-occur with substance abuse disorders.

Clay Street and Dorine Loso House also have a separate focus to facilitate collaboration between BHS, the Office of the Conservator, the IMD's (Institute for Mental Disease), and other social service providers in serving clients who have been confined, some for long periods of time, in locked psychiatric facilities and skilled nursing facilities. Clay Street is wheel chair accessible.

Ashbury House has an additional goal of family preservation or reunification while providing mental health treatment to mothers who are at risk of losing, or have lost, custody of their children, and to facilitate collaboration between BHS, Human Service Agency (HSA), the Department of Public Health (DPH) and other social service providers in serving this special population.

3. Target Population

Progress Foundation’s TRTPs will serve clients approved by the BHS Placement Team and referred to Progress Foundation’s Diversion Evaluation Team (DET). All programs are designed to serve clients with co-occurring substance abuse and mental health treatment needs. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House. The programs will serve men and women, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other higher levels of care.

Clay Street and Dorine Loso House will serve men and women age 18 years and older who are referred from IMDs, psychiatric inpatient units, skilled nursing facilities and crisis residential programs, with a program length of stay up to 12 months.

Ashbury House will serve mothers, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other higher levels of care. At Ashbury House, the length of stay is up to ~~will be as long as~~ 12 months.

La Amistad focuses on Spanish speaking clients, while also serving the general population of San Francisco public mental health clients.

Progress House focuses on Transitional Aged Youth (TAY), while also serving the general population of San Francisco public mental health clients.

All clients are voluntary and have been assessed as able to return to community living and benefit from the rehabilitation program. The programs do accept referrals for conserved clients.

4. Modality(ies)/Interventions

| Units of Service (UOS) Description | Units of Service | Number of Beds/Capacity | Unduplicated Clients (UDC) |
|--|------------------|-------------------------|----------------------------|
| Residential Treatment (La Amistad) | 4033 | 13 | 75 |
| Day Treatment (La Amistad) | 2520 | | |
| Residential Treatment (Cortland) | 3103 | 10 | 40 |
| Day Treatment (Cortland) | 2150 | | |
| Residential Treatment (Progress House) | 3103 | 10 | 40 |
| Day Treatment (Progress House) | 2210 | | |
| Residential Treatment (Clay Street) | 4750 | 16 | 20 |
| Day Treatment (Clay Street) | 3250 | | |
| Residential Treatment (Dorine Loso House) | 4500 | 14 | 18 |
| Day Treatment (Dorine Loso House) | 3315 | | |
| Residential Treatment (Ashbury) | 3103 | 10 | 12 |

| | | | |
|--|-------|--|-----|
| (Includes CalWorks) | | | |
| Day Treatment (Ashbury) | 1105 | | |
| CalWorks Support Services (Ashbury) | 1241 | | |
| Total UOS Delivered | 38383 | | |
| Total UDC Served | | | 205 |

5. Methodology

a. The TRTP's are listed in the BHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural, and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

b. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the BHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by BHS Placement. Clients in inpatient units are assessed and interviewed for the program leadership to determine the appropriateness of the program for this client. This also serves as the basis upon which to build the treatment plan.

For Ashbury House, clients are referred directly from Child Protective Services, domestic violence shelters, drug programs, Acute Diversion Units and the SFGH Inpatient units, and the criminal justice system. The BHS Placement Team works with Ashbury House on all referrals to assure the most appropriate use of the transitional residential treatment services

Clients visit the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the program for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, meet medical necessity criteria and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner or Day Treatment group at the program to help inform their decisions to enter the program. The client intake assessment includes a review of any substance abuse history in order to identify co-occurring substance abuse disorders and illuminate treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. After completing the intake interview and being

accepted into the program, clients participate in developing their own treatment plans including the determination of attainable goals to work towards during their stay.

c. The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery, provided in 24-hour home-like settings. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House, and up to 1 year at Clay, Dorine Loso House and Ashbury. The program is staffed with awake and alert staff on duty 24-hours a day, 7 days a week.

Staffing includes a diverse range of experience, background and professional training consistent with the requirements of the Medi-Cal Rehabilitation Option, Department of Health Care Services, and the State Department of Social Services Community Care Licensing. The program staffing includes a Program Director, an Assistant Director, and counselors.

Over the past 15 years, Progress Foundation has worked in consultation with the University of California School of Nursing to bring primary care services directly to residents of all of the agency's residential treatment programs. The relationship was established because Progress Foundation saw the urgency in the mid-90's to develop psychiatrically sensitive primary care services in the various settings.

Through the intake process and during the initial phase of the client's stay, the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric episode. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. Clients meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients are an integral part of the entire process of developing treatment plans and disposition recommendations.

Twenty-four hour services are provided to clients. On-site day rehabilitation treatment program activities are provided five days a week for clients and include morning planning groups, community meetings to discuss issues and assign tasks within the house, special groups to address ongoing and emerging needs of clients (i.e. symptom management, relapse prevention, daily living skills, expressive arts, and transitioning to the community, and client lead groups). The program places a specific focus, when appropriate for the client, on the development of vocational short and long-term goals for clients, including volunteer work and education plans.

Counselors will regularly coordinate treatment planning, medications management and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved during his or her stay in the program. The programs frequently work in conjunction with case management services and outpatient clinics to assure ongoing coordination of services and clear communication regarding each client's treatment plan. This coordination will include the active involvement and participation of the client.

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

All programs have a licensed psychiatric consultant who reviews and signs all consumer plans of care and provides clinical consultation to ensure compliance with Medi-cal guidelines. The psychiatric consultant provides up to 6 hours per week of consulting time with staff and clients, reviewing consumer charts and addressing medication issues.

In addition, all programs staffed with Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal certification regulations to facilitate therapeutic groups sign progress notes and charts within a framework that specifically describes each client's progress toward meeting self-defined treatment goals.

For those clients who do not have a case manager assigned and for whom it is clinically appropriate, the program refers to the case management system. Program staff set up an appointment for the client and work with the client to establish the case management relationship. Often, there is a wait before a case management relationship can be established due to the unavailability of case management slots, even with the FSPs. In that situation and if the discharge date is imminent, program staff work with BHS Placement to establish a temporary case manager to address the client's needs while on the clinic waiting list.

The agency Director of Clinical Services, the DET staff, and program staff are in close contact via email and phone and have regular in person meetings with the Director of Placement and Placement Team staff. These meetings, at various levels, are designed to assure the most appropriate use of transitional residential treatment program resources, while assuring that the commitment to recovery and not just stabilization and maintenance, is honored in the effort to ensure services for clients who are most at risk of repeated hospitalizations

d. Exit criteria are determined on a case by case basis by evaluating client's progress toward treatment plan goals, to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who experience a reduction of the problems which brought them into the program, and have gained skills to manage themselves in the community such that there is a probability that they will succeed at

the next level of care or follow-up program for continued treatment. Clients who are a danger to self or others will be referred to Dore Urgent Care or SFGH PES for evaluation. In the case of Ashbury House, clients with CPS cases are accepted into the program based on the status of their child custody cases, and, if re-unification is not a possibility, clients are discharged after losing or voluntarily surrendering custody of their children.

e. See Appendix B for a detailed list of program staffing.

6. 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

Progress Foundation utilizes a three-part approach to monitor, enhance and improve the quality of the services delivered.

The first part of the approach is the agency's Continuous Quality Improvement Committee. The agency holds quarterly Continuous Quality Improvement (CQI) meetings. At this meeting, a selection of clients who were served in the previous quarter charts are reviewed by CQI Committee Members. The CQI committee members include the Director of Clinical Services and program leadership from Acute Diversion Units, Transitional Residential programs and the Supported Living Program. Each CQI session is planned with a particular question or topic to be analyzed. The particular question or topic is identified by looking at current trends or emerging issues identified by program staff or clients. Charts are analyzed and committee members discuss the information obtained, determine whether policy changes and improvements are necessary and execute a plan for implementation. Findings of the CQI meetings are reviewed at the program directors meeting.

As part of CQI meetings, there is also a review of incident reports. The CQI reviews the incidents (mindful of incidents that have occurred in other quarters) to determine if there is a pattern that needs to be addressed, assess whether or not the incident could have been addressed in a different manner and identify any future challenges or risks that the agency needs to address. An additional part of the CQI process is using the ANSA generated data. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be analyzed at the CQI meetings. Finally, the CQI committee, using data from AVATAR, reviews the BHS contract performance objectives to ensure that the agency is meeting the objectives.

The second part of the approach includes a daily/weekly review of client charts to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff are expected to review all clinical charts on a daily/weekly

basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

The Supported Living program, in addition, holds monthly PURQC Reviews to assure that all the approved services are reviewed.

Lastly, the agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in "real time". Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

1.

Program Name: Seniors Program - Carroll House (A-3a)
Program Address: 73 Anderson St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415)821-1610
Facsimile: (415)821-3568
Program Code: 38541 (Carroll House Residential Geriatric)

Program Name: Seniors Program- Rypins House & Rypins House Day Treatment (A-3b)
Program Address: 1405 Guerrero St.
City, State, Zip Code: San Francisco, CA 94110
Telephone: (415)821-0697
Facsimile: (415)821-3568
Program Code: 38531/38531MH (Rypins House Residential Geriatric)
38532 (Rypins House PD Geriatric)

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The Progress Foundation Seniors Program consists of Carroll House and Rypins House, which are Transitional Residential Treatment Programs (TRTP), and Rypins House Day Treatment. The goals of the program are: To maximize individuals' efforts to achieve the highest possible level of self-sufficiency by continuing the rehabilitation process begun in acute and sub-acute residential programs; to divert as many persons as possible from institutional placements, such as skilled nursing facilities, and "L" facilities, by providing an alternative setting. To reduce recidivism by providing a therapeutic setting in which individuals can grow toward independent living by emphasizing the acquisition and application of survival skills; development of personal support systems and placement of as many clients as possible in educational, volunteer and vocational or pre-vocational training situations, as well as in jobs in preparation for more independent living.

4. Target Population

Progress Foundation’s Seniors Program will serve clients approved by the BHS Placement Team and referred to Progress Foundation’s Diversion Evaluation Team (DET), and referrals from other service providers. Carroll and Rypins Houses and Rypins Day Treatment serve specifically clients aged 55 and over. The length of stay will vary, but will average up to 90 days.

The Seniors Program will serve ambulatory men and women, age 55 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to the hospital, skilled nursing facility or other more restrictive treatment settings. All admissions are voluntary and the program does accept referrals for conserved clients. As more than 50% of the Seniors Program clients have co-occurring substance use/abuse and mental health disorders, the program is designed to meet the treatment needs of this population.

In addition to current clients, the Day Treatment program has established 12 day slots for former residents in transition from the program to living in the community who require on-going rehabilitation and support during the daytime hours. Since not all the day treatment clients participate in the program five days a week, day services can be provided to more than six non-residential clients.

5. Modality(ies)/Interventions

| Units of Service (UOS) Description | Units of Service | Number of Beds/Capacity | Unduplicated Clients (UDC) |
|--|------------------|-------------------------|----------------------------------|
| Residential Treatment (Rypins) | 1862 | 6 | 19 |
| Day Treatment (Rypins) | 4120 | | 50 (Inclusive of Residential) |
| Residential Treatment (Carroll) | 1862 | 6 | 19 |
| Total UOS Delivered | 7844 | | |
| Total UDC Served | | | 69 |

6. Methodology

a. Carroll and Rypins House are listed in the BHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural, and/or gay/lesbian or Transgendered, with a focus on serving clients age 55 and over at the Seniors Program in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay

special attention to the specific program needs and styles relevant to various population groups.

b. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the BHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by BHS Placement. Clients in inpatient units are assessed and interviewed for the program leadership to determine the appropriateness of the program for this client. This also serves as the basis upon which to build the treatment plan.

Admission criteria are: client must be a resident of San Francisco County, age 55 or over, have an Axis I mental health diagnosis, and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner at the program or Day Treatment groups to help inform their decisions to engage in the program. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame. After completing the intake interview and being accepted into the program, clients fully participate in developing their treatment plan, including the determination of attainable goals to work towards during their stay.

c. The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery, provided in 24 hour home-like settings. The length of stay will vary, but will average up to 90 days at Seniors Program. The program is staffed with awake and alert staff on duty 24-hours a day, 7 days a week.

Staffing includes a diverse range of experience, background and professional training consistent with the requirements of the Medi-Cal Rehabilitation Option, Department of Health Care Services, and the State Department of Social Services Community Care Licensing. The program staffing includes a Program Director, an Assistant Director, and 11.5 FTE counselors.

Over the past 15 years, Progress Foundation has worked in consultation with the University of California School of Nursing to bring primary care services directly to residents of all of the agency's residential treatment programs. The relationship was established because Progress Foundation saw the urgency in the mid-90's to develop psychiatrically sensitive primary care services in the various settings.

Through the intake process and during the initial phase of the client's stay, the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric episode. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an

ongoing basis. Clients meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients are an integral part of the entire process of developing treatment plans and disposition recommendations.

Twenty-four hour services are provided to clients. On-site day rehabilitation treatment program activities are provided five days a week for up to 25 clients and include morning planning groups, community meetings to discuss issues and assign tasks within the house, special groups to address ongoing and emerging needs of clients (i.e. symptom management, relapse prevention, vocational service plans, and Community Building and Reintegration, adjunctive therapy groups). Seniors Program places a specific focus, when appropriate for the client, on the development of vocational short and long-term goals for clients, including volunteer work and education plans.

The Seniors Program provides day treatment services to the 12 program residents and older adult mental health consumers from the community. The Day Treatment program is able to serve, at any one time, at least 12 clients who are former residents in transition from the program to living in the community or other older adult community members who require ongoing rehabilitation and support during the daytime hours. Since not all the day treatment clients participate in the program five days a week, day services can be provided to more than thirteen non-residential clients.

The Seniors program provides transportation for the day treatment and residential treatment clients. As needed, the program counselor/driver will transport clients to medical and psychiatric appointments and pick up and return clients to their homes after day treatment.

Counselors will regularly coordinate treatment planning, medications management and ongoing clinical issues with all relevant therapists and treatment programs with which each client is involved during his or her stay in the program. The programs frequently work in conjunction with case management services and outpatient clinics to assure ongoing coordination of services and clear communication regarding each client's treatment plan. This coordination will include the active involvement and participation of the client.

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame.

The Seniors Program accepts ambulatory clients and is not wheel-chair accessible. Progress Foundation is in long-term leases at both Rypins and Carroll House. As the agency did not develop and does not own either building, it is very difficult to rehab the homes to make them wheel-chair accessible. The Seniors Program has made some adjustments in the program to accommodate clients who have some mobility issues.

Seniors Program has a licensed psychiatric consultant who reviews and signs all consumer plans of care and provides clinical consultation to ensure compliance with Medi-cal guidelines. The psychiatric consultant provides up to 6 hours per week of consulting time with staff and clients, reviewing consumer charts and addressing medication issues.

In addition, Seniors Program is staffed with Mental Health Rehabilitation Specialists (MHRS) who are authorized by the California Medi-Cal certification regulations to facilitate therapeutic groups and sign progress notes and charts within a framework that specifically describes each client's progress toward meeting self-defined treatment goals.

For those clients who do not have a case manager assigned and for whom it is clinically appropriate, the program refers to the case management system. Program staff set up an appointment for the client and work with the client to establish the case management relationship.

The agency Director of Clinical Services, the DET staff, and the Program staff are in close contact via email and phone and have regular in person meetings with the Director of Placement and Placement Team staff. These meetings, at various levels, are designed to assure the most appropriate use of transitional residential treatment program resources, while assuring that the commitment to recovery and not just stabilization and maintenance, is honored in the effort to ensure services for clients who are most at risk of repeated hospitalizations.

d. Exit criteria are determined on a case by case basis by reviewing Progress Notes and Treatment Plans, to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are stabilized and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged. Reasons that clients may not be accepted into the program, or may be referred to another program or discharged are: a determination is made that the program/level of care does not meet the client's treatment needs; client engages in illegal activities (such as drug use in the program) and is unwilling to work on a plan to desist those activities; or client engages in a physical altercation in the program that put the staff and /or other clients at risk. Clients who are a danger to self or others will be referred to Dore Urgent Care or SFGH PES for evaluation.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

Progress Foundation utilizes a three-part approach to monitor, enhance and improve the quality of the services delivered.

The first part of the approach is the agency's Continuous Quality Improvement Committee. The agency holds quarterly Continuous Quality Improvement (CQI) meetings. At this meeting, a selection of clients who were served in the previous quarter charts are reviewed by CQI Committee Members. The CQI committee members include the Director of Clinical Services and program leadership from Acute Diversion Units, Transitional Residential programs and the Supported Living Program. Each CQI session is planned with a particular question or topic to be analyzed. The particular question or topic is identified by looking at current trends or emerging issues identified by program staff or clients. Charts are analyzed and committee members discuss the information obtained, determine whether policy changes and improvements are necessary and execute a plan for implementation. Findings of the CQI meetings are reviewed at the program directors meeting.

As part of CQI meetings, there is also a review of incident reports. The CQI reviews the incidents (mindful of incidents that have occurred in other quarters) to determine if there is a pattern that needs to be addressed, assess whether or not the incident could have been addressed in a different manner and identify any future challenges or risks that the agency needs to address.

An additional part of the CQI process is using the ANSA generated data. The Director of Clinical Services will work closely with Dr. Tom Bleeker to determine how to create and produce reports based on agency initiatives such as Seeking Safety and other evidence based interventions. The super users of ANSA will create and produce reports based on needs identified by the program directors. This information will be analyzed at the CQI meetings.

Finally, the CQI committee, using data from AVATAR, reviews the BHS contract performance objectives to ensure that the agency is meeting the objectives.

The second part of the approach includes a daily/weekly review of client charts to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

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The Supported Living program, in addition, holds monthly PURQC Reviews to assure that all the approved services are reviewed.

Lastly, the agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also hold regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in "real time". Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

1.

Program Name: Supported Living Program (A-4)
Program Address: 711 Taraval St.
City, State, Zip Code: San Francisco, CA 94116
Telephone: (415)752-3416
Facsimile: (415)752-3483
Program Code: 3838OP (Cooperative Apartments Outpatient)

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The purpose of the program is to provide unobtrusive support to a client's own rehabilitative efforts while providing the most independent living possible. The counseling is designed to provide regular guidance, support and 24-hour/day, 7 days/week response capability. The intent of this program is to assist those clients who have completed transitional Residential Treatment Programs (TRTP), yet are unable to assume full responsibility for forming independent group households and managing the stressors associated with completely independent living.

Specific goals include:

- To maintain independence levels achieved by clients while in the residential programs by providing supportive settings;
- To maximize the abilities of clients to function and contribute in the least restrictive, most normative setting possible through the provision of decreasing levels of support and structure;
- To develop cooperative apartments which are accessible, relevant and useful to the various ethnic minority and identified gay populations that comprise San Francisco;
- To provide support services to individuals who are living independently in the community. The support services will be available to individuals in the Independent Living sites specified in this contract upon request.

4. Target Population

The Supported Living Program (SLP) will serve target population clients in the Mental Health System following the criteria for admission to care specified by CBHS. Those eligible for the program are men and women with a minimum age limit of 18. The Supported Living Program (SLP) is able to serve clients with co-occurring mental health diagnoses and substance abuse disorders, and clients authorized for services by the City and County of San Francisco, clients must have an Axis I primary mental health diagnosis. Clients must be able to participate in the cooperative running of the apartment, or, in the case of Independent Living settings, live independently. The SLP accepts referrals for clients on conservatorship. All clients in the cooperative apartment settings are required to have a full-time day program and a regular therapy setting outside of the program when appropriate. Clients in Independent Living sites are not required to participate in any programs or therapy as a condition of living in those units. However, individuals may require specialized services in order to maintain their living situations, and are assisted in accessing those services.

5. Modality(ies)/Interventions

| Units of Service (UOS) Description | Units of Service | Number of Beds/Capacity | Unduplicated Clients (UDC) |
|------------------------------------|------------------|-------------------------|----------------------------|
| Case Management | 268,396 | 116 | 73 |
| Total UOS Delivered | 268,750 | | |
| Total UDC Served | 73 | | |

6. Methodology

a. The Supported Living Program is listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or Transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

b. The program provided is the Supported Living Program, a system of leased apartments and permanent housing sites where residents receive mental health, case management and crisis intervention services from the Supported Living Program staff. The Supported Living Program consists of two elements: (a) the Cooperative Apartments Program; (b) the Permanent Housing Program/Independent Living program. Clients for the Cooperative Apartments Program are referred by their case managers or other providers and must be approved by the CBHS Placement Team, and meet some of the same requirements as the Residential Treatment

Programs, i.e. Axis I mental health diagnosis and San Francisco residency. Clients have a face-to-face interview with a case manager for the program, as well as a tour of the apartment and introduction to prospective roommates, they may also attend the weekly house meeting to help inform their decision to move in or not, although it is not required. Residents in the Independent Living Program, have a face-to face interview to determine eligibility (applicants must have a mental illness) and tour of the open apartment. Services at Independent Living Program sites are voluntary, and those who do participate, can discontinue service at any time.

c. The average length of stay at the Cooperative Apartments is 2 years, residents are not required to move, but many do so when they have completed their treatment program. The Independent Living Program Apartments are permanent housing; participation in services is not required.

In the Cooperative Apartment Program, staff will meet with each living group at least once a week to discuss on-going problems, interpersonal issues, and to assist in the planning of activities. This formal meeting will provide the opportunity to assess the progress of individual clients in the program.

In addition to this group meeting, each client will meet with a Supported Living Program case manager individually on average once a week. This component will begin to teach the use of the private therapy hour as the forum to discuss personal issues, resolve private conflicts and plan future rehabilitation efforts. For some clients, the completion of the Cooperative Apartment Program will find them living independently, engaged in meaningful, even paid, activities, and utilizing private sector weekly therapy as their primary therapeutic contact. The transition from mostly group treatments to mostly individual treatment takes place incrementally. The individual meetings will also provide the forum for involving collaborative counselors or therapists in the treatment and rehabilitation planning.

Upon entering either the Cooperative Apartment Program or the Independent Living Program, if treatment services are selected, each client will work with a case manager to develop a treatment and rehabilitation plan. This plan will specify the goals of the client, an approximate time frame for achieving the goals, and a recommended approach to achieve them. This plan will form the basis of agreement between the client and the program. The program will emphasize client movement toward vocational training and work and volunteer or educational activities.

The Supported Living Program Director, Assistant Director and case managers will coordinate the clients' involvement in vocational programs. It is expected that clients will often enter the apartment program with a meaningful day activities either in place or planned. The goal of the program, in such a case, will be to work with the clients to move toward pre-vocational or vocational programs as soon as possible.

On a monthly basis, members of all households will attend a joint meeting for the purpose of

building relationships beyond the individual household and for large group educational forums and/or social activities.

In the Independent Living Program, case managers will provide a range of services including counseling, crisis intervention, linkage to social, mental health and physical health services, and referral to other support services. Case managers will meet with clients on an as needed basis to assist the client in determining the range of services to be provided and the frequency of meetings to monitor progress.

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling, referrals and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame. Clients also are encouraged, when appropriate, to attend other ongoing meetings in the community geared toward development of a clean and sober lifestyle.

d. Although there is essentially no formal exit criteria for clients in the Cooperative Apartments or the Independent Living apartments, discharge or transition planning is discussed with the client beginning at admission via focused long-term treatment planning for those in services. When clinically appropriate, clients are encouraged to move towards more independent housing. For clients in the Independent Living Program, services are voluntary and eligibility for the housing is not contingent upon involvement in mental health services, so a client may elect to end services but continue to live in the apartment. Discharge from the Independent Living Program can be withdrawal from services, but not moving from the apartment.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Case Managers facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements

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8. Continuous Quality Assurance and Improvement

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1.

Program Name: Dore Street Clinic (A-5)
Program Address: 52 Dore St.
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 553-3100
Facsimile: (415) 553-3119
Program Code: 38112 (PF Dore Clinic)

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

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

Dore Urgent Care Clinic provides the capacity to intervene early in an escalating psychiatric crisis, and to provide assessment and triage in a community-based setting, with available crisis residential beds for those who would benefit from 24-hour intensive treatment. The goal of Dore Urgent Care Clinic is to reduce the inappropriate use of SFGH/PES for individuals who are in a psychiatric crisis but do not require involuntary treatment or seclusion and restraints. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system and to determine the client's readiness and capacity to return to the community.

4. Target Population

Progress Foundation's Dore Urgent Care Clinic serves clients referred from SFGH PES, San Francisco Police Department, Community Behavioral Health Services (including BHS emergency services), Emergency Rooms, and community urgent care referrals. The Dore Urgent Care Clinic will provide crisis stabilization services 24 hours per day to San Francisco residents, aged 18 and over, who require urgent psychiatric intervention in a highly structured and supervised setting due to the crisis and/or acute nature of their condition. Because of the nature of the target population, clients may be brought to the Dore Urgent Care Clinic on an involuntary hold (5150), however, clients may only be admitted to the program on a voluntary basis.

The Dore Urgent Care Clinic is authorized to accept individuals who have a primary Axis 1 mental health diagnosis; however, as many as 75% of clients may have co-occurring disorders that include mental illness and substance use/abuse as well as other serious and limiting medical conditions. The Clinic will be accessible to individuals with mobility disabilities.

5. Modality(ies)/Interventions

| Units of Service (UOS) Description | Units of Service | Number of Clients | Unduplicated Clients (UDC) |
|------------------------------------|------------------|-------------------|----------------------------|
| Urgent Care | 35,000 | | 1000 |
| Total UOS Delivered | 35,000 | | |
| Total UDC Served | | | 1000 |

6. Methodology

a. Progress Foundation programs are listed in the BHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. New programs will be added as new editions of the publications are printed. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

b. Dore Urgent Care Clinic will serve clients referred by San Francisco Police Department, SFGH Psychiatric Emergency Services, community psychiatric crisis services designated by Community Behavioral Health Services (for example: BHS Mobile Crisis, Westside Community Crisis Center, and SFPD Psychiatric Liaison). Referrals may also be made to the Dore Urgent Care Clinic by selected Intensive Case Management Teams and Outpatient Clinics. Clients come to the program for an intake, which serves as an assessment tool for the program to determine the appropriateness of the Dore Urgent Care Clinic for this client. Selection criteria for full admission to the Dore Clinic are based on the severity of the existing crisis and the acute nature of the current episode and the client’s presentation. In addition the client must be deemed at risk for an inpatient admission if not admitted to the Dore Clinic.

If the client has not had a general health screening and a PPD in the last 12 months, these will be provided. The client intake assessment includes a review of any co-occurring substance abuse or history of substance abuse, and a review of immediate health concerns in order to identify treatment needs.

c. The Dore Urgent Care Clinic provides up to 23 hours of service within the crisis stabilization framework. The purpose of the Dore Urgent Care Clinic is diverting clients from being seen at the San Francisco General Hospital Psychiatric Emergency Services in order to reduce the number of clients taken there for psychiatric evaluation. Upon admission clients will be

assessed, treated, stabilized and evaluated for discharge to appropriate placements. Clients determined to require 24-hour non-hospital support will be referred to Acute Diversion Units (ADUs) for continued treatment. The Dore Clinic is staffed with licensed professional medical and mental health staff that are able to provide all aspects of Urgent Care Crisis Stabilization treatment including crisis intervention strategies, brief counseling, linkage case management, and medication support. All clients must voluntarily accept treatment at Dore Clinic. The Dore Clinic will implement clinical practices designed to engage in voluntarily treatment individuals who would otherwise require involuntary treatment.

The following is an overview of services provided and the methods of service delivery:

The Dore Clinic, by design, is a part of the BHS psychiatric emergency services system.

The Dore Clinic will maintain a non-institutional environment, even while working with clients in the most urgent phase of their crisis. Through use of licensed professional and supervised counseling staff, the program will provide the necessary support and intervention to stabilize the immediate crisis and ensure the client's safety and well-being.

Beginning with the intake process and during the stabilization of the crisis the program staff will make appropriate discharge and referral plans. The Dore Clinic will coordinate with existing services, both within and outside of BHS, from which the client is receiving support and treatment. Determination will be made as to whether the client is sufficiently stabilized so as to return to their previous residence or whether they require crisis residential services or further evaluation from SFGH/PES.

Clients will be evaluated by either a psychiatrist or nurse practitioner upon entering the program and a determination will be made about the need for medication. Medications will be obtained through delivery from the BHS pharmacy and the program will control and monitor the storage, dispensing and disposal of medications according to policies and procedures established by the Division of Community Behavioral Health Services Pharmacy Department. Program staff will observe and document the client's reaction in regard to administered medications, and will note in the medication log whether or not medications were taken by clients, in what quantity, and at what time. The Dore Clinic Program Psychiatrist will provide medication administration and prescribing supervision for the Nurse Practitioners, and will be primarily responsible for the program's medication services.

d. Exit criteria are determined on a case-by-case basis by conducting a Mental Status Exam and discharge evaluation, which is designed to determine the client's readiness and capacity to return to the community or alternatively to be admitted to crisis residential or ADU for further rehabilitation and recovery. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged with appropriate referrals made for follow-up care.

Discharge planning is an integral part of each client's intervention plan and begins with the intake interview. The intervention plan will emphasize crisis stabilization and planning for the

next level of treatment. Staff assess needs and reestablish resource linkage for clients in order to facilitate the development of an effective community support system.

e. See Appendix B for a detailed list of program staffing.

7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

Progress Foundation utilizes a three-part approach to monitor, enhance and improve the quality of the services delivered.

The first part of the approach is the agency's Continuous Quality Improvement Committee. The agency holds quarterly Continuous Quality Improvement (CQI) meetings. At this meeting, a selection of clients who were served in the previous quarter charts are reviewed by CQI Committee Members. The CQI committee members include the Director of Clinical Services and program leadership from Acute Diversion Units, Transitional Residential programs and the Supported Living Program. Each CQI session is planned with a particular question or topic to be analyzed. The particular question or topic is identified by looking at current trends or emerging issues identified by program staff or clients. Charts are analyzed and committee members discuss the information obtained, determine whether policy changes and improvements are necessary and execute a plan for implementation. Findings of the CQI meetings are reviewed at the program directors meeting.

As part of CQI meetings, there is also a review of incident reports. The CQI reviews the incidents (mindful of incidents that have occurred in other quarters) to determine if there is a pattern that needs to be addressed, assess whether or not the incident could have been addressed in a different manner and identify any future challenges or risks that the agency needs to address.

The second part of the approach includes a daily/weekly review of client charts to ensure that charts and services provided meet the standards of all regulatory agencies that oversee the programs. Program leadership staff is expected to review all clinical charts on a daily/weekly basis. This process assures that the assessment, community functioning evaluation, and treatment plans are completed in a timely basis with all the required components.

This daily/weekly review process also includes every progress notes. All necessary progress notes are reviewed for content as related to the treatment plan and co-signed as needed. The review includes an assessment of quality of services provided to clients. The report of the review is submitted to the Director of Clinical Services.

Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

Lastly, the agency has a client satisfaction questionnaire where the client is encouraged to provide feedback on how they have received services in the program. Program Leadership also holds regular groups with clients that focus on client satisfaction with the services being provided. This in-person meeting allows that opportunity to address client needs and concerns in "real time". Program Leadership review the findings of both the client satisfaction questionnaires and the in-person groups with the program staff as way to address the feedback from the clients and make program changes as necessary.

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 portion of the CONTRACTOR'S allocation for the applicable fiscal year.

CONTRACTOR agrees that within that fiscal year, this initial payment of \$1,913,764 shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1a La Posada

Appendix B-1b Shrader

Appendix B-1c Avenues
Appendix B-1d Dore Residence
Appendix B-2a La Amistad
Appendix B-2b Progress House
Appendix B-2c Cortland
Appendix B-2d Clay
Appendix B-2e Loso
Appendix B-2f Ashbury
Appendix B-3a Seniors-Carroll
Appendix B-3b Seniors-Rypins
Appendix B-4 Supported Living Program (SLP)
Appendix B-5 Dore Urgent Care Clinic (DUCC) (PF Dove Clinic)

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **One Hundred Twenty Million Nine Hundred Ninety One Thousand Seventy Seven Dollars (\$120,991,077)** for the period of July 1, 2010 through December 31, 2017.

CONTRACTOR understands that, of this maximum dollar obligation, **\$3,953,122 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 June 30, 2011 | \$14,938,041 |
| July 1, 2011 through June 30, 2012 | \$14,938,041 |
| July 1, 2012 through June 30, 2013 | \$15,223,357 |
| July 1, 2013 through June 30, 2014 | \$15,465,354 |
| July 1, 2014 through June 30, 2015 | \$15,686,989 |

| | |
|--|---------------------|
| July 1, 2015 through June 30, 2016 | \$15,686,989 |
| July 1, 2016 through June 30, 2017 | \$16,863,514 |
| July 1, 2017 through December 31, 2017 | \$8,235,670 |
| Contingency | \$3,953,122 |
| Total July 1, 2010 through December 31, 2017 | <hr/> \$120,991,077 |

(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.

(4) CONTRACTOR further understands that, \$7,469,021 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000031 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000031 for the Fiscal Year 2010-11.

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

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

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

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

DPH 1: Department of Public Health Contract Budget Summary

| DHCS Legal Entity Number (MH): | | 00271 | | Prepared By/Phone #: | | Jay Yanos 415-861-0828 | | Fiscal Year: 2015-16 | |
|---|--|---------------------|------------------|----------------------|------------------|------------------------|----|----------------------|------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | Progress Foundation | | Document Date: | | 7/1/2015 Appendix B | | Page 4 | |
| Contract CMS # (CDTA use only): | | | | | | | | | |
| Contract Appendix Number: | | B-1a | B-1b | B-1c | B-1d | | | | |
| Appendix A/Provider Name: | | La Posada | Shrader | Avenues | Dore Residence | | | | |
| Provider Number | | 3808 | 8966 | 38A4 | 38GM | | | | |
| Program Code(s) | | 38081/OP | 89661/OP | 38A41/2 | 38GM1/3 | | | | |
| FUNDING TERM: | | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | Sub TOTAL |
| FUNDING USES | | | | | | | | | |
| Salaries & Employee Benefits: | | 945,522 | 978,570 | 1,076,995 | 1,127,143 | | | | 4,128,230 |
| Operating Expenses: | | 202,719 | 209,745 | 226,927 | 203,457 | | | | 842,848 |
| Capital Expenses: | | - | - | - | - | | | | - |
| Subtotal Direct Expenses: | | 1,148,241 | 1,188,315 | 1,303,922 | 1,330,600 | - | - | - | 4,971,078 |
| Indirect Expenses: | | 116,392 | 159,076 | 147,710 | 182,024 | | | | 605,202 |
| Indirect %: | | 10% | 13% | 11% | 14% | 0% | 0% | 0% | 12% |
| TOTAL FUNDING USES | | 1,264,633 | 1,347,391 | 1,451,632 | 1,512,624 | - | - | - | 5,576,280 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | | 396,294 | 421,176 | 454,924 | 472,966 | | | | 1,745,360 |
| MH COUNTY - General Fund | | 451,105 | 483,538 | 519,521 | 544,025 | | | | 1,998,189 |
| MH COUNTY - Work Order CODB | | - | - | - | - | | | | - |
| MH STATE - 1991 MH Realignment | | 405,234 | 430,677 | 465,187 | 483,633 | | | | 1,784,731 |
| MH WORK ORDER - HSA CALWORKS | | - | - | - | - | | | | - |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 1,252,633 | 1,335,391 | 1,439,632 | 1,500,624 | - | - | - | 5,528,280 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | |
| | | | | | | | | | - |
| | | | | | | | | | - |
| | | | | | | | | | - |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | | | | |
| | | | | | | | | | - |
| | | | | | | | | | - |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 1,252,633 | 1,335,391 | 1,439,632 | 1,500,624 | - | - | - | 5,528,280 |
| NON-DPH FUNDING SOURCES | | | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | 12,000 | 12,000 | 12,000 | 12,000 | | | | 48,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 1,264,633 | 1,347,391 | 1,451,632 | 1,512,624 | - | - | - | 5,576,280 |

DPH 1: Department of Public Health Contract Budget Summary

| DHCS Legal Entity Number (MH): | | 00271 | | Prepared By/Phone #: | | Jay Yanos 415-861-0828 | | Fiscal Year: 2015-16 | |
|---|----------------|---------------------|----------------|----------------------|------------------|------------------------|------------------|----------------------|--|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | Progress Foundation | | Document Date: | | 7/1/2015 | | Appendix B Page 5 | |
| Contract CMS # (CDTA use only): | | | | | | | | | |
| Contract Appendix Number: | B-2a | B-2b | B-2c | B-2d | B-2e | B-2f | | | |
| Appendix A/Provider Name: | La Amistad | Progress House | Cortland | Clay | Loso House | Ashbury | | | |
| Provider Number | 3809 | 3837 | 3863 | 8985 | 38GH | 8984 | | | |
| Program Code(s) | 38091/2 | 38371MH/2 | 38631/DT | 89851/2 | 38GH1/2 | 89811/2 | | | |
| FUNDING TERM: | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | Sub TOTAL | | |
| FUNDING USES | | | | | | | | | |
| Salaries & Employee Benefits: | 622,597 | 592,099 | 568,706 | 876,685 | 882,674 | 671,773 | 4,214,534 | | |
| Operating Expenses: | 165,814 | 105,080 | 154,003 | 239,639 | 310,629 | 189,392 | 1,164,557 | | |
| Capital Expenses: | - | - | - | - | - | - | - | | |
| Subtotal Direct Expenses: | 788,411 | 697,179 | 722,709 | 1,116,324 | 1,193,303 | 861,165 | 5,379,091 | | |
| Indirect Expenses: | 100,469 | 107,960 | 84,626 | 130,987 | 139,559 | 140,470 | 704,071 | | |
| Indirect %: | 13% | 15% | 12% | 12% | 12% | 16% | 13% | | |
| TOTAL FUNDING USES | 888,880 | 805,139 | 807,335 | 1,247,311 | 1,332,862 | 1,001,635 | 6,083,162 | | |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | 304,405 | 276,093 | 277,451 | 530,813 | 574,226 | 270,621 | 2,233,609 | | |
| MH COUNTY - General Fund | 243,203 | 216,725 | 217,375 | 91,712 | 89,457 | 47,410 | 905,882 | | |
| MH COUNTY - Work Order CODB | - | - | - | - | - | 1,015 | 1,015 | | |
| MH STATE - 1991 MH Realignment | 311,272 | 282,321 | 283,709 | 542,786 | 587,179 | 276,724 | 2,283,991 | | |
| MH WORK ORDER - HSA CALWORKS | - | - | - | - | - | 375,865 | 375,865 | | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | 858,880 | 775,139 | 778,535 | 1,165,311 | 1,250,862 | 971,635 | 5,800,362 | | |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | - | - | - | - | - | - | - | | |
| OTHER DPH FUNDING SOURCES | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | - | - | - | - | - | - | - | | |
| TOTAL DPH FUNDING SOURCES | 858,880 | 775,139 | 778,535 | 1,165,311 | 1,250,862 | 971,635 | 5,800,362 | | |
| NON-DPH FUNDING SOURCES | | | | | | | | | |
| | 30,000 | 30,000 | 28,800 | 82,000 | 82,000 | 30,000 | 282,800 | | |
| TOTAL NON-DPH FUNDING SOURCES | 30,000 | 30,000 | 28,800 | 82,000 | 82,000 | 30,000 | 282,800 | | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | 888,880 | 805,139 | 807,335 | 1,247,311 | 1,332,862 | 1,001,635 | 6,083,162 | | |

DPH 1: Department of Public Health Contract Budget Summary

| DHCS Legal Entity Number (MH): | | 00271 | | Prepared By/Phone #: | | Jay Yanos 415-861-0828 | | Fiscal Year: 2014-15 | |
|---|--|---------------------|----------------|----------------------|------------------|------------------------|--|----------------------|--|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | Progress Foundation | | Document Date: | | 7/1/2015 Appendix B | | page 6 | |
| Contract CMS # (CDTA use only): | | | | | | | | | |
| Contract Appendix Number: | | B-3a | B-3b | B-4 | B-5 | | | | |
| Appendix A/Provider Name: | | Seniors-Carroll | Seniors-Rypins | SLP | Dore Clinic | | | | |
| Provider Number | | 3854 | 3853 | 3838 | 3811 | | | | |
| Program Code(s) | | 38541 | 38531/2 | 3838OP | 38112 | | | | |
| FUNDING TERM: | | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | Subtotal | | TOTAL | |
| FUNDING USES | | | | | | | | | |
| Salaries & Employee Benefits: | | 223,674 | 632,006 | 428,101 | 1,874,930 | 8,342,764 | | 11,501,475 | |
| Operating Expenses: | | 85,964 | 191,263 | 169,085 | 317,967 | 2,007,405 | | 2,771,684 | |
| Capital Expenses: | | - | - | - | - | - | | - | |
| Subtotal Direct Expenses: | | 309,638 | 823,269 | 597,186 | 2,192,897 | 10,350,169 | | 14,273,159 | |
| Indirect Expenses: | | 39,374 | 115,009 | 72,001 | 250,973 | 1,309,273 | | 1,786,630 | |
| Indirect %: | | 13% | 14% | 12% | 11% | 0% | | 13% | |
| TOTAL FUNDING USES | | 349,012 | 938,278 | 669,187 | 2,443,870 | 11,659,442 | | 16,059,789 | |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | | 113,488 | 327,731 | 318,198 | 790,961 | 3,978,969 | | 5,529,347 | |
| MH COUNTY - General Fund | | 116,048 | 335,124 | 25,613 | 844,104 | 2,904,071 | | 4,224,960 | |
| MH COUNTY - Work Order CODB | | 98,476 | 254,423 | - | - | 1,015 | | 353,914 | |
| MH STATE - 1991 MH Realignment | | - | - | 325,376 | 808,805 | 4,068,722 | | 5,202,903 | |
| MH WORK ORDER - HSA CALWORKS | | - | - | - | - | 375,865 | | 375,865 | |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 328,012 | 917,278 | 669,187 | 2,443,870 | 11,328,642 | | 15,686,989 | |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | | - | |
| OTHER DPH FUNDING SOURCES | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - | - | | - | |
| TOTAL DPH FUNDING SOURCES | | 328,012 | 917,278 | 669,187 | 2,443,870 | 11,328,642 | | 15,686,989 | |
| NON-DPH FUNDING SOURCES | | | | | | | | | |
| | | 21,000 | 21,000 | | | 330,800 | | 372,800 | |
| TOTAL NON-DPH FUNDING SOURCES | | 21,000 | 21,000 | - | - | 330,800 | | 372,800 | |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 349,012 | 938,278 | 669,187 | 2,443,870 | 11,659,442 | | 16,059,789 | |

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-1a/page 1 | |
|---|----------------------------------|------------------|---------------|------------------------------|-----------------------|
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 | |
| Provider Number: 3808.00 3808 3808 | | | | Fiscal Year: 2015-16 | |
| Program Name: La Posada La Posada La Posada | | | | | |
| Program Code (formerly Reporting Unit): 38081 3808OP 38101.00 | | | | | |
| Mode/SFC (MH) or Modality (SA): 05/40-49 15/60-69 60/40-49 | | | | | |
| Service Description: #REF! #REF! #REF! 0 0 | | | | TOTAL | |
| FUNDING TERM: 7/1/15-6/30/16 7/1/15-6/30/16 7/1/15-6/30/16 | | | | | |
| FUNDING USES: | | | | | |
| Salaries & Employee Benefits: | 860,425 | 85,097 | | | 945,522 |
| Operating Expenses: | 153,430 | 14,126 | 35,163 | | 202,719 |
| Capital Expenses (greater than \$5,000): | | | | | - |
| Subtotal Direct Expenses: | 1,013,855 | 99,223 | 35,163 | - | 1,148,241 |
| Indirect Expenses: | 116,392 | | | | 116,392 |
| TOTAL FUNDING USES: | 1,130,247 | 99,223 | 35,163 | - | 1,264,633 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| | Index Code/Project Detail/CFDA#: | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCC730515 | 347,690 | 48,604 | | 396,294 |
| MH STATE - 1991 MH Realignment | HMHMCC730515 | 355,532 | 49,702 | | 405,234 |
| MH COUNTY - General Fund | HMHMCC730515 | 415,025 | 917 | 35,163 | 451,105 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 1,118,247 | 99,223 | 35,163 | 1,252,633 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| | Index Code/Project Detail/CFDA#: | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | |
| | Index Code/Project Detail/CFDA#: | | | | |
| | | | | | |
| | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 1,118,247 | 99,223 | 35,163 | 1,252,633 |
| NON-DPH FUNDING SOURCES | | | | | |
| NON DPH - Other (please identify) | | 12,000 | | | 12,000 |
| TOTAL NON-DPH FUNDING SOURCES | | 12,000 | - | - | 12,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 1,130,247 | 99,223 | 35,163 | 1,264,633 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | 10 | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | |
| DPH Units of Service: | | 3,103 | 29,977 | 3,103 | |
| Unit Type: | | #REF! | #REF! | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 360.38 | 3.31 | 11.33 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 364.24 | 3.31 | 11.33 | |
| Published Rate (Medi-Cal Providers Only): | | 650.00 | 9.00 | | |
| Unduplicated Clients (UDC): | | 197 | 197 | 197 | Total UDC: 197 |

DPH 3: Salaries & Benefits Detail

Program Code: 3808
 Program Name: La Posada
 Document Date: 7/1/2015

Appendix #: B-1a
 Page #: 2

| Position Title | TOTAL | | General Fund (HMMCC730515) | | | | | | | |
|----------------------------------|-----------|-------------------------|----------------------------|-------------------------|------|------|------|------|------|------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | |
| Program Director | 1.00 | \$ 64,928 | 1.00 | \$ 64,928 | | | | | | |
| Assistant Director | 2.00 | \$ 106,012 | 2.00 | \$ 106,012 | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | |
| Counselor | 11.00 | \$ 494,764 | 11.00 | \$ 494,764 | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | |
| Nurse Practitioner | 0.38 | \$ 52,376 | 0.38 | \$ 52,376 | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | |
| Clerk | 0.33 | \$ 16,249 | 0.33 | \$ 16,249 | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | |
| Totals: | 14.70 | \$ 734,329 | 14.70 | \$ 734,329 | 0.00 | \$ - | 0.00 | \$ - | 0.00 | \$ - |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|--|-------|--|-------|--|-------|--|
| Employee Fringe Benefits: | 28.76% | \$ 211,193 | 28.76% | \$ 211,193 | 0.00% | | 0.00% | | 0.00% | | 0.00% | |
|----------------------------------|--------|------------|--------|------------|-------|--|-------|--|-------|--|-------|--|

TOTAL SALARIES & BENEFITS \$ 945,522 \$ 945,522 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

Program Code: 3808
 Program Name: La Posada
 Document Date: 7/1/15

Appendix #: B-1a
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|-------------------|--------------------------------|-------------|-------------|-------------|-------------|
| | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 41,843 | \$ 41,843 | | | | |
| Utilities (telephone, electricity, water, gas) | \$ 24,204 | \$ 24,204 | | | | |
| Building Repair/Maintenance | \$ 13,960 | \$ 13,960 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 12,731 | \$ 12,731 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 11,057 | \$ 11,057 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,818 | \$ 1,818 | | | | |
| Insurance | \$ 11,455 | \$ 11,455 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,699 | \$ 1,699 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 4,113 | \$ 4,113 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 41,294 | \$ 41,294 | | | | |
| Other: | | | | | | |
| Food | \$ 34,541 | \$ 34,541 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,665 | \$ 2,665 | | | | |
| Prescriptions | \$ 717 | \$ 717 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 622 | \$ 622 | | | | |
| TOTAL OPERATING EXPENSE | \$ 202,719 | \$ 202,719 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | | | | |
|---|--|--|--|--|----------------|-------------------------|----------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | | | 00271 | | Appendix/Page #: B-1b/1 | |
| Provider Name: | | | | Progress Foundaion | | Document Date: 7/1/2015 | |
| Provider Number: | | | | 8966 | 8966 | 8966 | Fiscal Year: 2015-16 |
| Program Name: | | | | Shrader | Shrader | Shrader | |
| Program Code (formerly Reporting Unit): | | | | 89661 | 8966OP | 89661 | |
| Mode/SFC (MH) or Modality (SA): | | | | 05/40-49 | 15/60-69 | 60/40-49 | |
| Service Description: | | | | #REF! | #REF! | #REF! | 0 |
| FUNDING TERM: | | | | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | TOTAL |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | | | | 870,893 | 107,677 | | 978,570 |
| Operating Expenses: | | | | 162,749 | 20,117 | 26,879 | 209,745 |
| Capital Expenses (greater than \$5,000): | | | | | | | - |
| Subtotal Direct Expenses: | | | | 1,033,642 | 127,794 | 26,879 | 1,188,315 |
| Indirect Expenses: | | | | 145,607 | 13,469 | | 159,076 |
| TOTAL FUNDING USES: | | | | 1,179,249 | 141,263 | 26,879 | 1,347,391 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| | | | | Index Code/Project Detail/CFDA#: | | | |
| MH FED - SDMC Regular FFP (50%) | | | | HMHMCC730515 | 374,767 | 46,409 | 421,176 |
| MH STATE - 1991 MH Realignment | | | | HMHMCC730515 | 383,221 | 47,456 | 430,677 |
| MH COUNTY - General Fund | | | | HMHMCC730515 | 409,261 | 47,398 | 483,538 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | | 1,167,249 | 141,263 | 26,879 | 1,335,391 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| | | | | Index Code/Project Detail/CFDA#: | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | | |
| | | | | Index Code/Project Detail/CFDA#: | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | | 1,167,249 | 141,263 | 26,879 | 1,335,391 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| NON DPH - Other (please identify) | | | | | 12,000 | | 12,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | | | 12,000 | | 12,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | | 1,179,249 | 141,263 | 26,879 | 1,347,391 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | 12 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | | | FFS | FFS | FFS | |
| DPH Units of Service: | | | | 3,500 | 29,992 | 3,500 | |
| Unit Type: | | | | #REF! | #REF! | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | | | | 333.50 | 4.71 | 7.68 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | | | 336.93 | 4.71 | 7.68 | |
| Published Rate (Medi-Cal Providers Only): | | | | 650.00 | 9.00 | | Total UDC: |
| Unduplicated Clients (UDC): | | | | 249 | 249 | 249 | 249 |

DPH 3: Salaries & Benefits Detail

Program Code: 8966
 Program Name: Shrader
 Document Date: 7/1/2015

Appendix #: B-1b
 Page #: 2

| Position Title | TOTAL | | General Fund (HMMCC730515) | | | | | | | | | |
|----------------------------------|--------------|----------------------------|-------------------------------|----------------------------|------|-----|------|-----|------|-----|------|-----|
| | Term: FTE | 7/1/15-6/30/16 Salaries | Term: FTE | 7/1/15-6/30/16 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 69,089 | 1.00 | \$ 69,089 | | | | | | | | |
| Assistant Director | 2.00 | \$ 105,606 | 2.00 | \$ 105,606 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 11.00 | \$ 495,687 | 11.00 | \$ 495,687 | | | | | | | | |
| Psychiatrist | 0.38 | \$ 71,948 | 0.38 | \$ 71,948 | | | | | | | | |
| Nurse Practitioner | 0.00 | \$ - | | \$ - | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.33 | \$ 10,416 | 0.33 | \$ 10,416 | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 14.71 | \$ 752,746 | 14.71 | \$ 752,746 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 30.00% | \$ 225,824 | 30.00% | \$ 225,824 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS

\$ 978,570

\$ 978,570

\$0

\$0

\$0

\$0

DPH 4: Operating Expenses Detail

Program Code: 8966
 Program Name: Shrader
 Document Date: 7/1/15

Appendix #: B-1b
 Page # 3

| Expenditure Categories & Line Items | TOTAL | | General Fund (HMHMCC730515) | | | | | |
|--|-------------------|-------------------|-----------------------------|-------------------|-------------|-------------|-------------|-------------|
| | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | |
| Occupancy: | | | | | | | | |
| Rent | \$ 60,145 | \$ 60,145 | \$ 60,145 | \$ 60,145 | | | | |
| Utilities (telephone, electricity, water, gas) | \$ 27,419 | \$ 27,419 | \$ 27,419 | \$ 27,419 | | | | |
| Building Repair/Maintenance | \$ 6,784 | \$ 6,784 | \$ 6,784 | \$ 6,784 | | | | |
| Materials & Supplies: | | | | | | | | |
| Office Supplies | \$ 13,528 | \$ 13,528 | \$ 13,528 | \$ 13,528 | | | | |
| Photocopying | \$ - | \$ - | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | \$ - | \$ - | | | | |
| Program Supplies | \$ 12,639 | \$ 12,639 | \$ 12,639 | \$ 12,639 | | | | |
| Computer hardware/software | \$ - | \$ - | \$ - | \$ - | | | | |
| General Operating: | | | | | | | | |
| Training/Staff Development | \$ 1,907 | \$ 1,907 | \$ 1,907 | \$ 1,907 | | | | |
| Insurance | \$ 13,292 | \$ 13,292 | \$ 13,292 | \$ 13,292 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,840 | \$ 1,840 | \$ 1,840 | \$ 1,840 | | | | |
| Permits | \$ - | \$ - | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | | | |
| Local Travel | \$ 3,482 | \$ 3,482 | \$ 3,482 | \$ 3,482 | | | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 38,870 | \$ 38,870 | \$ 38,870 | \$ 38,870 | | | | |
| Other: | | | | | | | | |
| Food | \$ 26,626 | \$ 26,626 | \$ 26,626 | \$ 26,626 | | | | |
| Legal | \$ - | \$ - | \$ - | \$ - | | | | |
| Accounting | \$ - | \$ - | \$ - | \$ - | | | | |
| Client Expense | \$ 2,599 | \$ 2,599 | \$ 2,599 | \$ 2,599 | | | | |
| Prescriptions | \$ 361 | \$ 361 | \$ 361 | \$ 361 | | | | |
| Recreation | \$ 253 | \$ 253 | \$ 253 | \$ 253 | | | | |
| TOTAL OPERATING EXPENSE | \$ 209,745 | \$ 209,745 | \$ 209,745 | \$ 209,745 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | |
|---|---|------------------|----------------|------------------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-1c/page 1 |
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 |
| Provider Number: | 38A4 | 38A4 | 38A4 | Fiscal Year: 2015-16 |
| Program Name: | Avenues | Avenues | Avenues | |
| Program Code (formerly Reporting Unit): | 38A41 | 38A43 | 38A41 | |
| Mode/SFC (MH) or Modality (SA) | 05/40-49 | 15/60-69 | 60/40-49 | |
| Service Description: | #REF! | #REF! | #REF! | 0 |
| FUNDING TERM: | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 7/1/15-6/30/16 | 0 |
| FUNDING USES: | | | | TOTAL |
| Salaries & Employee Benefits: | 963,487 | 113,508 | | 1,076,995 |
| Operating Expenses: | 170,627 | 19,002 | 37,298 | 226,927 |
| Capital Expenses (greater than \$5,000): | | | | - |
| Subtotal Direct Expenses: | 1,134,114 | 132,510 | 37,298 | 1,303,922 |
| Indirect Expenses: | 137,068 | 10,642 | | 147,710 |
| TOTAL FUNDING USES: | 1,271,182 | 143,152 | 37,298 | 1,451,632 |
| BHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCC730515 | 407,522 | 47,402 | 454,924 |
| MH STATE - 1991 MH Realignment | HMHMCC730515 | 416,715 | 48,472 | 465,187 |
| MH COUNTY - General Fund | HMHMCC730515 | 434,945 | 47,278 | 519,521 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 1,259,182 | 143,152 | 1,439,632 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | |
| | | | | - |
| | | | | - |
| | | | | - |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - |
| OTHER DPH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | |
| | | | | - |
| | | | | - |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 1,259,182 | 143,152 | 1,439,632 |
| NON-DPH FUNDING SOURCES | | | | |
| NON DPH - Other (please identify) | | 12,000 | | 12,000 |
| TOTAL NON-DPH FUNDING SOURCES | | 12,000 | - | 12,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 1,271,182 | 143,152 | 1,451,632 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | |
| Number of Beds Purchased (if applicable) | | 12 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | FFS | FFS | FFS | |
| DPH Units of Service: | 3,722 | 30,011 | 3,722 | |
| Unit Type: | #REF! | #REF! | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 338.31 | 4.77 | 10.02 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 341.53 | 4.77 | 10.02 | |
| Published Rate (Medi-Cal Providers Only): | 650.00 | 9.00 | | Total UDC: |
| Unduplicated Clients (UDC): | 249 | 249 | 249 | 249 |

DPH 3: Salaries & Benefits Detail

Program Code: 38A4
 Program Name: Avenues
 Document Date: 7/1/2015

Appendix #: B-1c
 Page #: 2

| Position Title | TOTAL | | General Fund (HMMCC730515) | | | | | | | | | |
|----------------------------------|-----------|-------------------------|----------------------------|-------------------------|------|------|------|------|------|------|------|------|
| | Term: FTE | 7/1/15-6/30/16 Salaries | Term: FTE | 7/1/15-6/30/16 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 70,208 | 1.00 | \$ 70,208 | | | | | | | | |
| Assistant Director | 2.00 | \$ 102,409 | 2.00 | \$ 102,409 | | | | | | | | |
| Clinical Manager | 1.00 | \$ 65,862 | 1.00 | \$ 65,862 | | | | | | | | |
| Counselor | 11.50 | \$ 503,469 | 11.50 | \$ 503,469 | | | | | | | | |
| Psychiatrist | 0.38 | \$ 56,505 | 0.38 | \$ 56,505 | | | | | | | | |
| Nurse Practitioner | 0.00 | \$ - | | \$ - | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 1.00 | \$ 31,153 | 1.00 | \$ 31,153 | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 16.88 | \$ 829,606 | 16.88 | \$ 829,606 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|------|-------|------|-------|------|-------|------|
| Employee Fringe Benefits: | 29.82% | \$ 247,389 | 29.82% | \$ 247,389 | 0.00% | \$ 0 | 0.00% | \$ 0 | 0.00% | \$ 0 | 0.00% | \$ 0 |
|----------------------------------|--------|------------|--------|------------|-------|------|-------|------|-------|------|-------|------|

TOTAL SALARIES & BENEFITS **\$ 1,076,995** **\$ 1,076,995** **\$ 0** **\$ 0** **\$ 0** **\$ 0**

DPH 4: Operating Expenses Detail

Program Code: 38A4
 Program Name: Avenues
 Document Date: 7/1/15

Appendix #: B-1c
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|-------------------|--------------------------------|-------------|-------------|-------------|-------------|
| | 7/1/15-6/30/16 | 7/1/15-6/30/16 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 41,760 | \$ 41,760 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 28,775 | \$ 28,775 | | | | |
| Building Repair/Maintenance | \$ 15,890 | \$ 15,890 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 13,397 | \$ 13,397 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 13,099 | \$ 13,099 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 2,586 | \$ 2,586 | | | | |
| Insurance | \$ 17,428 | \$ 17,428 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,982 | \$ 1,982 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 7,426 | \$ 7,426 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 44,226 | \$ 44,226 | | | | |
| Other: | | | | | | |
| Food | \$ 36,703 | \$ 36,703 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,556 | \$ 2,556 | | | | |
| Prescriptions | \$ 504 | \$ 504 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 595 | \$ 595 | | | | |
| TOTAL OPERATING EXPENSE | \$ 226,927 | \$ 226,927 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | | | |
|---|--|--|--|---------------------|-------------------------------|----------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | | | 00271 | Appendix/Page #: B-1d/ page 1 | |
| Provider Name: | | | | Progress Foundation | Document Date: 7/1/2015 | |
| Provider Number: | | | | 38GM | 38GM | 38GM |
| Program Name: | | | | Dore Residence | Dore Residence | Dore Residence |
| Program Code (formerly Reporting Unit): | | | | 38GM1 | 38GM3 | 38GM1 |
| Mode/SFC (MH) or Modality (SA): | | | | 05/40-49 | 15/60-69 | 60/40-49 |
| Service Description: | | | | #REF! | #REF! | #REF! |
| FUNDING TERM: | | | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 |
| FUNDING USES: | | | | | | |
| Salaries & Employee Benefits: | | | | 995,550 | 131,593 | 1,127,143 |
| Operating Expenses: | | | | 150,989 | 18,373 | 203,457 |
| Capital Expenses (greater than \$5,000): | | | | | | - |
| Subtotal Direct Expenses: | | | | 1,146,539 | 149,966 | 1,330,600 |
| Indirect Expenses: | | | | 164,282 | 17,742 | 182,024 |
| TOTAL FUNDING USES: | | | | 1,310,821 | 167,708 | 1,512,624 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | |
| MH FED - SDMC Regular FFP (50%) | | | | 417,756 | 55,210 | 472,966 |
| MH STATE - 1991 MH Realignment | | | | 427,178 | 56,455 | 483,633 |
| MH COUNTY - General Fund | | | | 453,887 | 56,043 | 544,025 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | | 1,298,821 | 167,708 | 1,500,624 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | | | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | | 1,298,821 | 167,708 | 1,500,624 |
| NON-DPH FUNDING SOURCES | | | | | | |
| NON DPH - Other (please identify) | | | | 12,000 | | 12,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | | 12,000 | | 12,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | | 1,310,821 | 167,708 | 1,512,624 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | |
| Number of Beds Purchased (if applicable) | | | | 14 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | | | FFS | FFS | FFS |
| DPH Units of Service: | | | | 4,343 | 39,741 | 4,343 |
| Unit Type: | | | | #REF! | #REF! | Client Day |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | | | 299.06 | 4.22 | 7.85 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | | | 301.82 | 4.22 | 7.85 |
| Published Rate (Medi-Cal Providers Only): | | | | 650.00 | 9.00 | |
| Unduplicated Clients (UDC): | | | | 275 | 275 | 275 |
| Total UDC: 275 | | | | | | |

DPH 3: Salaries & Benefits Detail

Program Code: 38GM
 Program Name: Dore Residence
 Document Date: 7/1/2015

Appendix #: B-1d
 Page #: 2

| Position Title | TOTAL | | General Fund (HMHCC730515) | | | | | | | | | |
|----------------------------------|-----------|-------------------------|----------------------------|-------------------------|------|------|------|------|------|------|------|------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 67,717 | 1.00 | \$ 67,717 | | | | | | | | |
| Assistant Director | 2.00 | \$ 101,619 | 2.00 | \$ 101,619 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 12.00 | \$ 519,680 | 12.00 | \$ 519,680 | | | | | | | | |
| Psychiatrist | 0.50 | \$ 97,370 | 0.50 | \$ 97,370 | | | | | | | | |
| Nurse Practitioner | 0.50 | \$ 70,263 | 0.50 | \$ 70,263 | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.33 | \$ 10,384 | 0.33 | \$ 10,384 | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 16.33 | \$ 867,033 | 16.33 | \$ 867,033 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 |

| | | | | | | | | | | | | |
|---------------------------|--------|------------|--------|------------|-------|------|-------|------|-------|------|-------|------|
| Employee Fringe Benefits: | 30.00% | \$ 260,110 | 30.00% | \$ 260,110 | 0.00% | \$ 0 | 0.00% | \$ 0 | 0.00% | \$ 0 | 0.00% | \$ 0 |
|---------------------------|--------|------------|--------|------------|-------|------|-------|------|-------|------|-------|------|

TOTAL SALARIES & BENEFITS **\$ 1,127,143** **\$ 1,127,143** **\$ 0** **\$ 0** **\$ 0** **\$ 0**

DPH 4: Operating Expenses Detail

Program Code: 38GM
 Program Name: Dore Residence
 Document Date: 7/1/15

Appendix #: B-1d
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMMCC730515) | | | | |
|--|----------------|-------------------------------|--|--|--|--|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 81,275 | \$ 81,275 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 22,511 | \$ 22,511 | | | | |
| Building Repair/Maintenance | \$ 15,819 | \$ 15,819 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 16,917 | \$ 16,917 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 11,741 | \$ 11,741 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 2,300 | \$ 2,300 | | | | |
| Insurance | \$ 12,419 | \$ 12,419 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,880 | \$ 1,880 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 1,938 | \$ 1,938 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary) | \$ - | \$ - | | | | |
| Other: | | | | | | |
| Food | \$ 34,019 | \$ 34,019 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,098 | \$ 2,098 | | | | |
| Prescriptions | \$ 464 | \$ 464 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 76 | \$ 76 | | | | |

TOTAL OPERATING EXPENSE \$ 203,457 \$ 203,457 \$ - \$ - \$ - \$ -

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | | | 00271 | | Appendix/Page #: B-2a/ page 1 | |
|---|--|--|--|---------------------|----------------|-------------------------------|----------------------|
| Provider Name: | | | | Progress Foundation | | Document Date: 7/1/2015 | |
| Provider Number: | | | | 3809 | 3809 | 3809 | Fiscal Year: 2015-16 |
| Program Name: | | | | La Amistad | La Amistad | La Amistad | |
| Program Code (formerly Reporting Unit): | | | | 38091 | 38092 | 38091 | |
| Mode/SFC (MH) or Modality (SA) | | | | 05/65-79 | 10/95-99 | 60/40-49 | |
| Service Description: | | | | #REF! | #REF! | #REF! | 0 |
| FUNDING TERM: | | | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | TOTAL |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | | | | 411,867 | 210,730 | | 622,597 |
| Operating Expenses: | | | | 89,748 | 44,976 | 31,090 | 165,814 |
| Capital Expenses (greater than \$5,000): | | | | | | | - |
| Subtotal Direct Expenses: | | | | 501,615 | 255,706 | 31,090 | 788,411 |
| Indirect Expenses: | | | | 75,205 | 25,264 | | 100,469 |
| TOTAL FUNDING USES: | | | | 576,820 | 280,970 | 31,090 | 888,880 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | | | | HMHMCC730515 | 199,392 | 105,013 | 304,405 |
| MH STATE - 1991 MH Realignment | | | | HMHMCC730515 | 203,890 | 107,382 | 311,272 |
| MH COUNTY - General Fund | | | | HMHMCC730515 | 143,538 | 31,090 | 243,203 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | | 546,820 | 280,970 | 31,090 | 858,880 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | | 546,820 | 280,970 | 31,090 | 858,880 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| NON DPH - Other (please identify) | | | | | 30,000 | | 30,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | | | 30,000 | | 30,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | | 576,820 | 280,970 | 31,090 | 888,880 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | 13 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | | | FFS | FFS | FFS | |
| DPH Units of Service: | | | | 4,032 | 2,520 | 4,032 | |
| Unit Type: | | | | #REF! | #REF! | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | | | 135.62 | 111.50 | 7.71 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | | | 143.06 | 111.50 | 7.71 | |
| Published Rate (Medi-Cal Providers Only): | | | | 450.00 | 400.00 | | Total UDC: |
| Unduplicated Clients (UDC): | | | | 75 | 75 | 75 | 75 |

DPH 3: Salaries & Benefits Detail

Program Code: 3809
 Program Name: La Amistad
 Document Date: 7/1/2015

Appendix #: B-2a
 Page #: 2

| Position Title | TOTAL | | General Fund (HMMCC730515) | | | | | | | | |
|----------------------------------|-----------|-------------------------|----------------------------|-------------------------|------|------|------|------|------|------|------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | |
| Program Director | 1.00 | \$ 63,512 | 1.00 | \$ 63,512 | | | | | | | |
| Assistant Director | 1.00 | \$ 48,191 | 1.00 | \$ 48,191 | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | |
| Counselor | 7.50 | \$ 352,766 | 7.50 | \$ 352,766 | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | |
| Nurse Practitioner | 0.13 | \$ 14,452 | 0.13 | \$ 14,452 | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | |
| Totals: | 9.63 | \$ 478,921 | 9.63 | \$ 478,921 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|------|-------|------|-------|------|-------|------|
| Employee Fringe Benefits: | 30.00% | \$ 143,676 | 30.00% | \$ 143,676 | 0.00% | \$ 0 | 0.00% | \$ 0 | 0.00% | \$ 0 | 0.00% | \$ 0 |
|----------------------------------|--------|------------|--------|------------|-------|------|-------|------|-------|------|-------|------|

TOTAL SALARIES & BENEFITS **\$622,597** **\$622,597** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 3809
 Program Name: La Amistad
 Document Date: 7/1/15

Appendix #: B-2a
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|-------------------|--------------------------------|-------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 60,060 | \$ 60,060 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 23,089 | \$ 23,089 | | | | |
| Building Repair/Maintenance | \$ 7,454 | \$ 7,454 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 10,523 | \$ 10,523 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 9,493 | \$ 9,493 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,248 | \$ 1,248 | | | | |
| Insurance | \$ 5,859 | \$ 5,859 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,443 | \$ 1,443 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 3,354 | \$ 3,354 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 9,459 | \$ 9,459 | | | | |
| Other: | | | | | | |
| Food | \$ 30,679 | \$ 30,679 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,497 | \$ 2,497 | | | | |
| Prescriptions | \$ 245 | \$ 245 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 411 | \$ 411 | | | | |
| TOTAL OPERATING EXPENSE | \$ 165,814 | \$ 165,814 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | | |
|---|--|----------------------------------|----------------|-------------------------------|--------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-2b/ page 1 | |
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 | |
| Provider Number: 3837 3837 3837 | | | | Fiscal Year: 2015-16 | |
| Program Name: Progress House | | Progress House | Progress House | Progress House | |
| Program Code (formerly Reporting Unit): | | 38371MH | 38372 | 38371MH | |
| Mode/SFC (MH) or Modality (SA) | | 05/65-79 | 10/95-99 | 60/40-49 | |
| Service Description: | | #REF! | #REF! | #REF! | 0 0 TOTAL |
| FUNDING TERM: | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | - - |
| FUNDING USES: | | | | | |
| Salaries & Employee Benefits: | | 375,157 | 216,942 | | 592,099 |
| Operating Expenses: | | 43,555 | 24,072 | 37,453 | 105,080 |
| Capital Expenses (greater than \$5,000): | | | | | - |
| Subtotal Direct Expenses: | | 418,712 | 241,014 | 37,453 | 697,179 |
| Indirect Expenses: | | 72,337 | 35,623 | | 107,960 |
| TOTAL FUNDING USES: | | 491,049 | 276,637 | 37,453 | 805,139 |
| BHS MENTAL HEALTH FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | |
| MH FED - SDMC Regular FFP (50%) | | HMHMCC730515 | 171,978 | 104,115 | 276,093 |
| MH STATE - 1991 MH Realignment | | HMHMCC730515 | 175,857 | 106,464 | 282,321 |
| MH COUNTY - General Fund | | HMHMCC730515 | 113,214 | 66,058 | 37,453 216,725 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | 461,049 | 276,637 | 37,453 - - 775,139 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | - | - | - - - |
| OTHER DPH FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | |
| | | | | | - |
| | | | | | - |
| TOTAL OTHER DPH FUNDING SOURCES | | | - | - | - - - |
| TOTAL DPH FUNDING SOURCES | | | 461,049 | 276,637 | 37,453 - - 775,139 |
| NON-DPH FUNDING SOURCES | | | | | |
| NON DPH - Other (please identify) | | | 30,000 | | 30,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | 30,000 | - | - 30,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | 491,049 | 276,637 | 37,453 - - 805,139 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | 10 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | |
| DPH Units of Service: | | 3,103 | 2,210 | 3,103 | - - |
| Unit Type: | | #REF! | #REF! | Client Day | 0 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | | 148.58 | 125.18 | 12.07 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 158.25 | 125.18 | 12.07 | - - |
| Published Rate (Medi-Cal Providers Only): | | 450.00 | 400.00 | | Total UDC: |
| Unduplicated Clients (UDC): | | 40 | 40 | 40 | 40 |

DPH 3: Salaries & Benefits Detail

Program Code: 38371MH
 Program Name: Progress House
 Document Date: 7/1/2015

Appendix #: B-2b
 Page #: 2

| Position Title | TOTAL | | General Fund (HHMCC730515) | | | | | | | | | |
|----------------------------------|-----------|-------------------------|----------------------------|-------------------------|------|-----|------|-----|------|-----|------|-----|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 69,452 | 1.00 | \$ 69,452 | | | | | | | | |
| Assistant Director | 1.00 | \$ 56,300 | 1.00 | \$ 56,300 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 7.00 | \$ 313,253 | 7.00 | \$ 313,253 | | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | | |
| Nurse Practitioner | 0.13 | \$ 16,456 | 0.13 | \$ 16,456 | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 9.13 | \$ 455,461 | 9.13 | \$ 455,461 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 30.00% | \$ 136,638 | 30.00% | \$ 136,638 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS **\$ 592,099** **\$ 592,099** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 38371MH
 Program Name: Progress House
 Document Date: 7/1/15

Appendix #: B-2b
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|----------------|--------------------------------|--|--|--|--|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ - | \$ - | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 17,264 | \$ 17,264 | | | | |
| Building Repair/Maintenance | \$ 5,860 | \$ 5,860 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 9,167 | \$ 9,167 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 6,437 | \$ 6,437 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,345 | \$ 1,345 | | | | |
| Insurance | \$ 7,242 | \$ 7,242 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,212 | \$ 1,212 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 3,078 | \$ 3,078 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 12,485 | \$ 12,485 | | | | |
| Other: | | | | | | |
| Food | \$ 37,453 | \$ 37,453 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,160 | \$ 2,160 | | | | |
| Prescriptions | \$ 262 | \$ 262 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 1,115 | \$ 1,115 | | | | |

TOTAL OPERATING EXPENSE \$ 105,080 \$ 105,080 \$ - \$ - \$ - \$ -

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-2c/page 1 |
|---|---|----------------|----------------|------------------------------|
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 |
| Provider Number: 3863 3863 3863 | | | | Fiscal Year: 2015-16 |
| Program Name: | Cortland | Cortland | Cortland | |
| Program Code (formerly Reporting Unit): | 38631.00 | 3863DT | 38631 | |
| Mode/SFC (MH) or Modality (SA) | 05/65-79 | 10/95-99 | 60/40-49 | |
| Service Description: | #REF! | #REF! | #REF! | 0 |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 0 |
| TOTAL | | | | |
| FUNDING USES | | | | |
| Salaries & Employee Benefits: | 362,906 | 205,800 | | 568,706 |
| Operating Expenses: | 91,905 | 36,320 | 25,778 | 154,003 |
| Capital Expenses (greater than \$5,000): | | | | - |
| Subtotal Direct Expenses: | 454,811 | 242,120 | 25,778 | 722,709 |
| Indirect Expenses: | 62,522 | 22,104 | | 84,626 |
| TOTAL FUNDING USES: | 517,333 | 264,224 | 25,778 | 807,335 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | |
| | Index Code/Project Detail/CFDA#: | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCC730515 | 174,832 | 102,619 | 277,451 |
| MH STATE - 1991 MH Realignment | HMHMCC730515 | 178,776 | 104,933 | 283,709 |
| MH COUNTY - General Fund | HMHMCC730515 | 134,925 | 56,672 | 25,778 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 488,533 | 264,224 | 25,778 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | |
| | Index Code/Project Detail/CFDA#: | | | |
| | | | | |
| | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | |
| | Index Code/Project Detail/CFDA#: | | | |
| | | | | |
| | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 488,533 | 264,224 | 25,778 |
| NON-DPH FUNDING SOURCES | | | | |
| NON DPH - Other (please identify) | | 28,800 | | 28,800 |
| TOTAL NON-DPH FUNDING SOURCES | | 28,800 | - | 28,800 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 517,333 | 264,224 | 25,778 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | |
| Number of Beds Purchased (if applicable) | | 10 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS |
| DPH Units of Service: | | 3,103 | 2,151 | 3,103 |
| Unit Type: | | #REF! | #REF! | Client Day |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 157.44 | 122.84 | 8.31 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 166.72 | 122.84 | 8.31 |
| Published Rate (Medi-Cal Providers Only): | | 450.00 | 400.00 | |
| Unduplicated Clients (UDC): | | 40 | 40 | 40 |
| | | | | Total UDC: |

DPH 3: Salaries & Benefits Detail

Program Code: 3863
 Program Name: Cortland
 Document Date: 7/1/2015

Appendix #: B-2c
 Page #: 2

| Position Title | TOTAL | | General Fund (HMHMCC730515) | | | | | | | | | |
|----------------------------------|-------------|-------------------------|-----------------------------|-------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 53,763 | 1.00 | \$ 53,763 | | | | | | | | |
| Assistant Director | 1.00 | \$ 50,748 | 1.00 | \$ 50,748 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 7.00 | \$ 314,120 | 7.00 | \$ 314,120 | | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | | |
| Nurse Practitioner | 0.13 | \$ 18,835 | 0.13 | \$ 18,835 | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 9.13 | \$ 437,466 | 9.13 | \$ 437,466 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 30.00% | \$ 131,240 | 30.00% | \$ 131,240 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS **\$ 568,706** **\$ 568,706** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 3863
 Program Name: Cortand
 Document Date: 7/1/15

Appendix #: B-2c
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|-------------------|--------------------------------|-------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 63,105 | \$ 63,105 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 16,623 | \$ 16,623 | | | | |
| Building Repair/Maintenance | \$ 6,549 | \$ 6,549 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 9,207 | \$ 9,207 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 6,400 | \$ 6,400 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,444 | \$ 1,444 | | | | |
| Insurance | \$ 7,005 | \$ 7,005 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,362 | \$ 1,362 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 2,140 | \$ 2,140 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 17,974 | \$ 17,974 | | | | |
| Other: | | | | | | |
| Food | \$ 19,326 | \$ 19,326 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,100 | \$ 2,100 | | | | |
| Prescriptions | \$ 240 | \$ 240 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 528 | \$ 528 | | | | |
| TOTAL OPERATING EXPENSE | \$ 154,003 | \$ 154,003 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | | | | |
|---|--|--|--|---------------------|----------------|------------------------------|-------------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | | | 00271 | | Appendix/Page #: B-2d/page 1 | |
| Provider Name: | | | | Progress Foundation | | | |
| Provider Number: | | | | 8985 | 8985 | 8985 | Document Date: 7/1/2015 |
| Program Name: | | | | Clay | Clay | Clay | Fiscal Year: 2015-16 |
| Program Code (formerly Reporting Unit): | | | | 89851 | 89852 | 89851 | |
| Mode/SFC (MH) or Modality (SA): | | | | 05/65-79 | 10/95-99 | 60/40-49 | |
| Service Description: | | | | #REF! | #REF! | #REF! | 0 |
| FUNDING TERM: | | | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 0 |
| FUNDING USES: | | | | | | | TOTAL |
| Salaries & Employee Benefits: | | | | 561,924 | 314,761 | | 876,685 |
| Operating Expenses: | | | | 119,545 | 64,366 | 55,728 | 239,639 |
| Capital Expenses (greater than \$5,000): | | | | | | | - |
| Subtotal Direct Expenses: | | | | 681,469 | 379,127 | 55,728 | 1,116,324 |
| Indirect Expenses: | | | | 91,840 | 39,147 | | 130,987 |
| TOTAL FUNDING USES: | | | | 773,309 | 418,274 | 55,728 | 1,247,311 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | | |
| MH FED - SDMC Regular FFP (50%) | | | | HMHMCC730515 | 329,538 | 201,275 | 530,813 |
| MH STATE - 1991 MH Realignment | | | | HMHMCC730515 | 336,971 | 205,815 | 542,786 |
| MH COUNTY - General Fund | | | | HMHMCC730515 | 24,800 | 11,184 | 91,712 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | | 691,309 | 418,274 | 55,728 | 1,165,311 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | | |
| Index Code/Project Detail/CFDA#: | | | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | | 691,309 | 418,274 | 55,728 | 1,165,311 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| NON DPH - Other (please identify) | | | | 82,000 | | | 82,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | | 82,000 | | | 82,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | | 773,309 | 418,274 | 55,728 | 1,247,311 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | 16 | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | | | FFS | FFS | FFS | |
| DPH Units of Service: | | | | 4,751 | 3,250 | 4,751 | |
| Unit Type: | | | | #REF! | #REF! | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | | | | 145.51 | 128.70 | 11.73 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | | | 162.77 | 128.70 | 11.73 | |
| Published Rate (Medi-Cal Providers Only): | | | | 450.00 | 400.00 | | |
| Unduplicated Clients (UDC): | | | | 20 | 20 | 20 | Total UDC: 20 |

DPH 3: Salaries & Benefits Detail

Program Code: 8985
 Program Name: Clay
 Document Date: 7/1/15

Appendix #: B-2d
 Page #: 2

| Position Title | TOTAL | | General Fund (HMMCC730515) | | | | | | | | | |
|----------------------------------|-----------|-------------------------|----------------------------|-------------------------|------|-----|------|-----|------|-----|------|-----|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 64,446 | 1.00 | \$ 64,446 | | | | | | | | |
| Assistant Director | 1.00 | \$ 49,924 | 1.00 | \$ 49,924 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 11.50 | \$ 527,091 | 11.50 | \$ 527,091 | | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | | |
| Nurse Practitioner | 0.25 | \$ 32,912 | 0.25 | \$ 32,912 | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 13.75 | \$ 674,373 | 13.75 | \$ 674,373 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|--|-------|--|-------|--|-------|--|
| Employee Fringe Benefits: | 30.00% | \$ 202,312 | 30.00% | \$ 202,312 | 0.00% | | 0.00% | | 0.00% | | 0.00% | |
|----------------------------------|--------|------------|--------|------------|-------|--|-------|--|-------|--|-------|--|

TOTAL SALARIES & BENEFITS \$ 876,685 \$ 876,685 \$0 \$0 \$0 \$0

DPH 4: Operating Expenses Detail

Program Code: 8985
 Program Name: Clay
 Document Date: 7/1/15

Appendix #: B-2d
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|----------------|--------------------------------|--|--|--|--|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 53,263 | \$ 53,263 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 27,386 | \$ 27,386 | | | | |
| Building Repair/Maintenance | \$ 20,412 | \$ 20,412 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 11,252 | \$ 11,252 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 10,174 | \$ 10,174 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,459 | \$ 1,459 | | | | |
| Insurance | \$ 14,345 | \$ 14,345 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,767 | \$ 1,767 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 3,087 | \$ 3,087 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 36,402 | \$ 36,402 | | | | |
| Other: | | | | | | |
| Food | \$ 55,728 | \$ 55,728 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,568 | \$ 2,568 | | | | |
| Legal | \$ - | \$ - | | | | |
| Prescriptions | \$ 336 | \$ 336 | | | | |
| Recreation | \$ 1,460 | \$ 1,460 | | | | |

TOTAL OPERATING EXPENSE \$ 239,639 \$ 239,639 \$ - \$ - \$ - \$ -

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

| | | | | | |
|---|--|---|----------------|------------------------------|----------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-2e/page 1 | |
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 | |
| Provider Number: 38GH 38GH 38GH | | | | Fiscal Year: 2015-16 | |
| Program Name: | | Loso House | Loso House | Loso House | |
| Program Code (formerly Reporting Unit): | | 38GH1 | 38GH2 | 38GH1 | |
| Mode/SFC (MH) or Modality (SA): | | 05/65-79 | 10/95-99 | 60/40-49 | |
| Service Description: | | #REF! | #REF! | #REF! | TOTAL |
| FUNDING TERM: | | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | |
| FUNDING USES: | | | | | |
| Salaries & Employee Benefits: | | 546,908 | 335,766 | | 882,674 |
| Operating Expenses: | | 168,192 | 97,971 | 44,466 | 310,629 |
| Capital Expenses (greater than \$5,000): | | | | | - |
| Subtotal Direct Expenses: | | 715,100 | 433,737 | 44,466 | 1,193,303 |
| Indirect Expenses: | | 98,812 | 40,747 | | 139,559 |
| TOTAL FUNDING USES: | | 813,912 | 474,484 | 44,466 | 1,332,862 |
| BHS MENTAL HEALTH FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | |
| MH FED - SDMC Regular FFP (50%) | | HMHMCC730515 | 347,160 | 227,066 | 574,226 |
| MH STATE - 1991 MH Realignment | | HMHMCC730515 | 354,991 | 232,188 | 587,179 |
| MH COUNTY - General Fund | | HMHMCC730515 | 29,761 | 15,230 | 44,997 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | 731,912 | 474,484 | 44,466 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | |
| | | | | | |
| | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | - | - | - |
| OTHER DPH FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | |
| | | | | | |
| | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | 731,912 | 474,484 | 44,466 |
| NON-DPH FUNDING SOURCES | | | | | |
| NON DPH - Other (please identify) | | | 82,000 | | 82,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | 82,000 | | 82,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | 813,912 | 474,484 | 44,466 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | 14 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | |
| DPH Units of Service: | | 4,501 | 3,316 | 4,501 | |
| Unit Type: | | #REF! | #REF! | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 162.61 | 143.09 | 9.88 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 180.83 | 143.09 | 9.88 | |
| Published Rate (Medi-Cal Providers Only): | | 450.00 | 400.00 | | |
| Unduplicated Clients (UDC): | | 18 | 18 | 18 | Total UDC: 18 |

DPH 3: Salaries & Benefits Detail

Program Code: 38GH
 Program Name: Losó House
 Document Date: 7/1/15

Appendix #: B-2e
 Page # 2

| Position Title | TOTAL | | General Fund (HMMCC730515) | | | | | | | | | | |
|----------------------------------|--------------|----------------------------|-------------------------------|----------------------------|------|------|------|------|------|------|------|------|------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | | |
| Program Director | 1.00 | \$ 65,451 | 1.00 | \$ 65,451 | | | | | | | | | |
| Assistant Director | 2.00 | \$ 99,131 | 2.00 | \$ 99,131 | | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Counselor | 11.00 | \$ 484,677 | 11.00 | \$ 484,677 | | | | | | | | | |
| Psychiatrist | 0.25 | \$ 37,113 | 0.25 | \$ 37,113 | | | | | | | | | |
| Nurse Practitioner | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | | |
| Totals: | 14.25 | \$ 686,372 | 14.25 | \$ 686,372 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 | \$ 0 | 0.00 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|--|-------|--|-------|--|-------|--|
| Employee Fringe Benefits: | 28.60% | \$ 196,302 | 28.60% | \$ 196,302 | 0.00% | | 0.00% | | 0.00% | | 0.00% | |
|----------------------------------|--------|------------|--------|------------|-------|--|-------|--|-------|--|-------|--|

TOTAL SALARIES & BENEFITS **\$ 882,674** **\$ 882,674** **\$ 0** **\$ 0** **\$ 0** **\$ 0**

DPH 4: Operating Expenses Detail

Program Code: 38GH
 Program Name: Loso House
 Document Date: 7/1/15

Appendix #: B-2e
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|-------------------|--------------------------------|-------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 120,707 | \$ 120,707 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 27,448 | \$ 27,448 | | | | |
| Building Repair/Maintenance | \$ 28,701 | \$ 28,701 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 12,634 | \$ 12,634 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 11,030 | \$ 11,030 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,770 | \$ 1,770 | | | | |
| Insurance | \$ 13,996 | \$ 13,996 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,886 | \$ 1,886 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 2,681 | \$ 2,681 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 40,646 | \$ 40,646 | | | | |
| Other: | | | | | | |
| Food | \$ 44,466 | \$ 44,466 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,342 | \$ 2,342 | | | | |
| Prescriptions | \$ 751 | \$ 751 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 1,571 | \$ 1,571 | | | | |
| TOTAL OPERATING EXPENSE | \$ 310,629 | \$ 310,629 | \$ - | \$ - | \$ - | \$ - |

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | | Appendix/Page #: B-2f/ page 1 |
|---|---|----------------|----------------|----------------|-------------------------------|
| Provider Name: Progress Foundation | | | | | Document Date: 7/1/2015 |
| Provider Number: 8984 8984 8984 8984 | | | | | Fiscal Year: 2015-16 |
| Program Name: Ashbury Ashbury Ashbury Ashbury | | | | | |
| Program Code (formerly Reporting Unit): 89841.00 89842 89841 89841 | | | | | |
| Mode/SFC (MH) or Modality (SA): 05/65-79 10/95-99 60/40-49 60/78 | | | | | |
| Service Description: | #REF! | #REF! | #REF! | #REF! | 0 TOTAL |
| 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 | - |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 510,547 | 161,226 | | | 671,773 |
| Operating Expenses: | 58,360 | 16,679 | 46,111 | 68,242 | 189,392 |
| Capital Expenses (greater than \$5,000): | | | | | - |
| Subtotal Direct Expenses: | 568,907 | 177,905 | 46,111 | 68,242 | 861,165 |
| Indirect Expenses: | 122,049 | 18,421 | | | 140,470 |
| TOTAL FUNDING USES: | 690,956 | 196,326 | 46,111 | 68,242 | 1,001,635 |
| BHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCC730515 | 177,184 | 93,437 | | 270,621 |
| MH STATE - 1991 MH Realignment | HMHMCC730515 | 181,179 | 95,545 | | 276,724 |
| MH COUNTY - General Fund | HMHMCC730515 | 16,551 | 7,344 | 23,515 | 47,410 |
| MH WORK ORDER - HSA CALWORKS | HMH-CALW-BH | 286,035 | | 22,596 | 67,234 |
| MH COUNTY - Work Order CODB | HMHMCC730515 | 7 | | | 1,008 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 660,956 | 196,326 | 46,111 | 68,242 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | |
| | | | | | - |
| | | | | | - |
| | | | | | - |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - |
| OTHER DPH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | |
| | | | | | - |
| | | | | | - |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 660,956 | 196,326 | 46,111 | 68,242 |
| NON-DPH FUNDING SOURCES | | | | | |
| NON DPH - Other (please identify) | | 30,000 | | | 30,000 |
| TOTAL NON-DPH FUNDING SOURCES | | 30,000 | - | - | 30,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 690,956 | 196,326 | 46,111 | 68,242 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | 10 | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | FFS |
| DPH Units of Service: | | 3,104 | 1,105 | 3,104 | 1,241 |
| Unit Type: | | #REF! | #REF! | Client Day | Client Day |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 212.94 | 177.67 | 14.86 | 54.99 |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 222.60 | 177.67 | 14.86 | 54.99 |
| Published Rate (Medi-Cal Providers Only): | | 450.00 | 400.00 | | |
| Unduplicated Clients (UDC): | | 12 | 12 | 12 | 12 |
| | | | | | Total UDC: 12 |

DPH 3: Salaries & Benefits Detail

Program Code: 8984
 Program Name: Ashbury
 Document Date: 7/1/15

Appendix #: B-2f
 Page #: 2

| Position Title | TOTAL | | General Fund (HMHMCC730515) | | Cal Works (HMH-CALW-BH) | | | | | | | |
|----------------------------------|--------------|-------------------------|-----------------------------|-------------------------|-------------------------|-------------------------|-------------|------------|-------------|------------|-------------|------------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | |
| Program Director | 1.00 | \$ 76,574 | 0.57 | \$ 43,647 | 0.43 | \$ 32,927 | | | | | | |
| Assistant Director | 1.00 | \$ 61,890 | 0.57 | \$ 35,277 | 0.43 | \$ 26,613 | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Counselor | 9.00 | \$ 409,966 | 5.52 | \$ 233,681 | 3.48 | \$ 176,285 | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Nurse Practitioner | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| | 0.00 | \$ - | | \$ - | | \$ - | | | | | | |
| Totals: | 11.00 | \$ 548,430 | 6.66 | \$ 312,605 | 4.34 | \$ 235,825 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|-----------|--------|-----------|-------|--|-------|--|-------|--|
| Employee Fringe Benefits: | 22.49% | \$ 123,343 | 22.49% | \$ 70,305 | 22.49% | \$ 53,038 | 0.00% | | 0.00% | | 0.00% | |
|----------------------------------|--------|------------|--------|-----------|--------|-----------|-------|--|-------|--|-------|--|

TOTAL SALARIES & BENEFITS **\$ 671,773** **\$ 382,910** **\$ 288,863** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 8984
 Program Name: Ashbury
 Document Date: 7/1/15

Appendix #: B-2f
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMMCC730515) | CalWorks (HMH- CALW-BH) | | | |
|--|-------------------|-------------------------------|----------------------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | |
| Occupancy: | | | | | | |
| Rent | \$ 28,690 | \$ 16,349 | \$ 12,341 | | | |
| Utilities (telephone, electricity, water, gas) | \$ 25,438 | \$ 14,012 | \$ 11,426 | | | |
| Building Repair/Maintenance | \$ 22,396 | \$ 12,762 | \$ 9,634 | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 11,089 | \$ 6,330 | \$ 4,759 | | | |
| Photocopying | \$ - | \$ - | \$ - | | | |
| Printing | \$ - | \$ - | \$ - | | | |
| Program Supplies | \$ 9,318 | \$ 5,309 | \$ 4,009 | | | |
| Computer hardware/software | \$ - | \$ - | \$ - | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,193 | \$ 680 | \$ 513 | | | |
| Insurance | \$ 11,615 | \$ 6,618 | \$ 4,997 | | | |
| Professional License, Dues, and Subsidies | \$ 1,560 | \$ 889 | \$ 671 | | | |
| Permits | \$ - | \$ - | \$ - | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | \$ - | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 1,949 | \$ 1,110 | \$ 839 | | | |
| Out-of-Town Travel | \$ - | \$ - | \$ - | | | |
| Field Expenses | \$ - | \$ - | \$ - | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | \$ - | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | \$ - | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates | \$ 10,103 | \$ 5,757 | \$ 4,346 | | | |
| CONSULTANT/SUBCONTRACTOR-Heilner & Hohener (Clinical review & supervision) various dates & rates | \$ 16,388 | \$ 9,619 | \$ 6,769 | | | |
| Other: | | | | | | |
| Food | \$ 46,111 | \$ 23,515 | \$ 22,596 | | | |
| Accounting | \$ - | \$ - | \$ - | | | |
| Client Expense | \$ 2,155 | \$ 1,226 | \$ 929 | | | |
| Prescriptions | \$ 263 | \$ 150 | \$ 113 | | | |
| Legal | \$ - | \$ - | \$ - | | | |
| Recreation | \$ 1,124 | \$ 562 | \$ 562 | | | |
| TOTAL OPERATING EXPENSE | \$ 189,392 | \$ 104,888 | \$ 84,504 | \$ - | \$ - | \$ - |

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

| | | | | | |
|---|--|--|---------|------------------------------|------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-3a/page 1 | |
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 | |
| Provider Number: 3854 | | 3854 | | Fiscal Year: 2014-15 | |
| Program Name: Carroll | | Carroll | | | |
| Program Code (formerly Reporting Unit): 38541 | | 38541 | | | |
| Mode/SFC (MH) or Modality (SA): 05/65-79 | | 60/40-49 | | | |
| Service Description: #REF! | | SS-Life Support-Bd&Care | | TOTAL | |
| FUNDING TERM: 7/1/14-6/30/15 | | 7/1/14-6/30/15 | | | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | | 223,674 | | | 223,674 |
| Operating Expenses: | | 59,847 | 26,117 | | 85,964 |
| Capital Expenses (greater than \$5,000): | | | | | - |
| Subtotal Direct Expenses: | | 283,521 | 26,117 | - | 309,638 |
| Indirect Expenses: | | 39,374 | | | 39,374 |
| TOTAL FUNDING USES: | | 322,895 | 26,117 | - | 349,012 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | |
| | | Index Code/Project Detail/CFDA#: | | | |
| MH FED - SDMC Regular FFP (50%) | | HMHMCC730515 | 113,488 | | 113,488 |
| MH STATE - 1991 MH Realignment | | HMHMCC730515 | 116,048 | | 116,048 |
| MH COUNTY - General Fund | | HMHMCC730515 | 72,359 | 26,117 | 98,476 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | 301,895 | 26,117 | 328,012 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | |
| | | Index Code/Project Detail/CFDA#: | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | |
| | | Index Code/Project Detail/CFDA#: | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | 301,895 | 26,117 | 328,012 |
| NON-DPH FUNDING SOURCES | | | | | |
| NON DPH - Other (please identify) | | | 21,000 | | 21,000 |
| TOTAL NON-DPH FUNDING SOURCES | | | 21,000 | | 21,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | 322,895 | 26,117 | 349,012 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | | 6 | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | | FFS | |
| DPH Units of Service: | | 1,862 | | 1,862 | |
| Unit Type: | | #REF! | 0 | Client Day | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | 162.13 | | 14.03 | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 173.41 | | 14.03 | |
| Published Rate (Medi-Cal Providers Only): | | 450.00 | | | Total UDC: |
| Unduplicated Clients (UDC): | | 19 | | 19 | 19 |

DPH 3: Salaries & Benefits Detail

Program Code: 3854/3853
 Program Name: Seniors
 Document Date: 7/1/2015

Appendix #: B-3a
 Page #: 2

| Position Title | TOTAL | | Seniors General Fund (HMHCC730515) | | | | | | | | | |
|----------------------------------|-------------|-------------------------|------------------------------------|-------------------------|--------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 0.27 | \$ 13,162 | 0.27 | \$ 13,162 | | | | | | | | |
| Assistant Director | 0.27 | \$ 14,680 | 0.27 | \$ 14,680 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 3.11 | \$ 138,929 | 3.11 | \$ 138,929 | | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | | |
| Nurse Practitioner | 0.03 | \$ 4,377 | 0.03 | \$ 4,377 | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 3.67 | \$ 171,148 | 3.67 | \$ 171,148 | 0.000 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|-----------|--------|-----------|-------|-----|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 30.69% | \$ 52,526 | 30.69% | \$ 52,526 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|-----------|--------|-----------|-------|-----|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS **\$ 223,674** **\$ 223,674** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 3854/3853
 Program Name: Seniors
 Document Date: 7/1/15

Appendix #: B-3a
 Page #: 3

| Expenditure Categories & Line Items | TOTAL | Seniors General Fund (HMHMCC730515) | | | | |
|--|------------------|---|-------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 27,036 | \$ 27,036 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 7,243 | \$ 7,243 | | | | |
| Building Repair/Maintenance | \$ 4,409 | \$ 4,409 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 3,370 | \$ 3,370 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 3,213 | \$ 3,213 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 425 | \$ 425 | | | | |
| Insurance | \$ 3,274 | \$ 3,274 | | | | |
| Professional License, Dues, and Subsidies | \$ 657 | \$ 657 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 3,527 | \$ 3,527 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 6,016 | \$ 6,016 | | | | |
| Other: | | | | | | |
| Food | \$ 25,778 | \$ 25,778 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 559 | \$ 559 | | | | |
| Prescriptions | \$ 118 | \$ 118 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 339 | \$ 339 | | | | |
| TOTAL OPERATING EXPENSE | \$ 85,964 | \$ 85,964 | \$ - | \$ - | \$ - | \$ - |

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

| DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 | | | | Appendix/Page #: B-3b/page 1 | |
|---|---|----------------|----------------|------------------------------|----------------------|
| Provider Name: Progress Foundation | | | | Document Date: 7/1/2015 | |
| Provider Number: 3853 3853 3853 | | | | Fiscal Year: 2014-15 | |
| Program Name: | Rypins | Rypins | Rypins | | |
| Program Code (formerly Reporting Unit): | 38531 | 38532 | 38531 | | |
| Mode/SFC (MH) or Modality (SA) | 05/65-79 | 10/95-99 | 60/40-49 | | |
| Service Description: | #REF! | #REF! | #REF! | | TOTAL |
| FUNDING TERM: | 7/1/14-6/30/15 | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | |
| FUNDING USES | | | | | |
| Salaries & Employee Benefits: | 223,674 | 408,332 | | | 632,006 |
| Operating Expenses: | 59,793 | 105,353 | 26,117 | | 191,263 |
| Capital Expenses (greater than \$5,000): | - | - | - | | - |
| Subtotal Direct Expenses: | 283,467 | 513,685 | 26,117 | - | 823,269 |
| Indirect Expenses: | 39,428 | 75,581 | - | | 115,009 |
| TOTAL FUNDING USES: | 322,895 | 589,266 | 26,117 | - | 938,278 |
| BHS MENTAL HEALTH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | |
| MH FED - SDMC Regular FFP (50%) | HMHMCC730515 | 113,488 | 214,243 | | 327,731 |
| MH STATE - 1991 MH Realignment | HMHMCC730515 | 116,048 | 219,076 | | 335,124 |
| MH COUNTY - General Fund | HMHMCC730515 | 72,359 | 155,947 | 26,117 | 254,423 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 301,895 | 589,266 | 26,117 | 917,278 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | |
| | | | | | - |
| | | | | | - |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - |
| OTHER DPH FUNDING SOURCES | Index Code/Project Detail/CFDA#: | | | | |
| | | | | | - |
| | | | | | - |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 301,895 | 589,266 | 26,117 | 917,278 |
| NON-DPH FUNDING SOURCES | | | | | |
| NON DPH - Other (please identify) | | 21,000 | | | 21,000 |
| TOTAL NON-DPH FUNDING SOURCES | | 21,000 | - | - | 21,000 |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 322,895 | 589,266 | 26,117 | 938,278 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | |
| Number of Beds Purchased (if applicable) | | 6 | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | FFS | FFS | |
| DPH Units of Service: | 1,862 | 4,119 | 1,862 | | |
| Unit Type: | #REF! | #REF! | Client Day | 0 | 0 |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | 162.13 | 143.06 | 14.03 | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | 173.41 | 143.06 | 14.03 | | |
| Published Rate (Medi-Cal Providers Only): | 450.00 | 400.00 | | | |
| Unduplicated Clients (UDC): | 19 | 50 | 19 | | Total UDC: 50 |

DPH 3: Salaries & Benefits Detail

Program Code: 3854/3853
 Program Name: Seniors
 Document Date: 7/1/2015

Appendix #: B-3b
 Page #: 2

| Position Title | TOTAL | | Rypins General Fund (HMHMCC730515) | | | | | | | | | |
|----------------------------------|-------------|-------------------------|------------------------------------|-------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 0.73 | \$ 51,122 | 0.73 | \$ 51,122 | | | | | | | | |
| Assistant Director | 0.73 | \$ 40,507 | 0.73 | \$ 40,507 | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 8.40 | \$ 383,359 | 8.40 | \$ 383,359 | | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | | |
| Nurse Practitioner | 0.09 | \$ 12,079 | 0.09 | \$ 12,079 | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 9.95 | \$ 487,067 | 9.95 | \$ 487,067 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 29.76% | \$ 144,939 | 29.76% | \$ 144,939 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS **\$ 632,006** **\$ 632,006** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 3854/3853
 Program Name: Seniors
 Document Date: 7/1/15

Appendix #: B-3b
 Page # 3

| Expenditure Categories & Line Items | TOTAL | Rypins General Fund (HMHMCC730515) | | | | |
|--|-------------------|--|-------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 74,604 | \$ 74,604 | | | | |
| Utilities (telephone, electricity, water, gas) | \$ 19,987 | \$ 19,987 | | | | |
| Building Repair/Maintenance | \$ 12,168 | \$ 12,168 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 9,299 | \$ 9,299 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 8,867 | \$ 8,867 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,174 | \$ 1,174 | | | | |
| Insurance | \$ 9,036 | \$ 9,036 | | | | |
| Professional License, Dues, and Subsidies | \$ 1,812 | \$ 1,812 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 9,733 | \$ 9,733 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 16,599 | \$ 16,599 | | | | |
| Other: | | | | | | |
| Food | \$ 25,778 | \$ 25,778 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 1,542 | \$ 1,542 | | | | |
| Prescriptions | \$ 326 | \$ 326 | | | | |
| Legal | \$ - | \$ - | | | | |
| Recreation | \$ 338 | \$ 338 | | | | |
| TOTAL OPERATING EXPENSE | \$ 191,263 | \$ 191,263 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | | | | |
|---|--|---|---------|---|---|------------------|---------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | 00271 | | | | Appendix/Page #: | B-4/page 1 |
| Provider Name: | | Progress Foundation | | | | Document Date: | 7/1/2015 |
| Provider Number: | | 3838 | | | | Fiscal Year: | 2014-15 |
| Program Name: | | SLP | | | | | |
| Program Code (formerly Reporting Unit): | | 3838OP | | | | | |
| Mode/SFC (MH) or Modality (SA) | | 15/10-57, 59 | | | | | |
| Service Description: | | #REF! | 0 | 0 | 0 | 0 | TOTAL |
| FUNDING TERM: | | 7/1/14-6/30/15 | | | | | |
| FUNDING USES | | | | | | | |
| Salaries & Employee Benefits: | | 428,101 | | | | | 428,101 |
| Operating Expenses: | | 169,085 | | | | | 169,085 |
| Capital Expenses (greater than \$5,000): | | | | | | | - |
| Subtotal Direct Expenses: | | 597,186 | - | - | - | - | 597,186 |
| Indirect Expenses: | | 72,001 | | | | | 72,001 |
| TOTAL FUNDING USES: | | 669,187 | - | - | - | - | 669,187 |
| BHS MENTAL HEALTH FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | | | |
| MH FED - SDMC Regular FFP (50%) | | HMHMCC730515 | 318,198 | | | | 318,198 |
| MH STATE - 1991 MH Realignment | | HMHMCC730515 | 325,376 | | | | 325,376 |
| MH COUNTY - General Fund | | HMHMCC730515 | 25,613 | | | | 25,613 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | | 669,187 | - | - | - | 669,187 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| | | | | | | | - |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | | - | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | Index Code/Project Detail/CFDA#: | | | | | |
| | | | | | | | - |
| | | | | | | | - |
| TOTAL OTHER DPH FUNDING SOURCES | | | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | | 669,187 | - | - | - | 669,187 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| NON DPH - Other (please identify) | | | | | | | - |
| TOTAL NON-DPH FUNDING SOURCES | | | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | | 669,187 | - | - | - | 669,187 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | 116 | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | | | | | |
| DPH Units of Service: | | | 268,749 | | | | |
| Unit Type: | | #REF! | 0 | 0 | 0 | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) | | | 2.49 | | | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | | 2.49 | | | | |
| Published Rate (Medi-Cal Providers Only): | | | 9.00 | | | | |
| Unduplicated Clients (UDC): | | | 73 | | | | Total UDC: 73 |

DPH 3: Salaries & Benefits Detail

Program Code: 3838OP
 Program Name: SLP
 Document Date: 7/1/15

Appendix #: B-4
 Page #: 2

| Position Title | TOTAL | | General Fund (HMHMCC730515) | | | | | | | | | |
|----------------------------------|-------------|-------------------------|-----------------------------|-------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 58,793 | 1.00 | \$ 58,793 | | | | | | | | |
| Assistant Director | 1.00 | \$ 46,969 | 1.00 | \$ 46,969 | | | | | | | | |
| Clinical Manager | 5.50 | \$ 232,204 | 5.50 | \$ 232,204 | | | | | | | | |
| Counselor | 0.00 | \$ - | | \$ - | | | | | | | | |
| Psychiatrist | 0.00 | \$ - | | \$ - | | | | | | | | |
| Nurse Practitioner | 0.00 | \$ - | | \$ - | | | | | | | | |
| Registered Nurse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 0.00 | \$ - | | \$ - | | | | | | | | |
| Administrative Assistant | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clerk | 0.00 | \$ - | | \$ - | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 7.50 | \$ 337,966 | 7.50 | \$ 337,966 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|----------------------------------|--------|-----------|--------|-----------|-------|-----|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 26.67% | \$ 90,135 | 26.67% | \$ 90,135 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|-----------|--------|-----------|-------|-----|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS **\$ 428,101** **\$ 428,101** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 38380P
 Program Name: SLP
 Document Date: 7/1/15

Appendix #: B-4
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMMCC730515) | | | | |
|--|-------------------|-------------------------------|-------------|-------------|-------------|-------------|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 114,073 | \$ 114,073 | | | | |
| Utilities(telephone, electricity, water, gas) | \$ 13,928 | \$ 13,928 | | | | |
| Building Repair/Maintenance | \$ 10,077 | \$ 10,077 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 7,629 | \$ 7,629 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 5,717 | \$ 5,717 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 766 | \$ 766 | | | | |
| Insurance | \$ 10,363 | \$ 10,363 | | | | |
| Professional License, Dues, and Subsidies | \$ 645 | \$ 645 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 5,887 | \$ 5,887 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary) | \$ - | \$ - | | | | |
| Other: | | | | | | |
| Food | \$ - | \$ - | | | | |
| Accounting | \$ - | \$ - | | | | |
| Prescriptions | \$ - | \$ - | | | | |
| Legal | \$ - | \$ - | | | | |
| Client Expense | \$ - | \$ - | | | | |
| Recreation | \$ - | \$ - | | | | |
| TOTAL OPERATING EXPENSE | \$ 169,085 | \$ 169,085 | \$ - | \$ - | \$ - | \$ - |

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

| | | | | | | | |
|---|--|---|---------|---|---|------------------|-------------------|
| DHCS Legal Entity Name (MH)/Contractor Name (SA): | | 00271 | | | | Appendix/Page #: | B-5/page 1 |
| Provider Name: | | Progress Foundation | | | | Document Date: | 7/1/2015 |
| Provider Number: | | 3811 | | | | Fiscal Year: | 2014-15 |
| Program Name: | | Dore Clinic | | | | | |
| Program Code (formerly Reporting Unit): | | 3812 | | | | | |
| Mode/SFC (MH) or Modality (SA): | | 10/25-29 | | | | | |
| Service Description: | | #REF! | 0 | 0 | 0 | 0 | TOTAL |
| FUNDING TERM: | | 7/1/14-6/30/15 | | | | | |
| FUNDING USES: | | | | | | | |
| Salaries & Employee Benefits: | | 1,874,930 | | | | | 1,874,930 |
| Operating Expenses: | | 317,967 | | | | | 317,967 |
| Capital Expenses (greater than \$5,000): | | | | | | | - |
| Subtotal Direct Expenses: | | 2,192,897 | - | - | - | - | 2,192,897 |
| Indirect Expenses: | | 250,973 | | | | | 250,973 |
| TOTAL FUNDING USES: | | 2,443,870 | - | - | - | - | 2,443,870 |
| BHS MENTAL HEALTH FUNDING SOURCES | | | | | | | |
| | | Index Code/Project Detail/CFDA#: | | | | | |
| MH FED - SDMC Regular FFP (50%) | | HMHMCC730515 | 790,961 | | | | 790,961 |
| MH STATE - 1991 MH Realignment | | HMHMCC730515 | 808,805 | | | | 808,805 |
| MH COUNTY - General Fund | | HMHMCC730515 | 844,104 | | | | 844,104 |
| TOTAL BHS MENTAL HEALTH FUNDING SOURCES | | 2,443,870 | - | - | - | - | 2,443,870 |
| BHS SUBSTANCE ABUSE FUNDING SOURCES | | | | | | | |
| | | Index Code/Project Detail/CFDA#: | | | | | |
| TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES | | - | - | - | - | - | - |
| OTHER DPH FUNDING SOURCES | | | | | | | |
| | | Index Code/Project Detail/CFDA#: | | | | | |
| TOTAL OTHER DPH FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL DPH FUNDING SOURCES | | 2,443,870 | - | - | - | - | 2,443,870 |
| NON-DPH FUNDING SOURCES | | | | | | | |
| TOTAL NON-DPH FUNDING SOURCES | | - | - | - | - | - | - |
| TOTAL FUNDING SOURCES (DPH AND NON-DPH) | | 2,443,870 | - | - | - | - | 2,443,870 |
| BHS UNITS OF SERVICE AND UNIT COST | | | | | | | |
| Number of Beds Purchased (if applicable) | | | | | | | |
| Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) | | | | | | | |
| Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program | | | | | | | |
| Cost Reimbursement (CR) or Fee-For-Service (FFS): | | FFS | | | | | |
| DPH Units of Service: | | 35,022 | | | | | |
| Unit Type: | | #REF! | 0 | 0 | 0 | 0 | |
| Cost Per Unit - DPH Rate (DPH FUNDING SOURCES ONLY) | | 69.78 | | | | | |
| Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): | | 69.78 | - | - | - | - | |
| Published Rate (Medi-Cal Providers Only): | | 350.00 | | | | | Total UDC: |
| Unduplicated Clients (UDC): | | 1,000 | | | | | 1,000 |

DPH 3: Salaries & Benefits Detail

Program Code: 3811
 Program Name: Dore Clinic
 Document Date: 7/1/2015

Appendix #: B-5
 Page #: 2

| Position Title | TOTAL | | General Fund (HMHMCC730515) | | | | | | | | | |
|----------------------------------|--------------|-------------------------|-----------------------------|-------------------------|-------------|------------|-------------|------------|-------------|------------|-------------|------------|
| | Term: FTE | 7/1/14-6/30/15 Salaries | Term: FTE | 7/1/14-6/30/15 Salaries | | | | | | | | |
| Program Director | 1.00 | \$ 125,332 | 1.00 | \$ 125,332 | | | | | | | | |
| Assistant Director | 0.00 | \$ - | | \$ - | | | | | | | | |
| Clinical Manager | 0.00 | \$ - | | \$ - | | | | | | | | |
| Counselor | 1.90 | \$ 78,242 | 1.90 | \$ 78,242 | | | | | | | | |
| Psychiatrist | 0.13 | \$ 20,761 | 0.13 | \$ 20,761 | | | | | | | | |
| Nurse Practitioner | 3.70 | \$ 419,679 | 3.70 | \$ 419,679 | | | | | | | | |
| Registered Nurse | 2.40 | \$ 285,479 | 2.40 | \$ 285,479 | | | | | | | | |
| Lic Psychiatric Tech/Lic Voc Nse | 8.30 | \$ 478,200 | 8.30 | \$ 478,200 | | | | | | | | |
| Administrative Assistant | 1.00 | \$ 40,553 | 1.00 | \$ 40,553 | | | | | | | | |
| Clerk | 0.50 | \$ 22,749 | 0.50 | \$ 22,749 | | | | | | | | |
| Relief Staff | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| | 0.00 | \$ - | | \$ - | | | | | | | | |
| Totals: | 18.93 | \$ 1,470,995 | 18.93 | \$ 1,470,995 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|
| Employee Fringe Benefits: | 27.46% | \$ 403,935 | 27.46% | \$ 403,935 | 0.00% | \$0 | 0.00% | \$0 | 0.00% | \$0 |
|----------------------------------|--------|------------|--------|------------|-------|-----|-------|-----|-------|-----|

TOTAL SALARIES & BENEFITS **\$ 1,874,930** **\$ 1,874,930** **\$0** **\$0** **\$0** **\$0**

DPH 4: Operating Expenses Detail

Program Code: 3811
 Program Name: Dore Clinic
 Document Date: 7/1/15

Appendix #: B-5
 Page # 3

| Expenditure Categories & Line Items | TOTAL | General Fund (HMHMCC730515) | | | | |
|--|----------------|--------------------------------|--|--|--|--|
| | 7/1/14-6/30/15 | 7/1/14-6/30/15 | | | | |
| Occupancy: | | | | | | |
| Rent | \$ 88,423 | \$ 88,423 | | | | |
| Utilities (telephone, electricity, water, gas) | \$ 36,243 | \$ 36,243 | | | | |
| Building Repair/Maintenance | \$ 14,783 | \$ 14,783 | | | | |
| Materials & Supplies: | | | | | | |
| Office Supplies | \$ 25,559 | \$ 25,559 | | | | |
| Photocopying | \$ - | \$ - | | | | |
| Printing | \$ - | \$ - | | | | |
| Program Supplies | \$ 12,163 | \$ 12,163 | | | | |
| Computer hardware/software | \$ - | \$ - | | | | |
| General Operating: | | | | | | |
| Training/Staff Development | \$ 1,584 | \$ 1,584 | | | | |
| Insurance | \$ 15,476 | \$ 15,476 | | | | |
| Professional License, Dues, and Subsidies | \$ 2,528 | \$ 2,528 | | | | |
| Permits | \$ - | \$ - | | | | |
| Equipment Lease & Maintenance | \$ - | \$ - | | | | |
| Staff Travel: | | | | | | |
| Local Travel | \$ 2,170 | \$ 2,170 | | | | |
| Out-of-Town Travel | \$ - | \$ - | | | | |
| Field Expenses | \$ - | \$ - | | | | |
| Consultant/Subcontractor: | | | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Rates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Rates, Hourly Rate and Amounts) | \$ - | \$ - | | | | |
| CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary) | \$ 80,142 | \$ 80,142 | | | | |
| Other: | | | | | | |
| Food | \$ 35,112 | \$ 35,112 | | | | |
| Accounting | \$ - | \$ - | | | | |
| Client Expense | \$ 2,099 | \$ 2,099 | | | | |
| Prescriptions | \$ 1,685 | \$ 1,685 | | | | |
| Legal | \$ - | \$ - | | | | |
| | \$ - | \$ - | | | | |

TOTAL OPERATING EXPENSE \$ 317,967 \$ 317,967 \$ - \$ - \$ -

DPH 7: Contract-Wide Indirect Detail

Contractor Name/Program Name: Progress Foundation

| | | |
|----------------|----------|------------|
| Document Date: | 7/1/2015 | Appendix B |
| Fiscal Year: | 2015-16 | page 7 |

1. SALARIES & BENEFITS

| Position Title | FTE | Salaries |
|--|------|---------------------|
| Executive Director | 0.75 | \$ 177,950 |
| Director of Clinical Services | 0.75 | \$ 110,333 |
| Deputy Director of Clinical Services | 0.75 | \$ 81,238 |
| Assistant Director Clinical Operations | 0.75 | \$ 76,500 |
| RC Manager | 0.75 | \$ 51,041 |
| Clerk | 0.62 | \$ 35,045 |
| Director of Administration | 0.51 | \$ 58,500 |
| Human Resources Manager | 0.75 | \$ 76,050 |
| Clerk | 0.75 | \$ 34,090 |
| Clerk | 0.75 | \$ 36,037 |
| Receptionist | 0.75 | \$ 40,530 |
| Controller | 0.75 | \$ 73,080 |
| Senior Payroll Clerk | 0.75 | \$ 50,284 |
| Payroll Analyst | 0.75 | \$ 63,931 |
| Bookkeeper | 0.75 | \$ 56,105 |
| Senior Bookkeeper | 0.75 | \$ 61,344 |
| Facilities Maintenance | 0.75 | \$ 48,492 |
| Facilities Assistant | 0.37 | \$ 58,146 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| SUBTOTAL SALARIES | | \$ 1,188,696 |
| EMPLOYEE FRINGE BENEFITS | | \$ 369,823 |
| TOTAL SALARIES & BENEFITS | | \$ 1,558,519 |

2. OPERATING COSTS

| Expense line item: | Amount |
|---|---------------------|
| Telephone | \$ 48,365 |
| Utilities | \$ 30,836 |
| Repair & Maintenance | \$ 34,807 |
| Staff Education | \$ 1,966 |
| Auto - Mileage, Tolls, and Parking Costs | \$ 33,791 |
| Accounting (Financial & 403b audit, tax filing 990, 5500) | \$ 47,708 |
| Legal | \$ 12,098 |
| IT Consulting (Alternative Technologies) | \$ 7,069 |
| HR Consulting (Mc Dowell & Assoc) | \$ 11,471 |
| | |
| TOTAL OPERATING COSTS | \$ 228,111 |
| TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Costs) | \$ 1,786,630 |

1. PROTECTED HEALTH INFORMATION AND BAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, transmission, and storage of health information.

The parties acknowledge that CONTRACTOR is one of the following:

- CONTRACTOR will render services under this contract that include possession or knowledge of identifiable Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY. Specifically, CONTRACTOR will:
- Create PHI
 - Receive PHI
 - Maintain PHI
 - Transmit PHI and/or
 - Access PHI

The Business Associate Agreement (BAA) in Appendix E is required. Please note that BAA requires attachments to be completed.

- CONTRACTOR will not have knowledge of, create, receive, maintain, transmit, or have access to any Protected Health Information (PHI), such as health status, health care history, or payment for health care history obtained from CITY.

The Business Associate Agreement is not required.

2. THIRD PARTY BENEFICIARIES

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



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

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

In order to access SFDPH Systems, BA must have their employees/agents sign and retain in their files the *User Agreement for Confidentiality, Data Security and Electronic Signature* form located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>

During the term of this contract, the BA will be required to complete the *SFDPH Privacy, Data Security and Compliance Attestations* located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf> and the *Data Trading Partner Request [to Access SFDPH Systems]* located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>

RECITALS

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

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

1. Definitions.

- a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section



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17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

- b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.
- c. **Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- d. **Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- e. **Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- g. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this Agreement, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. **Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. **Health Care Operations** means any of the following activities: i) conducting quality assessment and improvement activities; ii) reviewing the competence or qualifications of health care professionals; iii) underwriting, enrollment, premium rating, and other activities related to the creation, renewal, or replacement of a contract of health insurance or health benefits; iv) conducting or arranging for medical review, legal services, and auditing functions; v) business planning development; vi) business management and general administrative activities of the entity. This shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- j. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- k. **Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103



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San Francisco Department of Public Health
Business Associate Agreement

and 164.501. For the purposes of this Agreement, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

- l. **Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.
- m. **Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.
- n. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- o. **Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

2. Obligations of Business Associate.

- a. **Permitted Uses.** BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Agreement and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2. k. of the Agreement, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains



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satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314, 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).
- e. **Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.
- f. **Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and



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- (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.
- h. **Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].
- i. **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- j. **Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.
- k. **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- l. **Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,



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or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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

3. Termination.

- a. **Material Breach.** A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.** CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.
- c. **Effect of Termination.** Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.



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- d. **Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure or Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).
- e. **Disclaimer.** CE makes no warranty or representation that compliance by BA with this Agreement, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

Attachments (links)

- ***Privacy, Data Security, and Compliance Attestations*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAattestations.pdf>
- ***Data Trading Partner Request to Access SFDPH Systems and Notice of Authorizer*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf>
- ***User Agreement for Confidentiality, Data Security and Electronic Signature Form*** located at <https://www.sfdph.org/dph/files/HIPAAdocs/2015Revisions/ConfSecElecSigAgr.pdf>



Appendix E
San Francisco Department of Public Health
Business Associate Agreement

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Office email: compliance.privacy@sfdph.org
Office telephone: 415-554-2787
Confidential Privacy Hotline (Toll-Free): 1-855-729-6040
Confidential Compliance Hotline: 415-642-5790

Appendix F

Invoice

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

Appendix F
PAGE A

Control Number

Contractor: Progress Foundation
 Address: 368 Fell St., San Francisco, CA 94102
 Tel No.: (415) 861-0828
 Fax No.: _____
 Funding Term: 07/01/2015 - 06/30/2016
 PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: M01 JL 15
 CLBlanket No.: BPHM TBD
 CL PO No.: POHM DPHM15000216 User Cd
 Fund Source: GF, SDMC Regular FFP, MH Realignment
 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 (Mtr Ovr) | Total Contracted | | Delivered THIS PERIOD | | Unit Rate | AMOUNT DUE | Delivered to Date | | % of TOTAL | Remaining Deliverables | |
|--|------------------|---------|-----------------------|---------|-------------------------|------------|-------------------|--------------------|------------|-------------------------|---------|
| | UDC | CLIENTS | UDC | CLIENTS | | | UDC | CLIENTS | | UDC | CLIENTS |
| B-1a La Posada | | | | | | | | | | | |
| 05/40 - 49 24-Hr Adult Crisis Residential PC# - 38081 | 3,103 | | | | \$ 360.38 | \$ - | 0.000 | 0.00% | | 3,103.000 | |
| 15/ 60 - 69 OP - Medication Support PC# - 3808OP | 29,977 | | | | \$ 3.31 | \$ - | 0.000 | 0.00% | | 29,977.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38081 | 3,103 | | | | \$ 11.33 | \$ - | 0.000 | 0.00% | | 3,103.000 | |
| B-2a La Amistad | | | | | | | | | | | |
| 05/ 40 - 49 24-Hr Adult Residential PC# - 38081 | 4,032 | | | | \$ 135.62 | \$ - | 0.000 | 0.00% | | 4,032.000 | |
| 10/ 95 - 99 DS-Day Rehab Full Day PC# - 38092 | 2,520 | | | | \$ 111.50 | \$ - | 0.000 | 0.00% | | 2,520.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38092 | 4,032 | | | | \$ 7.71 | \$ - | 0.000 | 0.00% | | 4,032.000 | |
| B-1b Shrader | | | | | | | | | | | |
| 05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 89661 | 3,500 | | | | \$ 333.50 | \$ - | 0.000 | 0.00% | | 3,500.000 | |
| 60/ 40 - 49 SS-Life Support - Bed & Care | 3,500 | | | | \$ 7.68 | \$ - | 0.000 | 0.00% | | 3,500.000 | |
| 15/ 60 - 69 OP - Medication Support PC# - 3808OP | 29,992 | | | | \$ 4.71 | \$ - | 0.000 | 0.00% | | 29,992.000 | |
| B-2b Progress House | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 38371MH | 3,103 | | | | \$ 148.58 | \$ - | 0.000 | 0.00% | | 3,103.000 | |
| 10/ 95 - 99 DS-Day Rehab Full Day PC# - 39372 | 2,210 | | | | \$ 125.18 | \$ - | 0.000 | 0.00% | | 2,210.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38371MH | 3,103 | | | | \$ 12.07 | \$ - | 0.000 | 0.00% | | 3,103.000 | |
| B-2f Ashbury | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 89841 | 1,761 | | | | \$ 212.94 | \$ - | 0.000 | 0.00% | | 1,761.000 | |
| 10/ 95 - 99 DS-Day Rehab Full Day PC# - 89842 | 1,105 | | | | \$ 177.67 | \$ - | 0.000 | 0.00% | | 1,105.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 89841 | 1,582 | | | | \$ 14.86 | \$ - | 0.000 | 0.00% | | 1,582.000 | |
| B-2d Clay | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 89851 | 4,751 | | | | \$ 145.51 | \$ - | 0.000 | 0.00% | | 4,751.000 | |
| 10/ 95 - 99 DS-Day Rehab Full Day PC# - 89852 | 3,250 | | | | \$ 128.70 | \$ - | 0.000 | 0.00% | | 3,250.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 89851 | 4,751 | | | | \$ 11.73 | \$ - | 0.000 | 0.00% | | 4,751.000 | |
| B-2e Loco House | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 38GH1 | 4,501 | | | | \$ 162.61 | \$ - | 0.000 | 0.00% | | 4,501.000 | |
| 10/ 95 - 99 Day Rehab Full Day PC# - 38GH2 | 3,316 | | | | \$ 143.09 | \$ - | 0.000 | 0.00% | | 3,316.000 | |
| 60/ 40 - 49 Life Support Bd & Care PC# - 38GH1 | 4,501 | | | | \$ 9.88 | \$ - | 0.000 | 0.00% | | 4,501.000 | |
| B-3b Rypins | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 38531 | 1,862 | | | | \$ 162.13 | \$ - | 0.000 | 0.00% | | 1,862.000 | |
| 10/ 95 - 99 DS-Day Rehab Full Day PC# - 38531 | 4,119 | | | | \$ 143.06 | \$ - | 0.000 | 0.00% | | 4,119.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38531 | 1,862 | | | | \$ 14.03 | \$ - | 0.000 | 0.00% | | 1,862.000 | |
| B-2c Cortland | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 38631 | 3,103 | | | | \$ 157.44 | \$ - | 0.000 | 0.00% | | 3,103.000 | |
| 10/ 95 - 99 DS-Day Rehab Full Day PC# - 3863DT | 2,151 | | | | \$ 122.84 | \$ - | 0.000 | 0.00% | | 2,151.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38631 | 3,103 | | | | \$ 8.31 | \$ - | 0.000 | 0.00% | | 3,103.000 | |
| B-4 SLP (Supported Living) PC# - 3838OP | | | | | | | | | | | |
| 15/ 10 - 57, 59 OP - MH Svcs | 268,749 | | | | \$ 2.49 | \$ - | 0.000 | 0.00% | | 268,749.000 | |
| B-1c Avenues | | | | | | | | | | | |
| 05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 38A41 | 3,722 | | | | \$ 338.31 | \$ - | 0.000 | 0.00% | | 3,722.000 | |
| 15/ 60 - 69 OP - Medication Support PC# - 38A43 | 30,011 | | | | \$ 4.77 | \$ - | 0.000 | 0.00% | | 30,011.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38A41 | 3,722 | | | | \$ 10.02 | \$ - | 0.000 | 0.00% | | 3,722.000 | |
| B-3a Carroll PC# 38541 | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 38541 | 1,862 | | | | \$ 162.13 | \$ - | 0.000 | 0.00% | | 1,862.000 | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38541 | 1,862 | | | | \$ 14.03 | \$ - | 0.000 | 0.00% | | 1,862.000 | |
| TOTAL | 447,821 | | 0.000 | | | | 0.000 | 0.00% | | 447,821.000 | |
| Budget Amount | | | | | \$ 11,385,615.00 | | | % of Budget | | \$ 11,365,615.00 | |
| | | | | | | | | | | | |

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

Contractor: Progress Foundation
Address: 368 Fell St., San Francisco, CA 94102
Tel No.: (415) 861-0828
Fax No.:

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

PHP Division: Community Behavioral Health Services

CBHS

INVOICE NUMBER: M02 JL 15
CL Blanket No.: BPHM TBD
CL PO No.: POHM DPHM15000216
Fund Source: MH Work Order - CALWORKS
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 | MOUNT DU | Delivered to Date | | % of TOTAL | | Remaining Deliverables | |
|--|------------------|---------|-----------------------|---------|-----------|----------|-------------------|---------|--------------|---------|------------------------|------------------|
| | UOS | CLIENTS | UOS | CLIENTS | | | UOS | CLIENTS | UOS | CLIENTS | UOS | CLIENTS |
| B-2f Ashbury | | | | | | | | | | | | |
| 05/ 65 - 79 24-Hr Adult Residential PC# - 89841 | 1,343 | | | | \$ 212.94 | \$ - | 0.000 | | 0.00% | | | 1,343.000 |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 89841 | 1,521 | | | | \$ 14.86 | \$ - | 0.000 | | 0.00% | | | 1,521.000 |
| 60/ 78 Medi-Cal Client Support Exp | 1,241 | | | | \$ 54.99 | \$ - | 0.000 | | 0.00% | | | 1,241.000 |
| TOTAL | 4,105 | | 0.000 | | | | 0.000 | | 0.00% | | | 4,105.000 |

| | | | | | | | |
|---------------|---------------|------------------|------|-------------|-------|------------------|---------------|
| Budget Amount | \$ 375,865.00 | Expenses To Date | \$ - | % of Budget | 0.00% | Remaining Budget | \$ 375,865.00 |
|---------------|---------------|------------------|------|-------------|-------|------------------|---------------|

| | | |
|---------------------------------|-------------|---|
| SUBTOTAL AMOUNT DUE | \$ - | NOTES: |
| Less: Initial Payment Recovery | | HSA CALWORKS - HMM-CALW-BH - \$375,865.00 |
| (For DPH Use) Other Adjustments | | GF - WD CODB - HMMCC730515 - \$1,015.00 |
| NET REIMBURSEMENT | \$ - | |

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: M06 JL 15

Cl.Blanket No.: BPHM TBD

Cl. PO No.: POHM DPHM15000216 User Cd _____

Fund Source: GF, SDMC Regular FFP, Realignment

Invoice Period: July 2015

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Contractor: Progress Foundation
 Address: 368 Fell St., San Francisco, CA 94102
 Tel No.: (415) 861-0828
 Fax No.: _____
 Funding Term: 07/01/2015 - 06/30/2016
 PHP Division: Community Behavioral Health Services

CBHS

| 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/Replg. 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-1d Dore Residence | | | | | | | | | | | | |
| 05/ 40 - 49 24-Hr Adult Crisis Residential PC# - 38GM1 | 4,343 | | | | \$ 299.06 | | | | | | | |
| 15/ 60 - 69 OP - Medication Support PC# - 38GM3 | 39,741 | | | | \$ 4.22 | | | | | | | |
| 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38GM1 | 4,343 | | | | \$ 7.85 | | | | | | | |
| TOTAL | 48,427 | | 0.000 | | | | 0.000 | | 0.00% | | 0.000 | |
| | Budget Amount | | | | \$ 1,500,624.00 | | \$ - - | | 0.00% | | \$ 1,500,624.00 | |

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

Contractor: Progress Foundation
Address: 368 Fell St., San Francisco, CA 94102
Tel No.: (415) 861-0828
Fax No.:

Control Number

CBHS

INVOICE NUMBER: M08 JL 15
CLBlanket No.: BPHM TBD User Cd
Ct. PO No.: POHM DPHM15000216
Fund Source: GF, SDMC Regular FFP, Realignment
Invoice Period: July 2015
Final Invoice: _____ (Check if Yes)
ACE Control Number: _____

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

PHP Division: Community Behavioral Health Services

| 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-5 Dore Clinic PC# - 38112 10/ 25 - 29 Crisis Stab Urgent Care | 35,022 | | | | \$ 69.78 | \$ - | | | | | | |
| TOTAL | 35,022 | | 0.000 | | | | 0.000 | | 0.00% | | 0.000 | |
| Budget Amount | | | | | \$ 2,443,870.00 | | Expenses To Date | | % of Budget | | Remaining Budget | |
| | | | | | | | \$ - | | 0.00% | | \$ 2,443,870.00 | |

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: _____
Title: _____

Date: _____

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

DPH Authorization for Payment

Authorized Signatory Date

Appendix J

THE DECLARATION OF COMPLIANCE

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/24/2015

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

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

| | |
|--|---|
| PRODUCER ERNEST BROOMFIELD & ASSOCIATES REHABILITATION & RECOVERY INSURANCE AGENCY, INC. P.O. BOX 2153 SAN RAFAEL, CA 94912 | CONTACT NAME: MARY@EBASSOC.COM PHONE (A/C, No. Ext): 415-272-0417 FAX (A/C, No.): 415-361-1303 E-MAIL ADDRESS: ADDRESS: |
| | INSURER(S) AFFORDING COVERAGE INSURER A: AMERICAN STATES INS. CO. INSURER B: FIRST NATIONAL INS. CO. OF AMERICA INSURER C: INSURER D: INSURER E: INSURER F: |
| INSURED PROGRESS FOUNDATION, INC. 368 FELL STREET SAN FRANCISCO, CA 94102 | NAIC # |

COVERAGES CERTIFICATE NUMBER: 100838 REVISION NUMBER:

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

| INSTR. | TYPE OF INSURANCE | ADDL. INSR. INFO | POLICY NUMBER | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LIMITS |
|--------|---|------------------|---------------|--------------------------|--------------------------|---|
| A | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJ. <input type="checkbox"/> LOG | | 01CH568907 | 6/30/2015 | 6/30/2016 | EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| A | AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS | | 01CH568907 | 6/30/2015 | 6/30/2016 | COMBINED SINGL. LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ UMBRELLA LIAB. OCCUR EXCESS LIAB. CLAIMS-MADE |
| | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/NUMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below | V/N N/A | | | | NO STATU- TORY LIMITS E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| A | PROFESSIONAL LIABILITY | | 01CH568907 | 6/30/2015 | 6/30/2016 | \$1,000,000 OCC/\$3,000,000 AGG. |
| B | EMPLOYEE DISHONESTY | | 01CH568907 | 6/30/2015 | 6/30/2016 | \$2,200,000/\$1,000 DEDUCTIBLE |

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

CERTIFICATE HOLDER, ITS OFFICERS, AGENTS AND EMPLOYEES, ARE HEREBY NAMED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST AS A FUNDING SOURCE FOR THE NAMED INSURED. SEE ATTACHED FORMS CG-2028 AND CA7136). 30 DAYS NOTICE OF CANCELLATION PROVIDED.

TEN DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

| | |
|--|--|
| CERTIFICATE HOLDER OFFICE OF CONTRACT ADMINISTRATION CITY AND COUNTY OF SAN FRANCISCO 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE |
|--|--|

POLICY NO: 01CH668907

COMMERCIAL GENERAL LIABILITY
CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ADDITIONAL INSURED - DESIGNATED
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

| |
|--|
| Name Of Additional Insured Person(s) Or Organization(s) |
| City and County of San Francisco, Its Officers, Agents & Employees Office of Contract Administration 1 Dr. Carlton B. Goodlett Place, San Francisco, CA 94102 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

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

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

INSURED: PROGRESS FOUNDATION, INC.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

CA 71 35 12 93

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

| | |
|--|---|
| Endorsement effective June 30, 2015 | Policy No. 01CH568907 |
| Named Insured PROGRESS FOUNDATION, INC. | Countersigned by (Authorized Representative) |

| |
|--|
| Schedule |
| Name of Person or Organization: |
| City & County of San Francisco, Its Officers, Agents & Employees Office of Contract Administration 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102 |
| Premium: \$ INCLUDED |

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

- A. Under LIABILITY COVERAGE WHO IS AN INSURED is changed to include as an "insured" the person(s) or organization(s) shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the acts or omissions of:
 1. You;
 2. Any of your employees or agents;
 3. Any person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with the permission of any of the above.
- B. The insurance afforded by this endorsement does not apply:

To "bodily injury" or "property damage" arising out of the sole negligence of the person(s) or organization(s) shown in the Schedule.



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.
1. 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.
2. 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: SLF

Owner/Authorized Representative (Print) Steve Fields

Name of Firm (Print) Progress Foundation

Title and Position Executive Director

Address, City, ZIP 368 Fell St, San Francisco, CA 94102

Federal Employer Identification Number (FEIN): 94-1716828

Date: 6/2/15

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

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

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between: **Progress Foundation**, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services, ("Department") wishes to provide Behavioral Health and Mental Health Residential Services; and,

WHEREAS, a Request for Proposal ("RFP") was issued on 7/31/2009, and City selected Contractor as the highest qualified scorer pursuant to the RFP; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4153-09/10 (CBHS) on 7/31/2009;

Now, THEREFORE, the parties agree as follows:

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

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

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.
3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
5. **Compensation.** Compensation shall be made in monthly payments on or before the 1st 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 **Ninety Two Million Eighteen Thousand Three Hundred Thirty Three Dollars (\$92,018,333)**. 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.
6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

9. Disallowance. If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. Taxes. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

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

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

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

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

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at

City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

13. Responsibility for Equipment. City shall not be responsible for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or by any of its employees, even though such equipment be furnished, rented or loaned to Contractor by City.

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

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

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

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

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

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement

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

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

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

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

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

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

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

reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification

Contractor shall indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all loss, cost, damage, injury, liability, and claims thereof for injury to or death of a person, including employees of Contractor or loss of or damage to property, arising directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law in effect on or validly retroactive to the date of this Agreement, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors or either's agent or employee. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City. In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter. Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons in consequence of the use by City, or any of its officers or agents, of articles or services to be supplied in the performance of this Agreement.

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Left blank by agreement of the parties. (Liquidated damages)

20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

- (1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:
- | | |
|---|---------------------------------------|
| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | 58. Graffiti removal |
- And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

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

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

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

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving

Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.

b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:

- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
- 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.

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

- 1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- 2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- 3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- 4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

- | | |
|---|---|
| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

Subject to the immediately preceding sentence, upon termination of this Agreement prior to expiration of the term specified in Section 2, this Agreement shall terminate and be of no further force or effect. Contractor shall transfer title to City, and deliver in the manner, at the times, and to the extent, if any, directed by City, any work in progress, completed work, supplies, equipment, and other materials produced as a part of, or acquired in connection with the performance of this Agreement, and any completed or partially completed work which, if this Agreement had been completed, would have been required to be furnished to City. This subsection shall survive termination of this Agreement.

23. Conflict of Interest. Through its execution of this Agreement, Contractor acknowledges that it is familiar with the provision of Section 15.103 of the City's Charter, Article III, Chapter 2 of City's Campaign and Governmental Conduct Code, and Section 87100 et seq. and Section 1090 et seq. of the Government Code of the State of California, and certifies that it does not know of any facts which constitutes a violation of said provisions and agrees that it will immediately notify the City if it becomes aware of any such fact during the term of this Agreement.

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

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

To CITY: Office of Contract Management and Compliance
Department of Public Health

1380 Howard Street, Room 442
San Francisco, California 94102

FAX: (415) 252-3088
e-mail: Carolyn.McKenney@sfdph.org

And: **STEPHEN BANUELOS**
Community Behavioral Health Services
1380 HOWARD STREET
SAN FRANCISCO, CA 9403

FAX: (415)255-3657
e-mail: Stephen.banuelos@sfdph.org

To CONTRACTOR: **PROGRESS FOUNDATION**
368 Fell Street
San Francisco, CA 94102

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

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

27. Works for Hire. If, in connection with services performed under this Agreement, Contractor or its subcontractors create artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes or any other original works of authorship, such works of authorship shall be works for hire as defined under Title 17 of the United States Code, and all copyrights in such works are the property of the City. If it is ever determined that any works created by Contractor or its subcontractors under this Agreement are not works for hire under U.S. law, Contractor hereby assigns all copyrights to such works to the City, and agrees to provide any material and execute any documents necessary to effectuate such assignment. With the approval of the City, Contractor may retain and use copies of such works for reference and as documentation of its experience and capabilities.

28. Audit and Inspection of Records

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

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit

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

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

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

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

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

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

§3. Local Business Enterprise Utilization; Liquidated Damages

a. **The LBE Ordinance.** Contractor, shall comply with all the requirements of the Local Business Enterprise and Non-Discrimination in Contracting Ordinance set forth in Chapter 14B of the San Francisco Administrative Code as it now exists or as it may be amended in the future (collectively the "LBE Ordinance"), provided such amendments do not materially increase Contractor's obligations or liabilities, or materially diminish Contractor's rights, under this Agreement. Such provisions of the LBE Ordinance are incorporated by reference and made a part of this Agreement as though fully set forth in this section. Contractor's willful failure to comply with any applicable provisions of the LBE Ordinance is a material breach of Contractor's obligations under this Agreement and shall entitle City, subject to any applicable notice and cure provisions set forth in this Agreement, to exercise any of the remedies provided for under this Agreement, under the LBE Ordinance or otherwise available at law or in equity, which remedies shall be cumulative unless this Agreement expressly provides that any remedy is exclusive. In addition, Contractor shall comply fully with all other applicable local, state and federal laws prohibiting discrimination and requiring equal opportunity in contracting, including subcontracting.

b. Compliance and Enforcement

If Contractor willfully fails to comply with any of the provisions of the LBE Ordinance, the rules and regulations implementing the LBE Ordinance, or the provisions of this Agreement pertaining to LBE participation, Contractor shall be liable for liquidated damages in an amount equal to Contractor's net profit on this Agreement, or 10% of the total amount of this Agreement, or \$1,000, whichever is greatest. The Director of the City's Human Rights Commission or any other public official authorized to enforce the LBE Ordinance (separately and collectively, the "Director of HRC") may also impose other sanctions against Contractor authorized in the LBE Ordinance, including declaring the Contractor to be irresponsible and ineligible to contract with the City for a period of up to five years or revocation of the Contractor's LBE certification. The Director of HRC will determine the sanctions to be imposed, including the amount of liquidated damages, after investigation pursuant to Administrative Code §14B.17.

By entering into this Agreement, Contractor acknowledges and agrees that any liquidated damages assessed by the Director of the HRC shall be payable to City upon demand. Contractor further acknowledges and agrees that any liquidated damages assessed may be withheld from any monies due to Contractor on any contract with City.

Contractor agrees to maintain records necessary for monitoring its compliance with the LBE Ordinance for a period of three years following termination or expiration of this Agreement, and shall make such records available for audit and inspection by the Director of HRC or the Controller upon request.

34. Nondiscrimination; Penalties

a. **Contractor Shall Not Discriminate.** In the performance of this Agreement, Contractor agrees not to discriminate against any employee, City and County employee working with such contractor or subcontractor, applicant for employment with such contractor or subcontractor, or against any person seeking accommodations, advantages, facilities, privileges, services, or membership in all business, social, or other establishments or organizations, on the basis of the fact or perception of a person's race, color, creed, religion, national origin, ancestry, age, height, weight, sex, sexual orientation, gender identity, domestic partner status, marital status, disability or Acquired Immune Deficiency Syndrome or HIV status (AIDS/HIV status), or association with members of such protected classes, or in retaliation for opposition to discrimination against such classes.

b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§ 12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in § 12B.2(b) of the San Francisco Administrative Code.

d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§ 12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. MacBride Principles—Northern Ireland. Pursuant to San Francisco Administrative Code § 12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

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

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six

months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion; City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set

forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

Therefore, liquidated damages that total \$5,000 for first violations and \$10,000 for subsequent violations as determined by FSHA constitute a fair, reasonable, and conservative attempt to quantify the harm caused to the City by the failure of a contractor to comply with its first source referral contractual obligations.

6) That the failure of contractors to comply with this Chapter, except property contractors, may be subject to the debarment and monetary penalties set forth in Sections 6.80 et seq. of the San Francisco Administrative Code, as well as any other remedies available under the contract or at law; and

Violation of the requirements of Chapter 83 is subject to an assessment of liquidated damages in the amount of \$5,000 for every new hire for an Entry Level Position improperly withheld from the first source hiring process. The assessment of liquidated damages and the evaluation of any defenses or mitigating factors shall be made by the FSHA.

f. **Subcontracts.** Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

49. Administrative Remedy for Agreement Interpretation – DELETED BY MUTUAL AGREEMENT OF THE PARTIES

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

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

52. Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

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

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

55. Supervision of Minors. Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or

in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

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

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

Any failure of Contractor to comply with this section of this Agreement shall constitute an Event of Default of this Agreement.

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City

will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Left blank by agreement of the parties. (Slavery era disclosure)

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

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

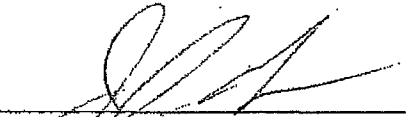
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Progress Foundation


MITCHELL H. KATZ, M.D.
Director of Health

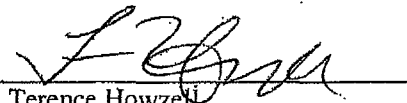
11/2/10
Date

Approved as to Form:

Dennis J. Herrera
City Attorney


By signing this Agreement, I certify that I comply with the requirements of the Minimum Compensation Ordinance, which entitle Covered Employees to certain minimum hourly wages and compensated and uncompensated time off.

I have read and understood paragraph 35, the City's statement urging companies doing business in Northern Ireland to move towards resolving employment inequities, encouraging compliance with the MacBride Principles, and urging San Francisco companies to do business with corporations that abide by the MacBride Principles.


Terence Howzen
Deputy City Attorney

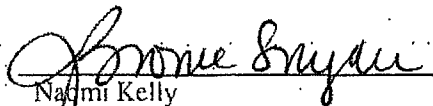
11/15/10
Date

Approved:


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

11/2/10
Date

City vendor number: 15017


Naomi Kelly
Director of the Office of
Contract Administration and
Purchaser

12/15/10
Date

Appendices

- A: Services to be provided by Contractor
- B: Calculation of Charges
- C: N/A (Insurance Waiver) Reserved
- D: Additional Terms
- E: HIPAA Business Associate Agreement
- F: Invoice
- G: Dispute Resolution
- H: Private Policy Compliance
- I: Emergency Response

Appendix A
Services to be provided by Contractor

I. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Stephen Banuelos, 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. 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."

K. 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, 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.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance 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 Assurance Plan.
- O. Compliance With Grant Award Notices:

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

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

P. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

In the provision of SERVICES under Community Mental Health Services or Community Substance Abuse Services contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by Community Mental Health Services or Community Substance Abuse Services, 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.

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.

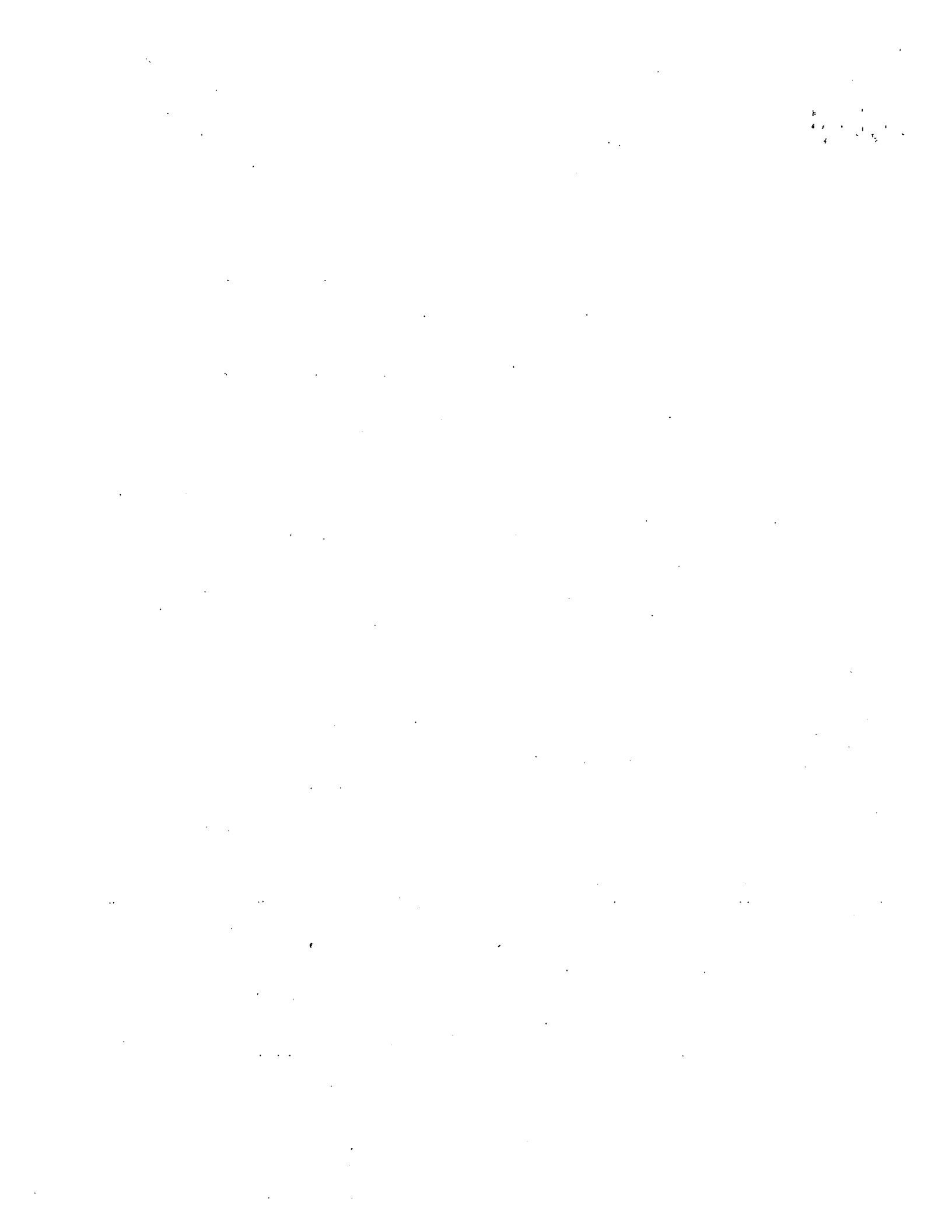
R. Harm Reduction

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.

2. **Description of Services**

Detailed description of services are listed below and are attached hereto

- Appendix A-1a La Posada
- Appendix A-1b Shrader
- Appendix A-1c Avenue
- Appendix A-2a La Amistad
- Appendix A-2b Progress House
- Appendix A-2c Cortland
- Appendix A-2d Ashbury
- Appendix A-2e Clay
- Appendix A-2f Dorine Loso House
- Appendix A-3 Seniors Program
- Appendix A-4 Supported Living
- Appendix A-5 Dore St. Residential
- Appendix A-6 Dore St. Urgent Care Clinic



Contractor: Progress Foundation
Program: ADU
City Fiscal Year 10-11

Appendix A-1
Contract Term: 07/01/2010 - 06/30/2011

1. Program Name:

A.1.a La Posada

Program Address: 810 Capp Street
San Francisco, CA 94110
Telephone: (415) 285-0810
Facsimile: (415) 285-2110

A.1.b Shrader House

Program Address: 50 Shrader Street
San Francisco, CA 94117
Telephone: (415) 668-4166
Facsimile: (415) 668-6357

A.1.c Avenues

Program Address: 1443 7th Avenue
San Francisco, CA 94122
Telephone: (415) 242-8034
Facsimile: (415) 242-8039

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goals of the Acute Diversion Units (ADU's) are to reduce the utilization of acute psychiatric in-patient beds, either by diversion from in-patient placement or reduction of inpatient length of stay, by providing an intensively staffed and community oriented 24-hour non-institutional alternative to hospitalization for individuals who require non-hospital acute psychiatric care. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system while encouraging the lowest possible level of psychotropic medications, and through skills building, to enable the client to move toward more independent living.

4. Target Population:

Progress Foundation will serve clients referred from SFGH Psychiatric Emergency Services and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS). Clients confined in in-patient psychiatric units and approved by the CBHS Placement Team for placement at the ADU-level of care are also accepted. The ADUs may also accept urgent care referrals directly through the Progress Foundation Diversion Evaluation Team (DET) and Progress Foundation's Dore Street Clinic/Urgent Care Center.

ADUs provide 24- hour psychiatric residential treatment and rehabilitation and recovery services to San Francisco residents, aged 18 years and older, who require a highly

structured and supervised setting due to the crisis and/or acute nature of their condition. The program accepts referrals from crisis/emergency services, and from designated psychiatric inpatient units. All programs are designed to address clients with co-occurring mental health and substance abuse treatment needs. All admissions are voluntary. Persons on conservatorship may be referred.

The Acute Diversion Programs are authorized to accept individuals who have a primary Axis 1 mental health diagnosis; however, as many as 75% of clients served in the ADU's have been shown to have co-occurring disorders that include mental illness and substance use/abuse as well as other serious and limiting medical conditions and the programs are fully capable of providing dual services to those clients.

Each of the ADUs has a unique, but not exclusive, focus. Avenues serves clients with mobility disabilities. La Posada has the capacity to serve clients from San Francisco's diverse Spanish speaking cultures, with Spanish speaking staff on duty 24-hours. Shrader has a Transitional Youth, and transgender focus. While each program has a focus population, each ADU is able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco, as well as those in several age groups.

5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Crisis Residential Treatment Service

"Crisis Residential Treatment Service" means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems.

The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

Medication Support Services.

"Medication Support Services" means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication

education and plan development related to the delivery of the service and/or assessment of the beneficiary.

Service Units

- A. For La Posada, Avenues and Shrader House, the maximum length of stay will be two (2) weeks unless an extension is clinically indicated.
- B. One unit of Crisis Residential Treatment Service is one day of residence in the program.
- C. A unit of Medication Support Service is recorded in minutes.
- D. For FY 10-11 payment methodology will be based on a fee for service system.
- E. It is anticipated that La Posada will provide service to 195 individuals, Avenues to 235 individuals and Shrader House to 195 individuals.

6. Methodology

A. Describe outreach, recruitment, advertising

The ADU's are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgender, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups that which we serve.

B. Describe your program's admission, enrollment and/or intake criteria and process

Clients are referred directly from SFGH PES with consultation and consent from DET in most cases. Referrals from local in-patient units are approved by the CBHS Placement Team and referred to the Progress Foundation Diversion Evaluation Team (DET) for review. Urgent referrals from community programs are referred directly to DET. DET reviews charts and may do face-to-face interviews with clients in PES, and inpatient units or at a client's current program. DET tracks open beds in the agency and schedules intake interviews with each program. Referrals will also come directly from Progress Foundation's Dore Clinic/Urgent Care Center. Clients go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the ADU for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, and deemed at-risk for inpatient admission if the ADU does not admit the client, and have a

health screen and PPD in the last 12 months. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs, which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. After completing the intake interview and being accepted into the program, clients fully participate in developing their own treatment plan, including the determination of attainable goals to work towards during their stay.

C. Describe service delivery model, hours of operations, length of stay, locations

The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery in 24-hour home-like settings. ADUs have an average length of stay of 2 weeks; Benefit Reviews are completed for clients requiring a longer length of stay. The program is staffed 24-hours with awake and alert staff and utilizes a normalizing and flexible environment to provide needed supports and opportunities for growth. The following is a broad overview of services provided and the methods of service delivery. At La Posada, groups may be conducted in Spanish in addition to English, according to the make-up the clients at the time of the group. All Staff receive training in the most effective ways to intervene with clients within the program's time frame.

I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:

- a common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- adult services with a single point of entry directly through CBHS identified Psychiatric Emergency Service programs *or* through the Placement Team which manages referrals from local in-patient services *or* urgent care referrals solely through Progress Foundation's DET and Dore Clinic/Urgent Care Center,
- system-wide standards of accountability based on cost, access, quality and outcomes.

II. The ADUs will maintain a non-institutional environment, even while working with clients in the most acute phase of their crises. Through the use of counselors (both professional and paraprofessional) under professional supervision, the programs will provide the necessary support and intervention to stabilize the immediate crisis. This will be done in conjunction with Psychiatric Emergency Services of San Francisco General Hospital.

III. Through the intake process and during the stabilization of the crisis the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric crisis. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. This process will include planning for discharge from the first day

of admission, so that realistic plans can be developed within the target time limit. The program will work with other CBHS System of Care providers as appropriate.

IV. During the course of his/her stay, the client will assume incremental amounts of responsibility in the cooperative operation of the household and general community. At all times the program will work to involve the clients in the house operation, at appropriate levels. This process presents a realistic context in which the staff and clients can test strengths and abilities, as well as receive a specific sense of accomplishing tasks, in spite of emotional difficulties.

V. Clients will meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients will be an integral part of the entire process of developing treatment plans and disposition recommendations.

VI. Twenty-four hour services will be provided to clients. Day program activities will fall into these distinct, but overlapping categories:

a. Structured group therapeutic activities designed to enhance crisis stabilization will be provided seven days a week for approximately four (4) hours each day. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education (medication information, patients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.

Pre-vocational activities will be developed, as appropriate given the short length of stay and tailored to individual levels, which will be designed to prevent the erosion of existent skills and to develop new skills and the self-perception of "ableness" necessary for vocational achievement.

b. Individually tailored activities will be scheduled approximately two (2) hours each afternoon. These activities will be the follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings, application for public assistance grants, search for housing opportunities, attendance at a school or vocational training facility, attendance at volunteer or paid job and follow-up on application/interview process for lower level residential programs or housing.

c. Appointments with the staff psychiatrist will be scheduled within 72 hours for those clients who do not have a private psychiatrist. These scheduled meetings will be used to review the efficacy of current medication regimen and to renew or revise prescribed medications as

appropriate, and to provide an additional opportunity for medication education.

d. Appointments with a Nurse Practitioner or supervised nursing student will be available to each individual. This will ensure adequate health and wellness screening and health and drug education. Clients will also receive assistance with minor to moderate injuries as well as with physical health-related conditions adversely affecting the individuals' capacity for non-hospital psychiatric treatment.

In addition, regular group meetings may be held to address three general areas:

1. The practical operation of the household and the division of jobs.
2. Issues in the house and relationships between clients and between clients and the program, as well as individual clients' treatment issues.
3. Special groups, both ongoing and ad hoc, to meet specific needs of the house population. Particular emphasis will be placed on working with families of clients whenever such resources are available.

VII. Activities will be developed, particularly for the evening and weekend hours, that will explore ways of relaxing and enjoying the community resources on limited incomes. As much as possible, activities will be integral to the functioning and operation of the household itself, along practical lines. Included among day and evening activities will be community meetings, a family group for those residents for whom such a service is appropriate, treatment planning groups, and other activities preparatory to moving to a more independent setting. Meal planning, preparation and community dining are essential to the evening program hours.

VIII. The program will develop a practical Wellness & Recovery based model that is geared toward emphasizing the client's healthy potential to participate in his/her own rehabilitation process, as a member of the community, both within the house and in the community outside. The emphasis will be placed on the development of survival skills and a support system in the community, including linkage to case management services, entitlements, physical health and other mental health and social services. In all cases, whenever possible, these activities will be coordinated with the individual's CBHS case manager.

IX. There will be regular meetings between the ADUs and representatives of other relevant programs providing services to clients. The goal is to minimize problems and facilitate the exchange of information between the programs. Treatment planning regarding clients involved in more than one program will be done by the client and relevant staff members of both programs and, whenever

possible or appropriate, coordinated with the assigned CBHS Care Manager for the client. This process will include regular staff meetings with professional consultants to review cases.

X. During a client's stay at an ADU, the program psychiatrist will usually assume responsibility for medications. The program will refer clients for community medication support for a seamless medication support system when the client is discharged from the ADU.

XI. Medication monitoring follows policies and procedures established by the State of California Division of Community Care Licensing as well as the agency's medication policy (Policy and Procedures Manual, 10/06, Section 2, 2.06). Medications will be kept locked centrally in the program. Each client who is taking medications will have a log indicating amounts and frequency of medications. Counseling staff will observe the clients' actions in regard to medications, and will note in the med log whether or not medications were taken by the clients, in what quantity, and at what time. The program psychiatrist will review all medication levels on a regular basis, and will be primarily responsible for monitoring the medications of the client in the program. This monitoring will include supervision of the counseling staff.

D. Describe program's exit criteria and process, discharge planning

Exit criteria are determined on a case-by-case basis by conducting a Benefit Review, which is designed to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

E. Describe your program's staffing

Please see Appendix B

Section 7: Objectives and Measurements

Program objectives for 09-10 will continue until next contract revision.

A. PERFORMANCE/OUTCOME OBJECTIVES

Contractor: Progress Foundation
Program: ADU
City Fiscal Year 10-11

Appendix A-1
Contract Term: 07/01/2010 - 06/30/2011

OUTCOME A: IMPROVE CLIENT SYMPTOMS

A.1b. Applicable to: Adult and older adult mental health Acute Diversion Units (ADU) Of those clients who remain in the program for a continuous 12 days or more, 80% will be discharged to a less restrictive level of care. Less restrictive levels of care are any programs other than PES, inpatient or long-term care.

Client Inclusion Criteria:

All clients discharged from the ADU between July 1, 2009 and June 30, 2010 and who have been in the program for a continuous 12 days or more.

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on 12-month period from July 1, 2009 to June 30, 2010.

OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

Objective 6: Client Satisfaction

B.6b. During Fiscal Year 2009-2010, 100% of unduplicated clients who receive a face-to-face billable service during the survey period will be given and encouraged to complete a city-wide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self-Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-months period from July 1, 2009 to June 30, 2010.

OUTCOME C: CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS

Objective 1. Program Productivity

C.1a. During Fiscal Year 2009-10, units of service (UOS) as specified below will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

- a. La Posada: 3,103 Residential Days/UOS; 30,000 Outpatient Minutes/UOS
- b. Shrader House: 3,103 Residential Days/UOS; 25,000 Outpatient Minutes/UOS
- c. Avenues: 3,723 Residential Days/UOS; 30,000 Outpatient Minutes/UOS

Date Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Contractor: Progress Foundation
Program: ADU
City Fiscal Year 10-11

Appendix A-1
Contract Term: 07/01/2010 - 06/30/2011

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 5: Integration Preparedness

C.5a. Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Data Source:

Program managers to review information sent to CBHSIntegration@sfdph.org via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to CBHSIntegration@sfdph.org. The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Contractor: Progress Foundation
Program: ADU
City Fiscal Year 10-11

Appendix A-1
Contract Term: 07/01/2010 - 06/30/2011

C.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5f. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 8: Program and Service Innovation & Best Practices

C.8a. If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

8. Continuous Quality Improvement

A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services, the Deputy Director of Clinical Administration, and other personnel from the administrative office of the agency.

B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of each client and to review the appropriateness of the treatment plans. The program psychiatrist will be involved in regular meetings and/or consultations to assess the status of clients.

C. The Program Leadership Staff will provide supervision to the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis, treatment and medication issues (effects, side effects, etc.).

D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner. In addition, Progress Foundation conducts regular Continuous Quality Assurance (CQA) committee meetings.

E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.

F. Regular meetings between the CBHS Crisis Services, Progress Foundation urgent Care Center and the Progress Foundation Diversion Evaluation Team (DET) will be held, to discuss issues regarding referrals, as well as clinical concerns shared by the programs.

G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.

H. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all other HIPAA related memos and documents.

I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.

J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with emphasis at each ADU in providing culturally and linguistically appropriate services to San Francisco's diverse communities, as well as being able to serve the general population of San Francisco's mental health clients. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation
Program: TRTP
City Fiscal Year 10-11

Appendix A-2
Contract Term: 07/01/2010-06/30/2011

1. Program Name:

A.2.a La Amistad

Program Address: 2481 Harrison Street
San Francisco, CA 94110
Telephone: (415) 285-8100
Facsimile: (415) 285-2448

A.2.b Progress House

Program Address: 25 Beulah Street
San Francisco, CA 94117
Telephone: (415) 668-1511
Facsimile: (415) 668-1300

A.2.c Cortland House

Program Address: 77 Cortland Avenue
San Francisco, CA 94110
Telephone: 415-550-1881
Fax: 415-550-1791

A.2.d Ashbury House

Program Address: 212 Ashbury Street
San Francisco, CA 94117
Telephone: (415) 775-6194
Facsimile: (415) 775-1120

A.2.e Clay Street

Program Address: 2210 Clay Street
San Francisco, CA 94115
Telephone: (415) 776-4647
Facsimile: (415) 776-1018

A.2.f The Dorine Loso House

Program Address: 405 Baker Street
City, State, Zip Code: SF, CA 94117
Telephone: (415) 346-7775
Facsimile: (415) 346-7555

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goals of the Transitional Residential Treatment Programs (TRTP's) are to maximize individuals' efforts to achieve the highest possible level of self-sufficiency by implementing or continuing a rehabilitation and recovery process. TRTPs provide a diversion from, and an alternative to, institutional placement such as skilled nursing facilities and local acute hospitals, and promote rehabilitation and recovery from mental health conditions including those that co-occur with substance abuse disorders. Clients are encouraged and supported in the acquisition and effective application of survival and personal care skills, the development of personal support

systems, the development of needed educational and vocational training and preparation for more independent living.

Ashbury House has an additional goal of family preservation or reunification while providing mental health treatment to mothers who are at risk of losing, or have lost, custody of their children, and to facilitate collaboration between CBHS, Human Service Agency(HSA), the Department of Public Health (DPH) and other social service providers in serving this special population.

Clay Street and Dorine Loso House also have a separate focus to facilitate collaboration between CBHS, the Office of the Conservator, the IMD's (Institute for Mental Disease), and other social service providers in serving clients who have been confined, some for long periods of time, in locked psychiatric facilities and skilled nursing facilities. Both programs are wheel chair accessible.

All transitional programs will provide rehabilitative Day Treatment services as a part of the TRTP.

4. Target Population:

Progress Foundation's TRTPs will serve clients approved by the CBHS Placement Team and referred to Progress Foundation's Diversion Evaluation Team (DET). All programs are designed to serve clients with co-occurring substance abuse and mental health treatment needs. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House; and can be as long as 12 months at Ashbury House, Dorine Loso House and Clay Street. TRTP's will serve men and women, age 18 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to institutional confinement or other higher levels of care. All admissions are voluntary, and the programs do accept referrals for conserved clients.

Progress House serves the general population of San Francisco public mental health clients, and provides Dialectical Behavioral Therapy (DBT) for targeted clients. La Amistad focuses on Spanish speaking clients and Transitional Youth, while also serving the general population of San Francisco public mental health clients and provides DBT services. Cortland focuses on clients from San Francisco's African American community. Ashbury House will serve women age 18 years and older who have 1 or 2 children under age twelve who will live with them in the program. Ashbury can serve clients with mobility disabilities and also provides DBT services. Clay Street and Dorine Loso House will serve men and women age 18 years and older who are referred from IMDs, psychiatric inpatient units, and crisis residential programs.

All clients are voluntary and have been assessed as able to return to community living and benefit from the rehabilitation program.

5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Adult Residential Treatment Service

“Adult Residential Treatment Service” means rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including 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 residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation and collateral.

Day Rehabilitation

“Day Rehabilitation” means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least three hours and less than twenty-four hours each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

Service Units

A. All TRTP will provide psychiatric transitional residential treatment services, as well as day treatment (full day rehabilitative) services. One day of residence will provide one "adult residential" unit of service, and 4 hours or more of participation in the day treatment program will mean one "full day, day rehabilitative" unit of service. 40% of Ashbury's funding will come from CalWorks.

B. For FY 08-09, payment methodology will be based on a fee for service system.

C. It is anticipated that La Amistad will provide service to 75 individuals, Ashbury House will provide service to 15 individuals, Progress House and Cortland House will provide service to 40 individuals, and Dorine Loso House and Clay Street will provide service to 20 individuals each.

6. Methodology

A. Describe outreach, recruitment, advertising

The TRTP's are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural, and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

B. Describe your program's admission, enrollment and/or intake criteria and process

Clients are referred directly from SFGH PES with consultation and consent from DET in most cases. Referrals from local in-patient units are approved by the CBHS Placement Team and referred to the Progress Foundation Diversion Evaluation Team (DET) for review. Urgent care referrals from community programs are referred directly to DET. DET reviews charts and may do face-to-face interviews with clients in PES, and inpatient units or at client's current program. DET tracks open beds in the agency and schedules intake interviews with the programs. Clients

go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the program for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, meet medical necessity criteria and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner or Day Treatment group at the program to help inform their decisions to enter the program. The client intake assessment includes a review of any substance abuse history in order to identify co-occurring substance abuse disorders and illuminate treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. After completing the intake interview and being accepted into the program, clients participate in developing their own treatment plans including the determination of attainable goals to work towards during their stay.

C. Describe service delivery model, hours of operations, length of stay, locations

The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery, provided in home-like settings. The length of stay will vary, but will average approximately 90 days at La Amistad, Progress House and Cortland House, and up to 1 year at Clay, Dorine Loso House and Ashbury. The program is staffed 24-hours with awake and alert staff and utilizes a normalizing and relational-rich environment. The following is a broad listing of services and overview of service delivery in Progress Foundation TRTPs. At La Amistad these services are provided in Spanish, according to the house make-up.

Staff receive training in the most effective ways to intervene with clients within the program's time frame.

I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:

- common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- a single point of entry for services, through the Placement Team, except for diversions from psychiatric emergency services and,
- system wide standards of accountability based on cost, access, quality, and outcomes.

II. During the course of their stay in the programs, clients will be expected to assume incremental amounts of responsibility in the co-operative operation of the household and general community. At all times, the program will work to include the clients in the house operations. This process presents a realistic context in which clients can test strengths and abilities and receive a specific sense of accomplishing tasks in spite of emotional difficulties.

III. Regular group meetings will be held in each house:

- a. Morning planning groups, attended by all clients and on-duty staff, to evaluate the status of each client and to develop specific plans for the day.
- b. The community meeting to discuss problems within the house, plan outings,

assign house jobs and resolve other issues confronting the program.

c. Special groups, both on-going and ad hoc, to meet specific needs of the house population (such as groups held in Spanish at La Amistad). These groups may include symptom management, relapse prevention, daily living skills, medication education, a follow-up group or a pre-vocational group. DBT oriented groups are also offered.

d. At Ashbury House, clients will attend an on-site day treatment program five days per week. The program will include community meetings, symptom management, relapse prevention, skill building, processing and adjunctive therapy, parenting classes, advocacy groups, pre-vocational training, and personal and infant/child health education, as well as DBT oriented groups.

e. Clay Street, Dorine Loso House, La Amistad, Progress House and Cortland House will also provide on-site day treatment five days per week. A full range of verbal and non-verbal group meetings, community meetings, symptom management, relapse prevention, skill building, pre-voc, processing and adjunctive therapy as well as educational workshops aimed at developing a healthy existence in the community, will be offered.

VI. Activities will be developed, particularly for the evening and weekend hours, that will explore ways of relaxing and enjoying the community resources on limited incomes. As much as possible, activities will be integral to the functioning and operation of the household itself.

V. All the transitional residential treatment programs will utilize the opportunity for interaction between counselors and clients, in both formal and informal settings, to regularly assess the clients' progress toward independent living. The interactions will include regular meetings with staff to discuss progress towards mutually-determined goals.

VI. Most clients will be expected to have primary therapists or other supportive treatment outside of the house itself. This primary therapist or program will be responsible for prescribing medications and other formal therapy meetings. If there is no primary therapist or program, residential program staff will assist client to obtain one.

VII. Counselors will regularly coordinate treatment planning and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved. This coordination will include the active involvement and participation of the client whenever possible.

VIII. If clinically indicated, clients will be expected to be responsible for their own medications with staff support and oversight and individualized plans incrementally increasing responsibility, otherwise medications will be centrally stored and monitored and recorded by staff according to State of California Division of Community Care Licensing standards.

IX. The programs will work in close collaboration with other CBHS System of Care

providers, and any other participating agencies or services, to provide rehabilitative, 24-hour care to clients.

X. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame.

D. Describe program's exit criteria and process, discharge planning

Exit criteria are determined on a case by case basis by evaluating client's progress toward treatment plan goals, to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are no longer in crisis and experience a reduction of the problems which brought them into the program, such that there is a probability that they will succeed at the next level of care or follow-up program for continued treatment. Clients who are a danger to self or others will be referred to SFGH PES for evaluation. In the case of Ashbury House, clients with CPS cases are accepted into the program based on the status of their child custody cases, and, if re-unification is not a possibility, clients are discharged after losing or voluntarily surrendering custody of their children.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

E. Describe your program's staffing

Please see Appendix B

Section 7: Objectives and Measurements

Program objectives for 09-10 will continue until next contract revision.

A. PERFORMANCE/OUTCOME OBJECTIVES

OUTCOME A: IMPROVE CLIENT SYMPTOMS

Objective A.1: Reduce Psychiatric Symptoms

A.1c. Of those clients who have been in the program for a continuous 60 days or more, 50% will have been referred for at least one outpatient (mode 15) service from a different provider during their TRTP stay or within 3 days of their TRTP discharge date.

Client Inclusion Criteria:

All clients discharged from the TRTP between July 1, 2009 and June 30, 2010, and have been in the program for a continuous 60 days.

Contractor: Progress Foundation
Program: TRTP
City Fiscal Year 10-11

Appendix A-2
Contract Term: 07/01/2010- 06/30/2011

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

Objective 6: Client Satisfaction

B.6b. During Fiscal Year 2009-2010, 100% of unduplicated clients who receive a face-to-face billable service during the survey period will be given and encouraged to complete a city-wide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self-Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-months period from July 1, 2009 to June 30, 2010.

OUTCOME C: CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS

Objective 1. Program Productivity

C.1a. During Fiscal Year 2009-10, units of service (UOS) as specified below will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

- a. La Amistad: 4,033 Residential Days/UOS; 2,520 Day Treatment Days/UOS
- b. Progress House: 3,103 Residential Days/UOS; 2,210 Day Treatment Days/UOS
- c. Cortland House: 3,103 Residential Days/UOS; 2,060 Day Treatment Days/UOS
- d. Ashbury House: 3,102 Residential Days/UOS; 1,032 Day Treatment Days/UOS
- e. Clay Street: 4,654 Residential Days/UOS; 3,170 Day Treatment Days/UOS
- f. Dorine Loso House: 4,654 Residential Days/UOS; 3,315 Day Treatment Days/UOS

Date Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Data Source:

Program managers to review information sent to CBHSIntegration@sfdph.org via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to CBHSIntegration@sfdph.org. The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01):

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5f. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 8: Program and Service Innovation & Best Practices

C.8a. If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

8. Continuous Quality Improvement

A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.

B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of each client and to review the appropriateness of the treatment plans. The program consultant will be involved in regular meetings and/or consultations to assess the status of clients.

C. The Program Leadership Staff (Program Director and Assistant Program Director(s)) will provide the supervision of the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The consultant will have an active role in the education of staff in the areas of diagnosis and medication issues (effects, side effects, etc.)

D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner, as well as continue regular Continuous Quality Assurance (CQA) committee meetings.

E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.

F. Regular meetings between Progress Foundation Clinical Leadership and the TRTP Directors will occur to discuss issues regarding referrals, as well as clinical concerns shared by the programs.

G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.

Contractor: Progress Foundation
Program: TRTP
City Fiscal Year 10-11

Appendix A-2
Contract Term: 07/01/2010- 06/30/2011

H. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all HIPAA related memos and documents.

I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.

J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with an emphasis at La Amistad on serving Spanish speaking clients, at Ashbury to serve homeless and/or CalWorks mothers, and at Clay and Dorine Loso House to serve individuals returning to the community from long term placement in a psychiatric facility. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation
Program: Carroll and Rypins Houses
& Rypins Day Treatment (Seniors)

Appendix A-3
Contract Term: 07/01/2010 - 06/30/2011
City Fiscal Year 10-11

1. Program Names: Carroll House and Rypins House (Seniors) (A3)

Carroll: 73 Anderson Street
San Francisco, CA 94110
Telephone: (415) 821-1610

Rypins: 1405 Guerrero Street
San Francisco, CA 94110
(415) 821-0697
Facsimile: (415) 821-3568 (Rypins only)

Rypins House Day Treatment

1405 Guerrero Street
San Francisco, CA 94110
Telephone: (415) 821-0697
Facsimile: (415) 821-3568

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The Progress Foundation Seniors Program consists of Carroll House and Rypins House, which are Transitional Residential Treatment Programs (TRTP), and Rypins House Day Treatment. The goals of the program are: To maximize individuals' efforts to achieve the highest possible level of self-sufficiency by continuing the rehabilitation process begun in acute and sub-acute residential programs; to divert as many persons as possible from institutional placements, such as skilled nursing facilities, and "L" facilities, by providing an alternative setting. To reduce recidivism by providing a therapeutic setting in which individuals can grow toward independent living by emphasizing the acquisition and application of survival skills; development of personal support systems and placement of as many clients as possible in educational, volunteer and vocational or pre-vocational training situations, as well as in jobs in preparation for more independent living.

4. Target Population:

Progress Foundation's Seniors Program will serve clients approved by the CBHS Placement Team and referred to Progress Foundation's Diversion Evaluation Team (DET), and referrals from other service providers. Carroll and Rypins Houses and Rypins Day Treatment serve specifically clients aged 55 and over. The length of stay will vary, but will average approximately 70 days.

The Seniors Program will serve ambulatory men and women, age 55 years and older, who require a structured setting, and who, if such a level of program were not available, are at risk of returning to the hospital, skilled nursing facility or other more restrictive treatment settings. All admissions are voluntary and the program does accept referrals for conserved clients. As more than 50% of the Seniors Program clients have co-occurring substance use/abuse and mental health disorders, the program is designed to meet the treatment needs of this population.

In addition to current clients, the Day Treatment program has established six day slots for former residents in transition from the program to living in the community who require on-going rehabilitation and support during the daytime hours. Since not all the day treatment clients participate in the program five days a week, day services can be provided to more than six non-residential clients.

5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Adult Residential Treatment Service.

"Adult Residential Treatment Service" means rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including 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 residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation and collateral.

Day Rehabilitation.

"Day Rehabilitation" means a structured program of rehabilitation and therapy to improve, maintain or restore personal independence and functioning, consistent with requirements for learning and development, which provides services to a distinct group of beneficiaries and is available at least four hours or more each day the program is open. Service activities may include, but are not limited to, assessment, plan development, therapy, rehabilitation and collateral.

6. Methodology

A. Describe outreach, recruitment, advertising

Carroll and Rypins House are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural, and/or gay/lesbian or Transgendered, with a focus on serving clients age 55 and over at the Seniors Program in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

B. Describe your program's admission, enrollment and/or intake criteria and process

Clients are referred directly from SFGH PES with consultation and consent from Progress Foundation's DET in most cases. Referrals from local in-patient units are approved by the CBHS Placement Team and referred to DET for review. Urgent care referrals are referred directly through DET, as are any other community referrals. Clients may be referred by case managers, therapists or other service providers. DET reviews charts and does face-to-face interviews with clients, if needed. DET tracks open beds in the agency and schedules intake interviews with the programs. Clients go to the program to do the intake interview which serves as an assessment tool for the program to determine the appropriateness of the program for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, age 55 or over, have an Axis I mental health diagnosis, and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner at the program or Day Treatment groups to help inform their decisions to engage in the program. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame. After completing the intake interview and being accepted into the program, clients fully participate in developing their treatment plan, including the determination of attainable goals to work towards during their stay.

C. Describe service delivery model, hours of operations, length of stay, locations

The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery in 24-hour home-like settings. The length of stay will vary, but will average approximately 70 days at Seniors Program. The program is staffed 24-hours with awake and alert staff and utilizes a flexible and normalizing environment.

I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:

- common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- a single point of entry for geriatric services, through the Placement Team, and
- system wide standards of accountability based on cost, access, quality, and outcomes.

II. During the course of their stay in the programs, clients are assisted in assuming incremental amounts of responsibility in the co-operative operation of the household. At all times, the program will work to include the clients in the house operations. This process presents a realistic context in which clients can

test strengths and abilities and receive a specific sense of accomplishing tasks in spite of emotional difficulties.

III. Regular group meetings will be held in each house.

a. Morning planning groups, attended by all clients and on-duty staff, to evaluate the status of each client and to develop specific plans for the day.

b. The community meeting to discuss problems within the house, plan outings, assign house jobs and resolve other issues confronting the program.

c. Special groups, both on-going and ad hoc, to meet specific needs of the house population. These groups may include symptom management, daily living skills, medication education, a follow-up group or a pre-vocational group.

VI. Activities will be developed, particularly for the evening and weekend hours, that will explore ways of relaxing and enjoying the community resources on limited incomes. As much as possible, activities will be integral to the functioning and operation of the household itself.

V. All the transitional residential treatment programs will utilize the opportunity for interaction between counselors and clients, in both formal and informal settings, to regularly assess the clients' progress toward independent living. The interactions will include regular meetings with staff to discuss progress towards mutually-determined goals.

VI. Many clients also will have primary therapists or other supportive treatment outside of the house itself. This primary therapist or program will be included in relevant treatment decisions.

VII. Counselors will regularly coordinate treatment planning and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved. This coordination will include the active involvement and participation of the client whenever possible.

VIII. If clinically indicated, clients will be assisted in learning to be responsible for their own medications, in all other cases medications will be centrally held and medication usage will be documented.

IX. The programs will work in close collaboration with other CBHS System of Care providers, and any other participating agencies or services, to provide rehabilitative, 24-hour care to clients.

X. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame. Clients also are encouraged, when appropriate, to attend other ongoing meetings in the community geared toward development of a clean and sober lifestyle.

XI. Appointments with a Nurse Practitioner or supervised nursing student will be available to each individual. This will ensure adequate health screening, health and wellness education, (in particular education about age related health issues) and drug education. Clients will also receive assistance with ambulatory injuries as well as with physical health-related conditions adversely affecting the individuals' capacity for non-hospital psychiatric treatment.

D. Describe program's exit criteria and process, discharge planning

Exit criteria are determined on a case by case basis by reviewing Progress Notes and Treatment Plans, to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are stabilized and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged. Reasons that clients may not be accepted into the program, or may be referred to another program or discharged are: a determination is made that the program/level of care does not meet the client's treatment needs; client engages in illegal activities (such as drug use in the program) and is unwilling to work on a plan to desist those activities; or client engages in a physical altercation in the program that put the staff and /or other clients at risk.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

E. Describe your program's staffing.

Please see Appendix B

Section 7: OBJECTIVES AND MEASUREMENTS

Program objectives for 09-10 will continue until next contract revision.

Contractor: Progress Foundation
Program: Carroll and Rypins Houses
& Rypins Day Treatment (Seniors)

Appendix A-3
Contract Term: 07/01/2010 - 06/30/2011
City Fiscal Year 10-11

A. PERFORMANCE/OUTCOME OBJECTIVES

OUTCOME A: IMPROVE CLIENT SYMPTOMS

Objective A.1: Reduce Psychiatric Symptoms

A.1c. Of those clients who have been in the program for a continuous 60 days or more, 50% will have been referred for at least one outpatient (mode 15) service from a different provider during their TRTP stay or within 3 days of their TRTP discharge date.

Client Inclusion Criteria:

All clients discharged from the TRTP between July 1, 2009 and June 30, 2010, and have been in the program for a continuous 60 days.

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

Objective 6: Client Satisfaction

B.6b. During Fiscal Year 2009-2010, 100% of unduplicated clients who receive a face-to-face billable service during the survey period will be given and encouraged to complete a city-wide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self-Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-months period from July 1, 2009 to June 30, 2010.

OUTCOME C: CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS

Objective 1. Program Productivity

C.1a. During Fiscal Year 2009-10, units of service (UOS) as specified below will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Contractor: Progress Foundation
Program: Carroll and Rypins Houses
& Rypins Day Treatment (Seniors)

Appendix A-3
Contract Term: 07/01/2010 - 06/30/2011
City Fiscal Year 10-11

- a. Rypins House: 1,862 Residential Days/UOS; 4,120 Day Treatment Days/UOS
- b. Carroll House: 1,862 Residential Days/UOS

Date Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Data Source:

Program managers to review information sent to CBHSIntegration@sfdph.org via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to CBHSIntegration@sfdph.org. The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5f. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and

report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 8: Program and Service Innovation & Best Practices

C.8a. If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data:

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

8. Continuous Quality Improvement

A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.

B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of each client and to review the appropriateness of the treatment plans. The program psychiatrist will be involved in regular meetings and/or consultations to assess the status of clients.

C. The Program Leadership Staff will provide the supervision of the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis and medication issues (effects, side effects, etc.)

D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being

maintained in a professional manner.

E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.

F. Regular meetings between the Seniors Leadership staff and Progress Foundation's DET will be included as appropriate to discuss issues regarding referrals, as well as clinical concerns shared by the programs.

G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.

H. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all HIPAA related memos and documents.

I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs

J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation
Program: Supported Living Program
City Fiscal Year 10-11

Appendix A-4
Contract Term: 07/01/2010 - 06/30/2011

1. Program Name:

A.4 Supported Living Program

Program Address: office: 711 Taraval Street
San Francisco, CA 94116
Telephone: (415) 752-3416
Facsimile: (415) 752-3483

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The purpose of the program is to provide unobtrusive support to a client's own rehabilitative efforts while providing the most independent living possible. The counseling is designed to provide regular guidance, support and 24-hour/day, 7 days/week response capability. The thrust of this program is to assist those clients who have completed transitional Residential Treatment Programs (TRTP), yet are unable to assume full responsibility for forming independent group households and managing the stressors associated with completely independent living. This housing program is able to support the less well organized clients' efforts to achieve viable independent living skills in settings which fully replicate the potential housing situations available after completion of the program.

Specific goals are:

- To maintain independence levels achieved by clients while in the residential programs by providing supportive settings;
- To maximize the abilities of clients to function and contribute in the least restrictive, most normative setting possible through the provision of decreasing levels of support and structure;
- To develop cooperative apartments which are accessible, relevant and useful to the various ethnic minority and identified gay populations that comprise San Francisco;
- To provide support services to individuals who are living independently in the community. The support services will be available to individuals in the Independent Living sites specified in this contract upon request.

4. Target Population:

The SLP will serve target population clients in the Mental Health System following the criteria for admission to care specified by CBHS. Those eligible for the program are men and women with a minimum age limit of 18. The Supported Living Program (SLP) is able to serve clients with co-occurring mental health diagnoses and substance abuse disorders, and clients authorized for services by the City and County of San Francisco, clients must have an Axis I primary mental health diagnosis. Clients must be able to participate in the cooperative running of the apartment, or, in the case of Independent Living settings, live independently. The SLP accepts referrals for clients on

conservatorship. All clients in the cooperative apartment settings are required to have a full-time day program and a regular therapy setting outside of the program when appropriate. Clients in Independent Living sites are not required to participate in any programs or therapy as a condition of living in those units. However, individuals may require specialized services in order to maintain their living situations, and are assisted in accessing those services.

5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Mental Health Services.

“Mental Health Services” means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

6. Methodology

A. Describe outreach, recruitment, advertising

The Supported Living Program is listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or Transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

B. Describe your program’s admission, enrollment and/or intake criteria and process

The program provided is the Supported Living Program, a system of leased apartments and permanent housing sites where residents receive mental health, case management and crisis intervention services from the Supported Living Program staff. The Supported Living Program consists of two elements: (a) the Cooperative Apartments Program; (b) the Permanent Housing Program/Independent Living program. Clients for the Cooperative Apartments Program are referred by their case managers or other providers and must be approved by the CBHS Placement Team, and meet some of the same requirements as the Residential Treatment Programs, i.e. Axis I mental health diagnosis

and San Francisco residency. Clients have a face-to-face interview with a case manager for the program, as well as a tour of the apartment and introduction to prospective roommates, they may also attend the weekly house meeting to help inform their decision to move in or not, although it is not required. Residents in the Independent Living Program, have a face-to face interview to determine eligibility (applicants must have a mental illness) and tour of the open apartment. Services at Independent Living Program sites are voluntary, and those who do participate, can discontinue service at any time.

C. Describe service delivery model, hours of operations, length of stay, locations

The average length of stay at the Cooperative Apartments is 2 years, residents are not required to move, but many do so when they have completed their treatment program. The Independent Living Program Apartments are permanent housing; participation in services is not required.

I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:

- a common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- system wide standards of accountability based on cost, access, quality and outcomes.

II. In the Cooperative Apartment Program, staff will meet with each living group at least once a week to discuss on-going problems; interpersonal issues, and to assist in the planning of activities. This formal meeting will provide the opportunity to assess the progress of individual clients in the program:

III. In addition to this group meeting, each client will meet with a Supported Living Program case manager individually on average once a week. This component will begin to teach the use of the private therapy hour as the forum to discuss personal issues, resolve private conflicts and plan future rehabilitation efforts. For some clients, the completion of the Coop Program will find them living independently, engaged in meaningful, even paid, activities, and utilizing private sector weekly therapy as their primary therapeutic contact. The transition from mostly group treatments to mostly individual treatment takes place incrementally. The individual meetings will also provide the forum for involving collaborative counselors or therapists in the treatment and rehabilitation planning.

IV. Upon entering either the Cooperative Apartment Program or the Permanent Housing Program, if treatment services are selected, each client will work with a case manager to develop a treatment and rehabilitation plan. This plan will specify the goals of the client, an approximate time frame for achieving the goals, and a recommended approach to achieve them. This plan will form the basis of agreement between the client and the program. The program will emphasize client movement toward vocational training and work and volunteer or

educational activities.

V. The Supported Living Program Director and case managers will coordinate the clients' involvement in vocational programs. It is expected that clients will often enter the apartment program with a meaningful day activities either in place or planned. The goal of the program, in such a case, will be to work with the clients to move toward pre-vocational or vocational programs as soon as possible.

VI. On a monthly basis, members of all households will attend a joint meeting for the purpose of building relationships beyond the individual household and for large group educational forums and/or social activities.

VII. In the Permanent Housing Program, case managers will provide a range of services including counseling, crisis intervention, linkage to social, mental health and physical health services, and referral to other support services. Case managers will meet with clients on an as needed basis to assist the client in determining the range of services to be provided and the frequency of meetings to monitor progress.

VIII. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling, referrals and special groups are designed to address dual diagnosis issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame. Clients also are encouraged, when appropriate, to attend other ongoing meetings in the community geared toward development of a clean and sober lifestyle.

D. Describe program's exit criteria and process, discharge planning,

Although there is essentially no formal exit criteria for clients in the Cooperative Apartments or the Independent Living apartments, discharge or transition planning is discussed with the client beginning at admission via focused long-term treatment planning for those in services. When clinically appropriate, clients are encouraged to move towards more independent housing. For clients in the Independent Living Program, services are voluntary and eligibility for the housing is not contingent upon involvement in mental health services, so a client may elect to end services but continue to live in the apartment. Discharge from the Independent Living Program can be withdrawal from services, but not moving from the apartment.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Case Managers facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

Contractor: Progress Foundation
Program: Supported Living Program
City Fiscal Year 10-11

Appendix A-4
Contract Term: 07/01/2010 - 06/30/2011

E. Describe your program's staffing

Please see Appendix B

Section 7: Objectives and Measurements

Program objectives for 09-10 will continue until next contract revision.

A. PERFORMANCE/OUTCOME OBJECTIVES

OUTCOME A: IMPROVE CLIENT SYMPTOMS

Objective A.1: Reduce Psychiatric Symptoms

A.1d. Applicable to: Supported Housing Programs

After the first 60 days of enrollment, no more than 10% of clients will have a psychiatric hospitalization while in supported housing programs.

Client Inclusion Criteria:

Conard House, Baker and Progress - All clients who have been in the program for at least 60 continuous days.

Data Source:

CBHS Billing Information System - CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on clients who are open in the program anytime during the 12-month period from July 1, 2009 to June 30, 2010, and have been enrolled in the program for at least 60 continuous days.

A.1e. Applicable to: Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

Client Inclusion Criteria:

Clients discharged between July 1, 2009 and June 30, 2010 who have been served continuously for 2 months or more.

Data Source:

BIS Reason for Discharge Field.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

OUTCOME 3: IMPROVE CLIENT FUNCTIONING

Objective A.3a: Increase Stable Living Environment

A.3a. 35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

Data Source:

BIS Living Situation Codes

Program Review Measurement:

Objective will be evaluated based on the 12-months period from July 1, 2009 – June 30, 2010.

B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES

Objective 5. Documentation/Authorization

B.5a. At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RUs combined before computation.

Data Source:

PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

Objective 6: Client Satisfaction

B.6b. During Fiscal Year 2009-2010, 100% of unduplicated clients who receive a face-to-face billable service during the survey period will be given and encouraged to complete a city-wide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Self-Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-months period from July 1, 2009 to June 30, 2010.

C. CONTINUOUS QUALITY IMPROVEMENT, PRODUCTIVITY & ACCESS

Objective 1. Program Productivity

C.1a During Fiscal Year 2009-10, 268,396 minutes/units of service (UOS) will be provided, consisting of treatment, prevention or ancillary services as specified in the unit of service definition for this modality and as measured by BIS and documented in counselors' case notes and program records.

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the first two quarterly meetings held by March 2009 will be included in the program review.

Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment every two years. A new COMPASS must be completed every other fiscal year.

Data source:

Program Managers to review information sent to CBHSIntegration@sfdph.org via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to CBHSIntegration@sfdph.org. The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

C.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

C.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. During Fiscal Year 2008-09, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5f. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 8: Program and Service Innovation & Best Practice

C.8a. If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

8. Continuous Quality Improvement

A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.

B. The Program Director will supervise and train the case manager in the development and implementation of rehabilitation and treatment plans.

C. The Program Director will meet as needed with Progress Foundation consulting psychiatrists or psychologists to discuss specific problems in the apartments.

D. Regular notes and written recovery and rehabilitation plans will be reviewed by the case manager and Program Director in a regular analysis of the progress of each client toward independent living. The documentation process will center on the acquisition of survival skills, and the development of support systems outside of the apartments.

E. The Program Director will maintain regular contact with other treatment and social service resources of each client in order to coordinate rehabilitation planning and implementation.

F. The Director of Clinical Services or designee will provide supervision to the Program Director and will periodically review client records to assure policies and procedures are being maintained in a manner consistent with the intent of the program.

G. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all HIPAA related memos and documents.

H. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.

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I. The Contractor agrees to make it a priority to deliver services in a culturally competent manner. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation
Program: Dore Residence
City Fiscal Year 10-11

Appendix A-5
Contract Term: 07/01/2010 - 06/30/2011

1. Program Name:

**A.5 Dore Residence
Crisis Residential Program**
Program Address:
52 Dore Street Unit 1
San Francisco, CA 94103
Telephone: (415) 553-3100
Facsimile: (415) 553-3199

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The goals of Dore Residence, a crisis residential program, is to reduce the utilization of acute psychiatric in-patient beds, either by diversion from in-patient placement or reduction of inpatient length of stay, by providing an intensively staffed and community oriented 24-hour non-institutional alternative to hospitalization for individuals who require non-hospital acute psychiatric care. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system while encouraging the lowest possible level of psychotropic medications, and through skills building, to enable the client to move toward more independent living.

4. Target Population:

The primary source for referrals will be the Dore Urgent Care Clinic co-located in the same facility. Progress Foundation will also serve clients referred from SFGH Psychiatric Emergency Services and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS).

Crisis Residential will provide 24- hour psychiatric residential treatment and rehabilitation and recovery services to San Francisco residents, aged 18 years and older, who require a highly structured and supervised setting due to the crisis and/or acute nature of their condition. All programs are designed to address clients with co-occurring mental health and substance abuse treatment needs. All admissions are voluntary. Persons on conservatorship may be referred.

The Crisis Residential Program is authorized to accept individuals who have a primary Axis I mental health diagnosis; however, as many as 75% of clients served in the crisis residential program have been shown to have co-occurring disorders that include mental illness and substance use/abuse as well as other serious and limiting medical conditions and the programs are fully capable of providing dual services to those clients.

This crisis residential program specializes in providing assessment, triage, rapid stabilization and referral for clients referred by Dore Clinic. This program is able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco, as well as those in several age groups.

5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Crisis Residential Treatment Service

“Crisis Residential Treatment Service” means therapeutic or rehabilitative services provided in a non-institutional residential setting which provides a structured program for beneficiaries as an alternative to hospitalization for beneficiaries experiencing an acute psychiatric episode or crisis who do not present medical complications requiring nursing care. The service supports beneficiaries in their efforts to restore, maintain, and apply interpersonal and independent living skills, and to access community support systems.

The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation, collateral, and crisis intervention.

Medication Support Services.

“Medication Support Services” means those services which include prescribing, administering, dispensing and monitoring of psychiatric medications or biologicals which are necessary to alleviate the symptoms of mental illness. The services may include evaluation of the need for medication, evaluation of clinical effectiveness and side effects, the obtaining of informed consent, medication education and plan development related to the delivery of the service and/or assessment of the beneficiary.

Service Units

- A. For the new crisis residential program, the maximum length of stay will be 3-5 unless an extension is clinically indicated.
- B. One unit of Crisis Residential Treatment Service is one day of residence in the program.
- C. A unit of Medication Support Service is recorded in minutes.
- D. For FY 09-10 payment methodology will be based on a fee for service system.
- E. It is anticipated that the Dore Residence program will serve 275 clients in FY 09-10.

6. Methodology

A. Describe outreach, recruitment, advertising

Progress Foundation Programs are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. The Dore Residence will be listed in those publications as new editions are printed. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

B. Describe your program’s admission, enrollment and/or intake criteria and process

Clients are referred directly from Progress Foundation’s Dore Clinic/Urgent Care Center, SFGH

PES, and from CBHS crisis services to the ADU. Referrals from local in-patient units are approved by the CBHS Placement Team.

Clients go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the ADU for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, and deemed at-risk for inpatient admission if the ADU does not admit the client, and have a health screen and PPD in the last 12 months. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs, which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. After completing the intake interview and being accepted into the program, clients fully participate in developing their own treatment plan, including the determination of attainable goals to work towards during their stay.

C. Describe service delivery model, hours of operations, length of stay, locations

The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery in 24-hour home-like settings. The Urgent ADU will have an average length of stay of 4 days; Benefit Reviews are completed for clients requiring a longer length of stay. The program is staffed 24-hours with awake and alert staff and utilizes a normalizing and flexible environment to provide needed supports and opportunities for growth. The following is a broad overview of services provided and the methods of service delivery. Staff receive training in the most effective ways to intervene with clients within the program's time frame.

I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:

- a common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- a single point of entry for adult services either directly through CBHS identified Psychiatric Emergency Service programs or through the Placement Team for referrals from local in-patient services or solely through Progress Foundation DET for urgent care referrals.
- system-wide standards of accountability based on cost, access, quality and outcomes.

II. The ADUs will maintain a non-institutional environment, even while working with clients in the most acute phase of their crises. Through the use of counselors (both professional and paraprofessional) under professional supervision, the programs will provide the necessary support and intervention to stabilize the immediate crisis. This will be done in conjunction with Progress Foundation's Urgent Care Center (Dore Clinic) and Psychiatric Emergency Services (PES) of San Francisco General Hospital.

III. Through the intake process and during the stabilization of the crisis the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric crisis. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. This process will include planning for discharge

from the first day of admission, so that realistic plans can be developed within the target time limit. The program will work with other CBHS System of Care providers to assure optimal services.

IV. During the course of his/her stay, the client will assume incremental amounts of responsibility in the cooperative operation of the household and general community. At all times the program will work to involve the clients in the house operation, at appropriate levels. This process presents a realistic context in which the staff and clients can test strengths and abilities, as well as receive a specific sense of accomplishing tasks, in spite of emotional difficulties.

V. Clients will meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients will be an integral part of the entire process of developing treatment plans and disposition recommendations.

VI. Twenty-four hour services will be provided to clients. Day program activities will fall into these distinct, but overlapping categories:

a. Structured group therapeutic activities designed to enhance crisis stabilization will be provided seven days a week for approximately four (4) hours each day. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education (medication information, patients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.

Pre-vocational activities will be developed, as appropriate given the short length of stay and tailored to individual levels, which will be designed to prevent the erosion of existent skills and to develop new skills and the self-perception of "ableness" necessary for vocational achievement.

b. Individually tailored activities will be scheduled approximately two (2) hours each afternoon. These activities will be the follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings, application for public assistance grants, search for housing opportunities, attendance at a school or vocational training facility, attendance at volunteer or paid job and follow-up on application/interview process for lower level residential programs or housing.

c. Appointments with the staff psychiatrist will be scheduled within 72 hours for those clients who do not have a private psychiatrist. These scheduled meetings will be used to review the efficacy of current medication regimen and to renew or revise prescribed medications as appropriate, and to provide an additional opportunity for medication education.

d. Appointments with a Nurse Practitioner or supervised nursing student will be available to each individual. This will ensure adequate health and wellness screening and health and drug education. Clients will also receive assistance with minor to moderate injuries as well as with physical health-related conditions

adversely affecting the individuals' capacity for non-hospital psychiatric treatment.

In addition, regular group meetings may be held to address three general areas:

1. The practical operation of the household and the division of jobs.
2. Issues in the house and relationships between clients and between clients and the program, as well as individual clients' treatment issues.
3. Special groups, both ongoing and ad hoc, to meet specific needs of the house population. Particular emphasis will be placed on working with families of clients whenever such resources are available.

VII. Activities will be developed, particularly for the evening and weekend hours, that will explore ways of relaxing and enjoying the community resources on limited incomes. As much as possible, activities will be integral to the functioning and operation of the household itself, along practical lines. Included among day and evening activities will be community meetings, a family group for those residents for whom such a service is appropriate, treatment planning groups, and other activities preparatory to moving to a more independent setting. Meal planning, preparation and community dining are essential to the evening program hours.

VIII. The program will develop a practical Wellness & Recovery based model that is geared toward emphasizing the client's healthy potential to participate in his/her own rehabilitation process, as a member of the community, both within the house and in the community outside. The emphasis will be placed on the development of survival skills and a support system in the community, including linkage to case management services, entitlements, physical health and other mental health and social services. In all cases, whenever possible, these activities will be coordinated with the individual's case manager.

IX. There will be regular meetings between the ADUs and representatives of other relevant programs providing services to clients. The goal is to minimize problems and facilitate the exchange of information between the programs. Treatment planning regarding clients involved in more than one program will be done by the client and relevant staff members of both programs and, whenever possible or appropriate, coordinated with the assigned CBHS Care Manager for the client. This process will include regular staff meetings with professional consultants to review cases:

X. During a client's stay at an ADU, the program psychiatrist will usually assume responsibility for medications. The program will refer clients for community medication support for a seamless medication support system when the client is discharged from the ADU.

XI. Medication monitoring follows policies and procedures established by the State of California Division of Community Care Licensing, as well as the agency's medication policy (Policy and Procedures Manual, 10/06 Section 2, 2.06). Medications will be kept locked centrally in the program. Each client who is taking medications will have a log indicating amounts and frequency of medications. Counseling staff will observe the

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clients' actions in regard to medications, and will note in the med log whether or not medications were taken by the clients, in what quantity, and at what time. The program psychiatrist will review all medication levels on a regular basis, and will be primarily responsible for monitoring the medications of the client in the program. This monitoring will include supervision of the counseling staff.

D. Describe program's exit criteria and process, discharge planning

Exit criteria are determined on a case-by-case basis by conducting a Benefit Review, which is designed to determine whether or not if a client continues to stay would provide substantial rehabilitation and recovery benefit for the client. The discharge process is begun at admission via intensive and focused short-term treatment planning. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged.

Discharge planning is an integral part of each client's treatment plan and begins with the intake interview. Treatment plan goals are steps toward greater independence with an emphasis on planning for the next stage of treatment and housing. Counselors facilitate linkage between resources for clients, in order to create a wide support network to improve clients' readiness to live more independently.

E. Describe your program's staffing

Please see Appendix B

Section 7: Objectives and Measurements

Program objectives for 09-10 will continue until next contract revision.

A. PERFORMANCE/OUTCOME OBJECTIVES

OUTCOME A: IMPROVE CLIENT SYMPTOMS

Individualized Objective A.1: Of those clients who remain in the program for a continuous 2 days or more, 70% will be discharged to a less restrictive level of care within one day of their ADU discharge date. Less restrictive levels of care are any programs other than PES or inpatient.

Client Inclusion Criteria:

All clients discharged from the ADU between July 1, 2009 and June 30, 2010 and who have been in the program for a continuous 2 days or more.

Data Source:

CBHS Billing Information System. CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on 12-months period from July 1, 2009 to June 30, 2010.

OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

Objective 6: Client Satisfaction

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B.6b. During Fiscal Year 2009-2010, 100% of unduplicated clients who receive a face-to-face billable service during the survey period will be given and encouraged to complete a city-wide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self-Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-months period from July 1, 2009 to June 30, 2010.

OUTCOME C: CONTINUOUS QUALITY IMPROVEMENT, PROGRAM PRODUCTIVITY AND SERVICE ACCESS

Objective 1. Program Productivity

C.1a. During Fiscal Year 2009-10, 4,244 Residential Days/Units of Service and 30,000 Outpatient Minutes/Units of Service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).

Data Source:

Program managers to review information sent to CBHSIntegration@sfdph.org via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.

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Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to CBHSIntegration@sfdph.org. The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. During Fiscal Year 2009-10, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5f. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 8: Program and Service Innovation & Best Practices

C.8a. If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

8. Continuous Quality Improvement

A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.

B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of

each client and to review the appropriateness of the treatment plans. The program psychiatrist will be involved in regular meetings and/or consultations to assess the status of clients.

C. The Program Leadership Staff will provide supervision to the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis, treatment and medication issues (effects, side effects, etc.).

D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner. In addition, Progress Foundation conducts regular Continuous Quality Assurance (CQA) committee meetings.

E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.

F. Regular meetings between the CBHS Crisis Services, Progress Foundation's Urgent Care Center (Dore Clinic) and the Progress Foundation Diversion Evaluation Team (DET) will be included, to discuss issues regarding referrals, as well as clinical concerns shared by the programs.

G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.

H. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all other HIPAA related memos and documents.

I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.

J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with emphasis at the Crisis Residential Program (Dore Residence) in providing culturally and linguistically appropriate services to San Francisco's diverse communities, as well as being able to serve the general population of San Francisco's mental health clients. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

1. Program Name:

A.6 Dore Clinic
Crisis Stabilization/Urgent Care Center
Program Address:
52 Dore Street, Unit 2
San Francisco, CA 94103
Telephone: (415) 553-3100
Facsimile: (415) 553-3119

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

Dore Clinic provides the capacity to intervene early in an escalating psychiatric crisis, and to provide assessment and triage in a community-based setting, with available crisis residential beds for those who would benefit from 24-hour intensive treatment. This systemic element allows for the more appropriate and targeted use of SFGH/PES. The availability of crisis residential treatment beds, in the same facility as the Dore Clinic, provides timely access to services for clients who require 24-hour, highly structured treatment, but who do not require involuntary hospitalization.

The goal of Dore Clinic is to reduce the inappropriate use of SFGH/PES for individuals who are in a psychiatric crisis but do not require involuntary treatment or seclusion and restraints. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system and to determine the client's readiness and capacity to return to the community. In addition the Dore Clinic may refer clients to an ADU or Transitional program for further rehabilitation and recovery.

4. Target Population:

Progress Foundation's Urgent Care Center will serve clients referred from Community Behavioral Health Services (CBHS emergency services such as Mobile Crisis) and community urgent care referrals. The Dore Clinic will provide crisis stabilization services 16 hours per day to San Francisco residents, aged 18 and over, who require urgent psychiatric intervention in a highly structured and supervised setting due to the crisis and/or acute nature of their condition. Because of the nature of the target population, clients may be brought to the Dore Clinic on an involuntary hold (5150), however, clients may only be admitted to the program on a voluntary basis.

The Dore Clinic is authorized to accept individuals who have a primary Axis 1 mental health diagnosis; however, as many as 75% of clients may have co-occurring disorders that include mental illness and substance use/abuse as well as other serious and limiting medical conditions. The Dore Clinic will be accessible to individuals with mobility disabilities.

The Dore Clinic will be able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco.

5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

B. Definition of Billable Services

Mode 10: Day Mode of Service

Service Functions 25-29: Crisis Stabilization - Urgent Care

“Crisis Stabilization” means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210). Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP (Mental Health Plan) to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance for “crisis stabilization-urgent care” shall apply when the service is provided in any other appropriate site. (CCR, Title 9, Section 1840.105(a)(4)).

Service Units

- A. The maximum length of treatment for each episode is governed by Title 9 regulations pertaining to crisis stabilization services.
- B. One unit of Crisis Stabilization- Urgent Care service is one hour of treatment in the program.
- C. For FY 09-10 payment methodology will be based on a fee for service system.
- D. It is anticipated that Dore Clinic will provide service to 465 individuals in FY 09-10.

6. Methodology

A. Describe outreach, recruitment, advertising

Progress Foundation programs are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation’s website and other resource directories. New programs will be added as new editions of the publications are printed. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency’s training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.

B. Describe your program’s admission, enrollment and/or intake criteria and process

Dore Clinic will serve clients referred by community psychiatric crisis services designated by Community Behavioral Health Services (for example: CBHS Mobile Crisis, Westside Community Crisis Center, and SFPD Psychiatric Liaison) and, when clinically indicated, by SFGH Psychiatric Emergency Services. Referrals may also be made to the Dore Clinic by selected Intensive Case Management Teams and Out-patient Clinics. Clients come to the program for an intake, which serves as an assessment tool for the program to determine the appropriateness of the Dore Clinic for this client. Selection criteria for full admission to the Dore Clinic are based on the severity of the existing crisis and the acute nature of the current episode and the client's presentation. In addition the client must be deemed at risk for an in-patient admission if not admitted to the Dore Clinic.

If the client has not had a general health screening and a PPD in the last 12 months, these will be provided. The client intake assessment includes a review of any co-occurring substance abuse or history of substance abuse, and a review of immediate health concerns in order to identify treatment needs.

C. Describe service delivery model, hours of operations, length of stay, locations

The Dore Clinic provides up to 16 hours of service within the crisis stabilization framework. The purpose of the Dore Clinic is diverting clients from being seen at the San Francisco General Hospital Psychiatric Emergency Services in order to reduce the number of clients taken there for psychiatric evaluation. Upon admission clients will be assessed, treated, stabilized and evaluated for discharge to appropriate placements. Clients determined to require 24-hour non-hospital support will be referred to either the crisis residential program or to standard care ADUs for continued treatment. The Dore Clinic is staffed with licensed professional medical and mental health staff that are able to provide all aspects of Urgent Care Crisis Stabilization treatment including crisis intervention strategies, brief counseling, linkage case management, and medication-prescribing. All clients must voluntarily accept treatment at Dore Clinic. The Dore Clinic will implement clinical practices designed to engage in voluntarily treatment individuals who would otherwise require involuntary treatment.

Staff receives training in the most effective ways to intervene with clients within the program's time frame.

The following is an overview of services provided and the methods of service delivery.

I. Program services will be delivered in the context of guidelines specified in the most current CBHS Mental Health Plan, which includes:

- A common definition of the priority target population.
- The use of common admission and discharge criteria.
- Coordinated care for all clients.
- Entry through CBHS identified crisis services, the Progress Foundation Diversion Evaluation Team, or selected out-patient services.
- System-wide standards of accountability based on cost, access, quality and outcomes.

II. The Dore Clinic, by design, will be a part of the CBHS psychiatric emergency services system.

III. The Dore Clinic will maintain a non-institutional environment, even while working with clients in the most urgent phase of their crisis. Through use of licensed professional and supervised counseling staff, the program will provide the necessary support and intervention to stabilize the immediate crisis and ensure the client's safety and well-being.

Contractor: Progress Foundation
Program: Dore Clinic (Urgent Care)
City Fiscal Year 10-11

Appendix A-6
Contract Term: 07/01/2010 – 6/30/2011

IV. Beginning with the intake process and during the stabilization of the crisis the program staff will make appropriate discharge and referral plans. The Dore Clinic will coordinate with existing services, both within and outside of CBHS, from which the client is receiving support and treatment. Determination will be made as to whether the client is sufficiently stabilized so as to return to their previous residence or whether they require crisis residential services or further evaluation from SFGH/PES.

V. Clients will be evaluated by either a psychiatrist or nurse practitioner upon entering the program and a determination will be made about the need for medication. Medications will be obtained through delivery from the CBHS pharmacy and the program will control and monitor the storage, dispensing and disposal of medications according to policies and procedures established by the Division of Community Behavioral Health Services Pharmacy Department. Program staff will observe and document the client's reaction in regard to administered medications, and will note in the medication log whether or not medications were taken by clients, in what quantity, and at what time. The Dore Clinic Program Psychiatrist will provide medication administration and prescribing supervision for the Nurse Practitioners, and will be primarily responsible for the program's medication services.

D. Describe program's exit criteria and process, discharge planning

Exit criteria are determined on a case-by-case basis by conducting a Mental Status Exam and discharge evaluation, which is designed to determine the client's readiness and capacity to return to the community or alternatively to be admitted to crisis residential or ADU for further rehabilitation and recovery. Clients who are no longer in crisis and for whom additional treatment is unlikely to yield additional therapeutic benefit will be discharged with appropriate referrals made for follow-up care.

Discharge planning is an integral part of each client's intervention plan and begins with the intake interview. The intervention plan will emphasize crisis stabilization and planning for the next level of treatment. Staff assess needs and reestablish resource linkage for clients in order to facilitate the development of an effective community support system.

E. Describe your program's staffing

Please see Appendix B

Section 7: Objectives and Measurements

Program objectives for 09-10 will continue until next contract revision.

A. PERFORMANCE/OUTCOME OBJECTIVES

OUTCOME A: IMPROVE CLIENT SYMPTOMS

Objective A.1: Reduce Psychiatric Symptoms

Individualized Objective A.1: Of those clients treated at the Dore Clinic, 70% will be discharged to a service other than PES or Inpatient.

Client Inclusion Criteria:

All clients opened and closed in the Dore Clinic.

Data Source:

Contractor: Progress Foundation
Program: Dore Clinic (Urgent Care)
City Fiscal Year 10-11

Appendix A-6
Contract Term: 07/01/2010 – 6/30/2011

CBHS Billing Information System. CBHS will compute.

Program Review Measurement:

Objective will be evaluated based on 12-months period from July 1, 2009 to June 30, 2010.

C. CONTINUOUS QUALITY IMPROVEMENT, PRODUCTIVITY & ACCESS

Objective 1. Program Productivity

C.1a During Fiscal Year 2009-10, 31,410 hours/units of service (UOS) will be provided, consisting of treatment, prevention or ancillary services as specified in the unit of service definition for this modality and as measured by BIS and documented in counselors' case notes and program records.

Data Source:

CBHS Billing Information System – DAS 800 DW Report or program records. For programs not entering data into BIS, CBHS will compute or collect documentation.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the first two quarterly meetings held by March 2009 will be included in the program review.

Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment every two years. A new COMPASS must be completed every other fiscal year.

Data source:

Program Managers to review information sent to CBHSIntegration@sfdph.org via the shared folder to monitor compliance.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2009 to June 30, 2010.

C.5b. Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.

Data Source:

Each program will complete the COMPASS self assessment process and submit a summary of the scores to CBHSIntegration@sfdph.org. The program manager for each program will review completed COMPASS during the month of January and submit a brief memorandum certifying that the COMPASS was completed.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

C.5c. Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.

Data Source:

Program self report such as activity attendance sheets with documentation of time spent on integration activities. The program manager will certify documentation of this plan.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2009 will be included in the program review.

C.5d. Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings to be held by December 2009 and March 2010 will be included in the program review.

C.5e. During Fiscal Year 2008-09, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

C.5f. Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.

Data Source:

Program self report with submission of document of staff completion of CODECAT sent to CBHSIntegration@sfdph.org. The program manager will document this activity.

Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

Data Source:

Program managers will review progress utilizing the DPH Cultural Competency Report Evaluation Tool.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Objective 8: Program and Service Innovation & Best Practice

C.8a. If applicable each program shall report to CBHS Administrative Staff on innovative and/or best practices being used by the program including available outcome data.

Data Source:

Program Self Report.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2009 to June 30, 2010. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

8. Continuous Quality Improvement

A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.

B. The Program Leadership Staff will provide the supervision of the staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis and medication issues (effects, side effects, etc.).

C. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner, as well as continue regular Continuous Quality Assurance (CQA) committee meetings.

D. Weekly staff meetings will be held to discuss clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population.

E. Regular meetings between the CBHS Crisis Services and the Progress Foundation's Clinical Services Leadership will be included as appropriate, to discuss issues regarding referrals, as well as clinical concerns.

F. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.

G. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all other HIPAA related memos and documents.

H. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.

I. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with emphasis in providing culturally and linguistically appropriate services to San Francisco's diverse communities, as well as being able to serve the general population of San Francisco's mental health clients. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

12

Appendix B
Calculation of Charges

I. Method of Payment

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

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

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

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

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

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1a La Posada
Appendix B-1b Shrader
Appendix B-1c Avenue
Appendix B-2a La Amistad
Appendix B-2b Progress House
Appendix B-2c Cortland
Appendix B-2d Ashbury
Appendix B-2e Clay
Appendix B-2f Dorine Loso House
Appendix B-3 Seniors Program
Appendix B-4 Supported Living
Appendix B-5 Dore St. Residential
Appendix B-6 Dore St. Urgent Care Clinic

B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Ninety Two Million Eighteen Thousand Three Hundred Thirty Three Dollars (\$92,018,333) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$9,859,107 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 June 30, 2011 | \$14,938,041 |
| July 1, 2011 through June 30, 2012 | \$14,938,041 |
| July 1, 2012 through June 30, 2013 | \$14,938,041 |
| July 1, 2013 through June 30, 2014 | \$14,938,041 |
| July 1, 2014 through June 30, 2015 | \$14,938,041 |
| July 1, 2015 through December 31, 2015 | \$7,469,021 |
| Total July 1, 2010 through December 31, 2015 | \$82,159,226 |

(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.

(4) CONTRACTOR further understands that, \$7,469,021 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000031 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000031 for the Fiscal Year 2010-11.

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 |
|----|--|-------------------------|----------------------------|-----------------------|-------|
| 1 | Exhibit B Page 1 | | | | |
| 2 | Document Date: 10/08/10 | | | | |
| 3 | | | | | |
| 4 | DEPARTMENT OF PUBLIC HEALTH | | | | |
| 5 | CONTRACT BUDGET SUMMARY BY PROGRAM | | | | |
| 6 | | | | | |
| 7 | Contractor's Name | | <u>Progress Foundation</u> | Contract Term | |
| 8 | | | | <u>7/1/10-6/30/11</u> | |
| 9 | (Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/> | | | | |
| 10 | If modification, Effective Date of Mod. | | No. of Mod. | | |
| 11 | Programs | La Posada | Shrader | Avenues | Total |
| 12 | Budget Reference Page No.(s) | A1(a) | A1(b) | A1(c) | |
| 13 | Program Term | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | |
| 14 | Expenditures | | | | |
| 15 | Salaries & Benefits | 835,858 | 845,664 | 1,090,658 | |
| 16 | Operating Expense | 212,497 | 260,461 | 286,505 | |
| 17 | Capital Expenditure | | | | |
| 18 | Direct Cost | 1,048,355 | 1,106,125 | 1,377,163 | |
| 19 | Indirect Cost | 64,968 | 71,316 | 91,279 | |
| 20 | Indirect Percentage (%) of Direct Cost | 6.20% | 6.45% | 6.63% | |
| 21 | TOTAL EXPENDITURES | \$1,113,323 | \$1,177,441 | \$1,468,442 | |
| 22 | DPH Revenues | | | | |
| 23 | General Fund | 362,029 | 337,439 | 380,713 | |
| 24 | State Realignment | 289,041 | 323,723 | 420,577 | |
| 25 | Medi-Cal/Federal | 450,253 | 504,279 | 655,152 | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | Total DPH Revenues | \$1,101,323 | \$1,165,441 | \$1,456,442 | |
| 34 | Other Revenues | | | | |
| 35 | Patient Fees | 12,000 | 12,000 | 12,000 | |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | TOTAL REVENUES | \$1,113,323 | \$1,177,441 | \$1,468,442 | |
| 41 | Total Units of Service | 8,206 | 7,872 | 9,446 | |
| 42 | Cost Per Unit of Service | Various | Various | Various | |
| 43 | Full Time Equivalent (FTE) | 14.34 | 14.71 | 17.88 | |
| 45 | Prepared by: James Harstad | Telephone No.: 861-0828 | | | |
| 46 | DPH-CO Review Signature: | _____ | | | |
| 47 | DPH #1 | | | | |

| | A | B | C | D | E |
|----|--|-------------------------|------------------|------------------|----------------|
| 1 | Exhibit B Page 2 | | | | |
| 2 | Document Date: 10/08/10 | | | | |
| 3 | | | | | |
| 4 | DEPARTMENT OF PUBLIC HEALTH | | | | |
| 5 | CONTRACT BUDGET SUMMARY BY PROGRAM | | | | |
| 6 | | | | | |
| 7 | Contractor's Name | Progress Foundation | | Contract Term | 7/1/10-6/30/11 |
| 8 | | | | | |
| 9 | (Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/> | | | | |
| 10 | If modification, Effective Date of Mod. | | No. of Mod. | | |
| 11 | Programs | La Amistad | Progress House | Cortland | Total |
| 12 | Budget Reference Page No.(s) | A2(a) | A2(b) | A2(c) | |
| 13 | Program Term | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | |
| 14 | Expenditures | | | | |
| 15 | Salaries & Benefits | 553,314 | 520,208 | 538,215 | |
| 16 | Operating Expense | 195,315 | 136,593 | 179,747 | |
| 17 | Capital Expenditure | | | | |
| 18 | Direct Cost | 748,629 | 656,801 | 717,962 | |
| 19 | Indirect Cost | 40,688 | 42,265 | 47,614 | |
| 20 | Indirect Percentage (%) of Direct Cost | 5.44% | 6.43% | 6.63% | |
| 21 | TOTAL EXPENDITURES | \$789,317 | \$699,066 | \$765,576 | |
| 22 | DPH Revenues | | | | |
| 23 | General Fund | 214,353 | 122,885 | 276,147 | |
| 24 | State Realignment | 213,064 | 213,540 | 180,092 | |
| 25 | Medi-Cal/Federal | 331,900 | 332,641 | 280,537 | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | Total DPH Revenues | \$759,317 | \$669,066 | \$736,776 | |
| 34 | Other Revenues | | | | |
| 35 | Patient Fees | 30,000 | 30,000 | 28,800 | |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | TOTAL REVENUES | \$789,317 | \$699,066 | \$765,576 | |
| 41 | Total Units of Service | 10,586 | 9,416 | 8,266 | |
| 42 | Cost Per Unit of Service | Various | Various | Various | |
| 43 | Full Time Equivalent (FTE) | 9.75 | 9.00 | 9.00 | |
| 45 | Prepared by: James Harstad | Telephone No.: 861-0828 | | | |
| 46 | DPH-CO Review Signature: | _____ | | | |
| 47 | DPH #1 | | | | |

| | A | B | C | D | E |
|----|---|-------------------------|----------------------------------|--|-------------------------|
| 1 | | | | | Exhibit B Page 3 |
| 2 | | | | | Document Date: 10/08/10 |
| 3 | | | | | |
| 4 | DEPARTMENT OF PUBLIC HEALTH | | | | |
| 5 | CONTRACT BUDGET SUMMARY BY PROGRAM | | | | |
| 6 | | | | | |
| 7 | Contractor's Name | | Progress Foundation | Contract Term | |
| 8 | | | | 7/1/10-6/30/11 | |
| 9 | (Check One) New <input type="checkbox"/> | | Renewal <input type="checkbox"/> | Modification <input checked="" type="checkbox"/> | |
| 10 | If modification, Effective Date of Mod. | | No. of Mod. | | |
| 11 | Programs | Ashbury | Clay | Dorine Loso House | Total |
| 12 | Budget Reference Page No.(s) | A2(d) | A2(e) | A2(f) | |
| 13 | Program Term | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | |
| 14 | Expenditures | | | | |
| 15 | Salaries & Benefits | 702,346 | 823,335 | 872,635 | |
| 16 | Operating Expense | 182,811 | 274,583 | 357,486 | |
| 17 | Capital Expenditure | | | | |
| 18 | Direct Cost | 885,157 | 1,097,918 | 1,230,121 | |
| 19 | Indirect Cost | 53,426 | 58,534 | 118,090 | |
| 20 | Indirect Percentage (%) of Direct Cost | 6.04% | 5.33% | 9.60% | |
| 21 | TOTAL EXPENDITURES | \$938,583 | \$1,156,452 | \$1,348,211 | |
| 22 | DPH Revenues | | | | |
| 23 | General Fund | 58,291 | 90,052 | 175,108 | |
| 24 | State Realignment | 188,368 | 384,870 | 426,587 | |
| 25 | Medi-Cal/Federal | 293,429 | 599,530 | 664,516 | |
| 26 | HSA CALWORKS Work Order | 368,495 | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | Total DPH Revenues | \$908,583 | \$1,074,452 | \$1,266,211 | |
| 34 | Other Revenues | | | | |
| 35 | Patient Fees | 30,000 | 82,000 | 82,000 | |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | TOTAL REVENUES | \$938,583 | \$1,156,452 | \$1,348,211 | |
| 41 | Total Units of Service | 8,477 | 12,478 | 12,263 | |
| 42 | Cost Per Unit of Service | Various | Various | Various | |
| 43 | Full Time Equivalent (FTE) | 12.00 | 14.00 | 14.375 | |
| 45 | Prepared by: James Harstad | Telephone No.: 861-0828 | | | |
| 46 | DPH-CO Review Signature: | | | | |
| 47 | DPH #1 | | | | |

| | A | B | C | D | E |
|----|--|--------------------|-------------------------|-------------------------------------|-------|
| 1 | Exhibit B Page 4 | | | | |
| 2 | Document Date: 10/08/10 | | | | |
| 3 | | | | | |
| 4 | DEPARTMENT OF PUBLIC HEALTH | | | | |
| 5 | CONTRACT BUDGET SUMMARY BY PROGRAM | | | | |
| 6 | | | | | |
| 7 | Contractor's Name <u>Progress Foundation</u> | | | Contract Term <u>7/1/10-6/30/11</u> | |
| 8 | | | | | |
| 9 | (Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/> | | | | |
| 10 | If modification, Effective Date of Mod. | | No. of Mod. | | |
| 11 | Programs | Seniors Program | Supported Living | Dore Street Residential | Total |
| 12 | Budget Reference Page No.(s) | A3 | A4 | A5 | |
| 13 | Program Term | 7/1/10-6/30/11 | 7/1/10-6/30/11 | 7/1/10-6/30/11 | |
| 14 | Expenditures | | | | |
| 15 | Salaries & Benefits | 864,509 | 464,684 | 1,147,544 | |
| 16 | Operating Expense | 230,078 | 154,869 | 264,418 | |
| 17 | Capital Expenditure | | | | |
| 18 | Direct Cost | 1,094,587 | 619,553 | 1,411,962 | |
| 19 | Indirect Cost | 52,058 | 32,740 | 135,288 | |
| 20 | Indirect Percentage (%) of Direct Cost | 4.76% | 5.28% | 9.58% | |
| 21 | TOTAL EXPENDITURES | \$1,146,645 | \$652,293 | \$1,547,250 | |
| 22 | DPH Revenues | | | | |
| 23 | General Fund | 120,499 | 8,525 | 356,354 | |
| 24 | State Realignment | 384,770 | 251,693 | 460,912 | |
| 25 | Medi-Cal/Federal | 599,376 | 392,075 | 717,984 | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | Total DPH Revenues | \$1,104,645 | \$652,293 | \$1,535,250 | |
| 34 | Other Revenues | | | | |
| 35 | Patient Fees | 42,000 | | 12,000 | |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | TOTAL REVENUES | \$1,146,645 | \$652,293 | \$1,547,250 | |
| 41 | Total Units of Service | 11,568 | 17,893 | 10,488 | |
| 42 | Cost Per Unit of Service | Various | Various | | |
| 43 | Full Time Equivalent (FTE) | 15.25 | 7.00 | 18.50 | |
| 45 | Prepared by: James Harstad | | Telephone No.: 861-0828 | | |
| 46 | DPH-CO Review Signature: _____ | | | | |
| 47 | DPH #1 | | | | |

| | A | B | C | D | E |
|----|--|--------------------------------|-------------|-------------------------------------|-------------------------|
| 1 | | | | | Exhibit B Page 5 |
| 2 | | | | | Document Date: 10/08/10 |
| 3 | | | | | |
| 4 | DEPARTMENT OF PUBLIC HEALTH | | | | |
| 5 | CONTRACT BUDGET SUMMARY BY PROGRAM | | | | |
| 6 | | | | | |
| 7 | Contractor's Name <u>Progress Foundation</u> | | | Contract Term <u>7/1/10-6/30/11</u> | |
| 8 | | | | | |
| 9 | (Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/> | | | | |
| 10 | If modification, Effective Date of Mod. | | No. of Mod. | | |
| 11 | Programs | Dore Street Urgent Care Clinic | | | Total |
| 12 | Budget Reference Page No.(s) | A6 | | | |
| 13 | Program Term | <u>7/1/10-6/30/11</u> | | | |
| 14 | Expenditures | | | | |
| 15 | Salaries & Benefits | 1,775,075 | | | 11,034,045 |
| 16 | Operating Expense | 549,467 | | | 3,284,830 |
| 17 | Capital Expenditure | | | | |
| 18 | Direct Cost | 2,324,542 | | | 14,318,875 |
| 19 | Indirect Cost | 183,700 | | | 991,966 |
| 20 | Indirect Percentage (%) of Direct Cost | 7.90% | | | 6.93% |
| 21 | TOTAL EXPENDITURES | \$2,508,242 | | | 15,310,841 |
| 22 | DPH Revenues | | | | |
| 23 | General Fund | 883,730 | | | 3,386,125 |
| 24 | State Realignment | 635,134 | | | 4,372,371 |
| 25 | Medi-Cal/Federal | 989,378 | | | 6,811,050 |
| 26 | CALWORKS | | | | 368,495 |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| 32 | | | | | |
| 33 | Total DPH Revenues | \$2,508,242 | | | 14,938,041 |
| 34 | Other Revenues | | | | |
| 35 | Patient Fees | | | | 372,800 |
| 36 | | | | | |
| 37 | | | | | |
| 38 | | | | | |
| 39 | | | | | |
| 40 | TOTAL REVENUES | \$2,508,242 | | | 15,310,841 |
| 41 | Total Units of Service | 31,410 | | | |
| 42 | Cost Per Unit of Service | Various | | | |
| 43 | Full Time Equivalent (FTE) | 17.90 | | | 173.705 |
| 45 | Prepared by: James Harstad | Telephone No.: 861-0828 | | | |
| 46 | DPH-CO Review Signature: | _____ | | | |
| 47 | DPH #1 | | | | |

| | A | B | C | D | E | F |
|----|--|---|-------------|-----------------------------|--------|----------|
| 1 | Exhibit B Page <u>6</u> | | | | | |
| 2 | Document Date: <u>10/08/10</u> | | | | | |
| 3 | SUMMARY OF CLIENT SERVICES BY PROGRAM | | | | | |
| 4 | AND BY FUNDING SOURCE | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | Program Name: <u>La Posada</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 8 | Funding Source: <u>General Fund</u> | | | | | |
| 9 | | | | | | |
| 10 | | | Total | Unduplicated | No. of | Cost Per |
| 11 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 12 | (05-40) Acute Crisis Residential | | \$936,543 | 195 | 3,103 | \$301.82 |
| 13 | (15-60) Medication Support | | \$132,231 | inclusive | 30,000 | \$4.41 |
| 14 | (60-40) Room and Board | | \$44,550 | inclusive | 3,103 | \$14.36 |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | Program Name: <u>Shrader</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 18 | Funding Source: <u>General Fund</u> | | | | | |
| 19 | | | | | | |
| 20 | | | Total | Unduplicated | No. of | Cost Per |
| 21 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 22 | (05-40) Acute Crisis Residential | | \$1,011,928 | 195 | 3,103 | \$326.11 |
| 23 | (15-60) Medication Support | | \$119,063 | inclusive | 25,000 | \$4.76 |
| 24 | (60-40) Room and Board | | \$46,450 | inclusive | 3,103 | \$14.97 |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | Program Name: <u>Avenues</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 28 | Funding Source: <u>General Fund</u> | | | | | |
| 29 | | | | | | |
| 30 | | | Total | Unduplicated | No. of | Cost Per |
| 31 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 32 | (05-40) Acute Crisis Residential | | \$1,267,845 | 235 | 3,723 | \$340.54 |
| 33 | (15-60) Medication Support | | \$149,197 | inclusive | 30,000 | \$4.97 |
| 34 | (60-40) Room and Board | | \$51,400 | inclusive | 3,723 | \$13.81 |
| 35 | | | | | | |
| 36 | | | | | | |
| 37 | Program Name: <u>La Amistad</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 38 | Funding Source: <u>General Fund</u> | | | | | |
| 39 | | | | | | |
| 40 | | | Total | Unduplicated | No. of | Cost Per |
| 41 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 42 | (5-65) Adult Residential | | \$488,623 | 50 | 4,033 | \$121.16 |
| 43 | (10-95) Rehab DTX - Full Day | | \$248,894 | inclusive | 2,520 | \$98.77 |
| 44 | (60-40) Room and Board | | \$51,800 | inclusive | 4,033 | \$12.84 |
| 45 | | | | | | |
| 46 | DPH #1A | | | | | |

| | A | B | C | D | E | F |
|----|---|---|-----------|-----------------------------|--------|----------|
| 1 | Exhibit B Page 7 | | | | | |
| 2 | Document Date: <u>10/08/10</u> | | | | | |
| 3 | | | | | | |
| 4 | SUMMARY OF CLIENT SERVICES BY PROGRAM | | | | | |
| 5 | AND BY FUNDING SOURCE | | | | | |
| 6 | | | | | | |
| 7 | Program Name: <u>Progress House</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 8 | Funding Source: <u>General Fund</u> | | | | | |
| 9 | | | | | | |
| 10 | | | Total | Unduplicated | No. of | Cost Per |
| 11 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 12 | (5-65) Adult Residential | | \$414,757 | 35 | 3,103 | \$133.66 |
| 13 | (10-95)Rehab DTX - Full Day | | \$240,809 | inclusive | 2,210 | \$108.96 |
| 14 | (60-40) Room and Board | | \$43,500 | inclusive | 3,103 | \$14.02 |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | Program Name: <u>Cortland</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 18 | Funding Source: <u>General Fund</u> | | | | | |
| 19 | | | | | | |
| 20 | | | Total | Unduplicated | No. of | Cost Per |
| 21 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 22 | (5-65) Adult Residential | | \$468,517 | 35 | 3,103 | \$150.99 |
| 23 | (10-95) Rehab DTX - Full Day | | \$253,559 | inclusive | 2,060 | \$123.09 |
| 24 | (60-40) Room and Board | | \$43,500 | inclusive | 3,103 | \$14.02 |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | Program Name: <u>Ashbury</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 28 | Funding Source: <u>General Fund</u> | | | | | |
| 29 | | | | | | |
| 30 | | | Total | Unduplicated | No. of | Cost Per |
| 31 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 32 | (5-65) Adult Residential | | \$362,748 | 6 | 1,861 | \$194.92 |
| 33 | (10-95)Rehab DTX - Full Day | | \$169,848 | inclusive | 1,032 | \$164.58 |
| 34 | (60-40) Room and Board | | \$37,492 | inclusive | 1,861 | \$20.15 |
| 35 | | | | | | |
| 36 | | | | | | |
| 37 | Program Name: <u>Ashbury</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 38 | Funding Source: <u>CALWORKS</u> | | | | | |
| 39 | | | | | | |
| 40 | | | Total | Unduplicated | No. of | Cost Per |
| 41 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 42 | (5-65) Adult Residential | | \$255,195 | 4 | 1,241 | \$205.64 |
| 43 | (60-78) Client Support Service | | \$92,192 | inclusive | 1,241 | \$74.29 |
| 44 | (60-40) Room and Board | | \$21,108 | inclusive | 1,241 | \$17.01 |
| 45 | | | | | | |
| 46 | DPH #1A rev. 11/8/2000 | | | | | |

| | A | B | C | D | E | F |
|----|--|---|-----------|-----------------------------|---------|----------|
| 1 | Exhibit B Page 8 | | | | | |
| 2 | Document Date: 10/08/10 | | | | | |
| 3 | | | | | | |
| 4 | SUMMARY OF CLIENT SERVICES BY PROGRAM | | | | | |
| 5 | AND BY FUNDING SOURCE | | | | | |
| 6 | | | | | | |
| 7 | Program Name: <u>Clay</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 8 | Funding Source: <u>General Fund</u> | | | | | |
| 9 | | | | | | |
| 10 | | | Total | Unduplicated | No. of | Cost Per |
| 11 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 12 | (5-65) Adult Residential | | \$699,593 | 15 | 4,654 | \$150.32 |
| 13 | (10-95)Rehab DTX - Full Day | | \$388,459 | Inclusive | 3,170 | \$122.54 |
| 14 | (60-40) Room and Board | | \$68,400 | Inclusive | 4,654 | \$14.70 |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | Program Name: <u>Dorine Loso House</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 18 | Funding Source: <u>General Fund</u> | | | | | |
| 19 | | | | | | |
| 20 | | | Total | Unduplicated | No. of | Cost Per |
| 21 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 22 | (5-65) Adult Residential | | \$814,804 | 14 | 4,654 | \$175.08 |
| 23 | (10-95)Rehab DTX - Full Day | | \$473,127 | Inclusive | 3,315 | \$142.72 |
| 24 | (60-40) Room and Board | | \$60,280 | Inclusive | 4,654 | \$12.95 |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | Program Name: <u>Seniors Program</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 28 | Funding Source: <u>General Fund</u> | | | | | |
| 29 | | | | | | |
| 30 | | | Total | Unduplicated | No. of | Cost Per |
| 31 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 32 | (5-65) Rypins - Adult Residential | | \$287,186 | 24 | 1,862 | \$154.24 |
| 33 | (5-65) Carroll - Adult Residential | | \$287,186 | 24 | 1,862 | \$154.24 |
| 34 | (10-95)Rehab DTX~ Full Day | | \$518,022 | 75 | 4,120 | \$125.73 |
| 35 | (60-40) Room and Board | | \$54,250 | 48 | 3,724 | \$14.57 |
| 36 | | | | | | |
| 37 | Program Name: <u>Supported Living</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 38 | Funding Source: <u>General Fund</u> | | | | | |
| 39 | | | | | | |
| 40 | | | Total | Unduplicated | No. of | Cost Per |
| 41 | Mode & Service Function | | Cost | Clients | Units | Unit |
| 42 | (15-40) Mental Health Services | | \$651,293 | 65 | 268,396 | \$2.43 |
| 43 | | | | | | |
| 44 | | | | | | |
| 45 | | | | | | |
| 46 | DPH #1A | | | | | |

| | A | B | C | D | E | F |
|----|---|---|---------------|-----------------------------|-----------------|------------------|
| 1 | Exhibit B Page 9 | | | | | |
| 2 | Document Date: 10/08/10 | | | | | |
| 3 | SUMMARY OF CLIENT SERVICES BY PROGRAM | | | | | |
| 4 | AND BY FUNDING SOURCE | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | Program Name: <u>Dore Street Residential</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 8 | Funding Source: <u>General Fund</u> | | | | | |
| 9 | | | | | | |
| 10 | | | Total Cost | Unduplicated Clients | No. of Units | Cost Per Unit |
| 11 | Mode & Service Function | | | | | |
| 12 | (05-40) Acute Crisis Residential | | \$1,357,783 | 275 | 4,244 | \$319.93 |
| 13 | (15-60) Medication Support | | \$140,166 | inclusive | 30,000 | \$4.67 |
| 14 | (60-40) Room and Board | | \$49,301 | inclusive | 4,244 | \$11.62 |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | Program Name: <u>Dore St. Urgent Care Clinic</u> | | | TERM: <u>7/1/10-6/30/11</u> | | |
| 18 | Funding Source: <u>General Fund</u> | | | | | |
| 19 | | | | | | |
| 20 | | | Total Cost | Unduplicated Clients | No. of Units | Cost Per Unit |
| 21 | Mode & Service Function | | | | | |
| 22 | (10-25) Crisis Stabilization | | \$2,508,242 | 465 | 31,410 | \$79.85 |
| 23 | | | | | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | Program Name: _____ | | | TERM: _____ | | |
| 28 | Funding Source: _____ | | | | | |
| 29 | | | | | | |
| 30 | | | Total Cost | Unduplicated Clients | No. of Units | Cost Per Unit |
| 31 | Mode & Service Function | | | | | |
| 32 | | | | | | |
| 33 | | | | | | |
| 34 | | | | | | |
| 35 | | | | | | |
| 36 | | | | | | |
| 37 | Program Name: _____ | | | TERM: _____ | | |
| 38 | Funding Source: _____ | | | | | |
| 39 | | | | | | |
| 40 | | | Total Cost | Unduplicated Clients | No. of Units | Cost Per Unit |
| 41 | Mode & Service Function | | | | | |
| 42 | | | | | | |
| 43 | | | | | | |
| 44 | | | | | | |
| 45 | | | | | | |
| 46 | DPH #1A rev. 11/8/2000 | | | | | |

Program Name:
 Same as Line 9 on DPH #1)

Avenues

Salaries & Benefits Detail

| POSITION TITLE | TOTAL: | | GENERAL FUND & (Agency generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------------|--|-------------|---|-------------|-------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|-------------------------------------|----------|
| | Proposed Transaction Term: 7/1/10-6/30/11 | | Proposed Transaction Term: 7/1/10-6/30/11 | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Program Director | 1.00 | 53,740 | 1.00 | 53,740 | | | | | | | | |
| Assistant Director | 2.00 | 81,031 | 2.00 | 81,031 | | | | | | | | |
| Counselor | 11.50 | 439,201 | 11.50 | 439,201 | | | | | | | | |
| Psychiatrist | 0.375 | 52,060 | 0.375 | 52,060 | | | | | | | | |
| Rehab Clerk | 1.00 | 34,154 | 1.00 | 34,154 | | | | | | | | |
| Fill-in Counselor | | 69,808 | | 69,808 | | | | | | | | |
| Fill-in Psychiatrist | | 12,000 | | 12,000 | | | | | | | | |
| Clinical Manager | 2.00 | 117,488 | 2.00 | 117,488 | | | | | | | | |
| TOTALS | 17.88 | \$859,482 | 17.88 | \$859,482 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |
| EMPLOYEE FRINGE BENEFITS | 27% | \$231,176 | 27% | 231,176 | | | | | | | | |
| TOTAL SALARIES & BENEFITS | | \$1,090,658 | | \$1,090,658 | | \$0 | | \$0 | | \$0 | | \$0 |

Program Name: Ashbury House
Same as Line 9 on DPH #1)

Salaries & Benefits Detail

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: HSA (dept. name) | | WORK ORDER #2: (dept. name) | |
|--------------------|--|-----------|---|-----------|-------------------------------------|----------|-------------------------------------|----------|--|-----------|-------------------------------------|----------|
| | Proposed Transaction Term: 7/1/10-6/30/11 | | Proposed Transaction Term: 7/1/10-6/30/11 | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: 7/1/10-6/30/11 | | Proposed Transaction Term: _____ | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Program Director | 1.00 | 61,036 | 0.60 | 36,941 | | | | | 0.40 | 24,095 | | |
| Assistant Director | 1.00 | 48,838 | 0.60 | 29,559 | | | | | 0.40 | 19,279 | | |
| Counselor | 10.00 | 387,059 | 6.10 | 234,262 | | | | | 3.90 | 152,797 | | |
| Fill-in Counselor | | 65,530 | | 39,661 | | | | | | 25,869 | | |
| TOTALS | 12.00 | \$562,463 | 7.30 | \$340,423 | 0.00 | \$0 | 0.00 | \$0 | 4.70 | \$222,040 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 25% \$139,883 25% 83,930 25% 55,953

TOTAL SALARIES & BENEFITS \$702,346 \$424,353 \$0 \$0 \$277,993 \$0

Program Name:
 (Same as Line 9 on DPH #1)

Dorine Loso House

Salaries & Benefits Detail

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency generated) OTHER REVENUE | | GRANT #1: <small>(grant title)</small> | | GRANT #2: <small>(grant title)</small> | | WORK ORDER #1: <small>(dept. name)</small> | | WORK ORDER #2: <small>(dept. name)</small> | |
|--------------------|---|-----------|---|-----------|---|----------|---|----------|---|----------|---|----------|
| | Proposed Transaction Term: <u>7/1/10-6/30/11</u> | | Proposed Transaction Term: <u>7/1/10-6/30/11</u> | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Program Director | 1.00 | 54,956 | 1.00 | 54,956 | | | | | | | | |
| Assistant Director | 2.00 | 82,521 | 2.00 | 82,521 | | | | | | | | |
| Counselor | 11.00 | 415,787 | 11.00 | 415,787 | | | | | | | | |
| Psychiatrist | 0.375 | 62,060 | 0.375 | 62,060 | | | | | | | | |
| Fill-in Counselor | | 79,808 | | 79,808 | | | | | | | | |
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| TOTALS | 14.375 | \$695,131 | 14.375 | \$695,131 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

EMPLOYEE FRINGE BENEFITS 28% \$177,504 26% 177,504 _____ _____ _____ _____

TOTAL SALARIES & BENEFITS \$872,635 \$872,635 \$0 \$0 \$0 \$0

rogram Name:
Same as Line 9 on DPH #1)

Supported Living

Salaries & Benefits Detail

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency generated) OTHER REVENUE | | GRANT #1: <small>(grant title)</small> | | GRANT #2: <small>(grant title)</small> | | WORK ORDER #1: <small>(dept. name)</small> | | WORK ORDER #2: <small>(dept. name)</small> | |
|--------------------------------------|---|------------------|---|------------------|---|------------|---|------------|---|------------|---|------------|
| | Proposed Transaction Term: <u>7/1/10-6/30/11</u> | | Proposed Transaction Term: <u>7/1/10-6/30/11</u> | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| rogram Director | 1.00 | 61,036 | 1.00 | 61,036 | | | | | | | | |
| ssistant Director | 1.00 | 42,180 | 1.00 | 42,180 | | | | | | | | |
| ase Manager | 4.50 | 211,080 | 4.50 | 211,080 | | | | | | | | |
| ehab Clerk | 0.50 | 20,395 | 0.50 | 20,395 | | | | | | | | |
| ill-in Counselor | | 34,558 | | 34,558 | | | | | | | | |
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| | | | | | | | | | | | | |
| TOTALS | 7.00 | \$369,249 | 7.00 | \$369,249 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |
| EMPLOYEE FRINGE BENEFITS | 26% | \$95,435 | 26% | 95,435 | | | | | | | | |
| TOTAL SALARIES & BENEFITS | | \$464,684 | | \$464,684 | | \$0 | | \$0 | | \$0 | | \$0 |

Program Name: Dore Street Residential
(Same as Line 9 on DPH #1)

Salaries & Benefits Detail

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #2: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|---------------------|----------------------|-----------|---|-----------|----------------------------|----------|----------------------------|----------|--------------------------------|----------|--------------------------------|----------|
| | Proposed Transaction | | Proposed Transaction | | Proposed Transaction | | Proposed Transaction | | Proposed Transaction | | Proposed Transaction | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Program Director | 1.00 | 66,850 | 1.00 | 66,850 | | | | | | | | |
| Assistant Director | 2.00 | 88,542 | 2.00 | 88,542 | | | | | | | | |
| Counselor | 13.50 | 487,781 | 13.50 | 487,781 | | | | | | | | |
| Psychiatrist | 0.50 | 90,254 | 0.50 | 90,254 | | | | | | | | |
| Nurse Practioner | 0.50 | 52,782 | 0.50 | 52,782 | | | | | | | | |
| Rehab Clerk | 1.00 | 32,026 | 1.00 | 32,026 | | | | | | | | |
| Relief Counselor | | 72,013 | | 72,013 | | | | | | | | |
| Relief Pyschiatrist | | 11,200 | | 11,200 | | | | | | | | |
| TOTALS | 18.50 | \$901,448 | 18.50 | \$901,448 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|---------------------------|-----|-------------|-----|-------------|--|-----|--|-----|--|-----|--|-----|
| EMPLOYEE FRINGE BENEFITS | 27% | \$246,096 | 27% | 246,096 | | | | | | | | |
| TOTAL SALARIES & BENEFITS | | \$1,147,544 | | \$1,147,544 | | \$0 | | \$0 | | \$0 | | \$0 |

Program Name:
 Same as Line 9 on DPH #1)

Dore Street Urgent Care Clinic

Salaries & Benefits Detail

| POSITION TITLE | TOTAL | | GENERAL FUND & (Agency generated) OTHER REVENUE | | GRANT #1: <small>(grant title)</small> | | GRANT #2: <small>(grant title)</small> | | WORK ORDER #1: <small>(dept. name)</small> | | WORK ORDER #2: <small>(dept. name)</small> | |
|-----------------------------|---|-------------|---|-------------|---|----------|---|----------|---|----------|---|----------|
| | Proposed Transaction Term: <u>7/1/10-6/30/11</u> | | Proposed Transaction Term: <u>7/1/10-6/30/11</u> | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | | Proposed Transaction Term: _____ | |
| | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Program Director | 1.00 | 148,500 | 1.00 | 148,500 | | | | | | | | |
| Clinic Manager | 1.00 | 71,424 | 1.00 | 71,424 | | | | | | | | |
| Nurse Practitioner | 3.00 | 338,904 | 3.00 | 338,904 | | | | | | | | |
| Registered Nurses | 1.40 | 155,568 | 1.40 | 155,568 | | | | | | | | |
| Psychiatric Technicians/LVN | 7.00 | 346,632 | 7.00 | 346,632 | | | | | | | | |
| Counselor | 3.00 | 111,336 | 3.00 | 111,336 | | | | | | | | |
| Psychiatrist | 0.50 | 95,004 | 0.50 | 95,004 | | | | | | | | |
| Administrative Assistant | 1.00 | 48,048 | 1.00 | 48,048 | | | | | | | | |
| Relief Counselor | | 22,435 | | 22,435 | | | | | | | | |
| Relief Professional Staff | | 127,742 | | 127,742 | | | | | | | | |
| TOTALS | 17.90 | \$1,465,593 | 17.90 | \$1,465,593 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 | 0.00 | \$0 |

| | | | | | | | | | | | | |
|--------------------------------------|-----|--------------------|-----|--------------------|--|------------|--|------------|--|------------|--|------------|
| EMPLOYEE FRINGE BENEFITS | 21% | \$309,482 | 21% | 309,482 | | | | | | | | |
| TOTAL SALARIES & BENEFITS | | \$1,775,075 | | \$1,775,075 | | \$0 | | \$0 | | \$0 | | \$0 |

Program Name: La Posada
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: _____ (grant title) | GRANT #2: _____ (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|-------------------------------------|-------------------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| Expenditure Category | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 13 Rental of Property | 18,230 | 18,230 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 19,000 | 19,000 | | | | |
| 15 Office Supplies, Postage | 11,500 | 11,500 | | | | |
| 16 Building Maintenance Supplies and Repair | 12,111 | 12,111 | | | | |
| 17 Insurance | 11,100 | 11,100 | | | | |
| 18 Staff Training | 1,800 | 1,800 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,400 | 1,400 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 81,559 | 81,559 | | | | |
| 23 and Other Consultantion | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 3,000 | 3,000 | | | | |
| 26 OTHER | | | | | | |
| 27 Food | 44,000 | 44,000 | | | | |
| 28 Dues & Sybs | 1,200 | 1,200 | | | | |
| 29 Recreation | 550 | 550 | | | | |
| 30 Supplies | 6,000 | 6,000 | | | | |
| 31 Prescriptions | 422 | 422 | | | | |
| 32 Legal | 625 | 625 | | | | |
| 33 Client Expenses | | | | | | |
| 34 Miscellaneous | | | | | | |
| 35 | | | | | | |
| 36 TOTAL OPERATING EXPENSE | \$212,497 | \$212,497 | \$0 | \$0 | \$0 | \$0 |
| 37 | | | | | | |

Program Name: _ Shrader House
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: _____ (grant title) | GRANT #2: _____ (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|-------------------------------------|-------------------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 12 Expenditure Category | | | | | | |
| 13 Rental of Property | 69,480 | 69,480 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 19,950 | 19,950 | | | | |
| 15 Office Supplies, Postage | 12,000 | 12,000 | | | | |
| 16 Building Maintenance Supplies and Repair | 10,179 | 10,179 | | | | |
| 17 Insurance | 7,900 | 7,900 | | | | |
| 18 Staff Training | 1,700 | 1,700 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,900 | 1,900 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 75,500 | 75,500 | | | | |
| 23 and Other Consultantion | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 3,300 | 3,300 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 44,000 | 44,000 | | | | |
| 29 Dues & Subs | 1,300 | 1,300 | | | | |
| 30 Recreation | 2,450 | 2,450 | | | | |
| 31 Supplies | 10,000 | 10,000 | | | | |
| 32 Préscriptions | 152 | 152 | | | | |
| 33 Legal | 650 | 650 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellanéous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$260,461 | \$260,461 | \$0 | \$0 | \$0 | \$0 |

4 Program Name: Avenues
 5 (Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: _____ (grant title) | GRANT #2: _____ (grant title) | WORK ORDER #1: <u> HSA </u> (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|---|-------------------------------------|-------------------------------------|--|-----------------------------------|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 12 Expenditure Category | | | | | | |
| 13 Rental of Property | 99,264 | 99,264 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 24,000 | 24,000 | | | | |
| 15 Office Supplies, Postage | 11,000 | 11,000 | | | | |
| 16 Building Maintenance Supplies and Repair | 13,000 | 13,000 | | | | |
| 17 Insurance | 16,400 | 16,400 | | | | |
| 18 Staff Training | 1,750 | 1,750 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,550 | 1,550 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 52,244 | 52,244 | | | | |
| 23 and Other Consultation | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 4,100 | 4,100 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 50,800 | 50,800 | | | | |
| 29 Dues & Subs | 1,500 | 1,500 | | | | |
| 30 Recreation | 600 | 600 | | | | |
| 31 Supplies | 9,075 | 9,075 | | | | |
| 32 Prescriptions | 372 | 372 | | | | |
| 33 Legal | 850 | 850 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$286,505 | \$286,505 | \$0 | \$0 | \$0 | \$0 |

Program Name: La Amistad
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: _____ (grant title) | GRANT #2: _____ (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|-------------------------------------|-------------------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 9 Expenditure Category | | | | | | |
| 13 Rental of Property | 52,300 | 52,300 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 16,600 | 16,600 | | | | |
| 15 Office Supplies, Postage | 9,500 | 9,500 | | | | |
| 16 Building Maintenance Supplies and Repair | 13,100 | 13,100 | | | | |
| 17 Insurance | 5,000 | 5,000 | | | | |
| 18 Staff Training | 2,000 | 2,000 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,000 | 1,000 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 24,543 | 24,543 | | | | |
| 23 and Other Consultation | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 2,200 | 2,200 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 50,000 | 50,000 | | | | |
| 29 Dues & Subs | 1,100 | 1,100 | | | | |
| 30 Recreation | 1,800 | 1,800 | | | | |
| 31 Supplies | 15,300 | 15,300 | | | | |
| 32 Prescriptions | 172 | 172 | | | | |
| 33 Legal | 700 | 700 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$195,315 | \$195,315 | \$0 | \$0 | \$0 | \$0 |

Program Name: Progress House
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|----------------------------|----------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| Expenditure Category | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 13 Rental of Property | 24,170 | 24,170 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 14,225 | 14,225 | | | | |
| 15 Office Supplies, Postage | 5,000 | 5,000 | | | | |
| 16 Building Maintenance Supplies and Repair | 7,000 | 7,000 | | | | |
| 17 Insurance | 6,000 | 6,000 | | | | |
| 18 Staff Training | 1,000 | 1,000 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,600 | 1,600 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 28,685 | 28,685 | | | | |
| 23 and Other Consultantion | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 1,950 | 1,950 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 42,000 | 42,000 | | | | |
| 29 Dues & Subs | 950 | 950 | | | | |
| 30 Recreation | 1,500 | 1,500 | | | | |
| 31 Supplies | 2,000 | 2,000 | | | | |
| 32 Prescriptions | 113 | 113 | | | | |
| 33 Legal | 400 | 400 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$136,593 | \$136,593 | \$0 | \$0 | \$0 | \$0 |

DPH #3 (CMHS & CSAS)

Program Name: Cortland
(Same as Line 9 on DPH #1).

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: <u> </u> (grant title) | GRANT #2: <u> </u> (grant title) | WORK ORDER #1: <u> HSA</u> (dept. name) | WORK ORDER #2: <u> </u> (dept. name) |
|--|-------------------------|---|---|---|---|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| Expenditure Category | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: <u> </u> | Term: <u> </u> | <u>7/1/10-6/30/11</u> | Term: <u> </u> |
| Rental of Property | 55,200 | 55,200 | | | | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | 12,100 | 12,100 | | | | |
| Office Supplies, Postage | 9,000 | 9,000 | | | | |
| Building Maintenance Supplies and Repair | 12,000 | 12,000 | | | | |
| Insurance | 6,500 | 6,500 | | | | |
| Staff Training | 1,500 | 1,500 | | | | |
| Staff Travel-(Local & Out.of Town) | 1,000 | 1,000 | | | | |
| Rental of Equipment | | | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| Psychiatric Consultants, Nursing Consultants | 29,725 | 29,725 | | | | |
| and Other Consultation | | | | | | |
| Janitorial service | | | | | | |
| Computer consulting | 2,200 | 2,200 | | | | |
| OTHER | | | | | | |
| Food | 42,000 | 42,000 | | | | |
| Dues & Subs | 1,100 | 1,100 | | | | |
| Recreation | 1,500 | 1,500 | | | | |
| Supplies | 5,000 | 5,000 | | | | |
| Prescriptions | 422 | 422 | | | | |
| Legal | 500 | 500 | | | | |
| Client Expenses | | | | | | |
| Miscellaneous | | | | | | |
| TOTAL OPERATING EXPENSE | \$179,747 | \$179,747 | \$0 | \$0 | \$0 | \$0 |

Program Name: Ashbury
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|--|-------------------------|---|----------------------------|----------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| Expenditure Category | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| Rental of Property | 39,924 | 24,605 | | | 15,319 | |
| Utilities(Elec, Water, Gas, Phone, Scavenger) | 20,000 | 12,326 | | | 7,674 | |
| Office Supplies, Postage | 4,000 | 2,465 | | | 1,535 | |
| Building Maintenance Supplies and Repair | 10,300 | 6,348 | | | 3,952 | |
| Insurance | 11,000 | 6,779 | | | 4,221 | |
| Staff Training | 1,200 | 740 | | | 460 | |
| Staff Travel-(Local & Out of Town) | 700 | 431 | | | 269 | |
| Rental of Equipment | | | | | | |
| CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| Psychiatric Consultants, Nursing Consultants, and Other Consultantion | 28,562 | 17,602 | | | 10,960 | |
| Janitorial service | | | | | | |
| Computer consulting | 2,500 | 1,541 | | | 959 | |
| OTHER | | | | | | |
| Food | 57,000 | 35,130 | | | 21,870 | |
| Dues & Subs | 1,100 | 678 | | | 422 | |
| Recreation | 1,600 | 986 | | | 614 | |
| Supplies | 4,000 | 2,465 | | | 1,535 | |
| Prescriptions | 100 | 62 | | | 38 | |
| Legal | 525 | 324 | | | 201 | |
| Client Expenses | | | | | | |
| Miscellaneous | 300 | 185 | | | 115 | |
| TOTAL OPERATING EXPENSE | \$182,811 | \$112,668 | \$0 | \$0 | \$70,143 | \$0 |

4 Program Name: Clay
5 (Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|----------------------------|----------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| Expenditure Category | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 13 Rental of Property | 80,935 | 80,935 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 24,500 | 24,500 | | | | |
| 15 Office Supplies, Postage | 8,000 | 8,000 | | | | |
| 16 Building Maintenance Supplies and Repair | 11,570 | 11,570 | | | | |
| 17 Insurance | 13,100 | 13,100 | | | | |
| 18 Staff Training | 2,000 | 2,000 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,926 | 1,926 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 52,700 | 52,700 | | | | |
| 23 and Other Consultantion | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 3,200 | 3,200 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 64,400 | 64,400 | | | | |
| 29 Dues & Subs | 1,500 | 1,500 | | | | |
| 30 Recreation | 4,000 | 4,000 | | | | |
| 31 Supplies | 6,000 | 6,000 | | | | |
| 32 Prescriptions | 102 | 102 | | | | |
| 33 Legal | 650 | 650 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$274,583 | \$274,583 | \$0 | \$0 | \$0 | \$0 |

Program Name: Dorine Loso House
 (Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: <u> </u> (grant title) | GRANT #2: <u> </u> (grant title) | WORK ORDER #1: <u> HSA </u> (dept. name) | WORK ORDER #2: <u> </u> (dept. name) |
|---|-------------------------|---|---|---|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 9 | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: <u> </u> | Term: <u> </u> | <u>7/1/10-6/30/11</u> | Term: <u> </u> |
| 12 Expenditure Category | | | | | | |
| 13 Rental of Property | 176,100 | 176,100 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 20,900 | 20,900 | | | | |
| 15 Office Supplies, Postage | 11,000 | 11,000 | | | | |
| 16 Building Maintenance Supplies and Repair | 20,360 | 20,360 | | | | |
| 17 Insurance | 12,840 | 12,840 | | | | |
| 18 Staff Training | 2,060 | 2,060 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 1,236 | 1,236 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 33,832 | 33,832 | | | | |
| 23 and Other Consultation | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 3,800 | 3,800 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 57,380 | 57,380 | | | | |
| 29 Dues & Subs | 2,575 | 2,575 | | | | |
| 30 Recreation | 2,900 | 2,900 | | | | |
| 31 Supplies | 11,000 | 11,000 | | | | |
| 32 Prescriptions | 258 | 258 | | | | |
| 33 Legal | 1,245 | 1,245 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$357,486 | \$357,486 | \$0 | \$0 | \$0 | \$0 |

4 Program Name: Seniors Program
5 (Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|--------------------------------|--------------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| 12 Expenditure Category | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 13 Rental of Property | 92,400 | 92,400 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 18,000 | 18,000 | | | | |
| 15 Office Supplies, Postage | 5,400 | 5,400 | | | | |
| 16 Building Maintenance Supplies and Repair | 14,680 | 14,680 | | | | |
| 17 Insurance | 10,000 | 10,000 | | | | |
| 18 Staff Training | 2,000 | 2,000 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 500 | 500 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 23,400 | 23,400 | | | | |
| 23 and Other Consultantion | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 3,200 | 3,200 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 53,000 | 53,000 | | | | |
| 29 Dues & Subs | 1,500 | 1,500 | | | | |
| 30 Recreation | 1,250 | 1,250 | | | | |
| 31 Supplies | 4,000 | 4,000 | | | | |
| 32 Prescriptions | 98 | 98 | | | | |
| 33 Legal | 650 | 650 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$230,078 | \$230,078 | \$0 | \$0 | \$0 | \$0 |

Program Name: Supported Living
 (Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: HSA (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|---|----------------------------|----------------------------|---------------------------------------|-----------------------------------|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | 7/1/10-6/30/11 | Term: _____ |
| 12 Expenditure Category | | | | | | |
| 13 Rental of Property | 23,900 | 23,900 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 12,400 | 12,400 | | | | |
| 15 Office Supplies, Postage | 6,500 | 6,500 | | | | |
| 16 Building Maintenance Supplies and Repair | 21,569 | 21,569 | | | | |
| 17 Insurance | 11,500 | 11,500 | | | | |
| 18 Staff Training | 1,000 | 1,000 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 5,300 | 5,300 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 1,800 | 1,800 | | | | |
| 23 and Other Consultantion | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 1,750 | 1,750 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | | | | | | |
| 29 Dues & Subs | 700 | 700 | | | | |
| 30 Recreation | 250 | 250 | | | | |
| 31 Supplies | 3,000 | 3,000 | | | | |
| 32 Prescriptions | | | | | | |
| 33 Legal | 400 | 400 | | | | |
| 34 Client Expenses | 64,800 | 64,800 | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$154,869 | \$154,869 | \$0 | \$0 | \$0 | \$0 |

Program Name: Dore Street Residential
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: _____ (dept. name) |
|---|-------------------------|---|----------------------------|----------------------------|--|---|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | <u>7/1/10-6/30/11</u> | <u>7/1/10-6/30/11</u> | Term: _____ | Term: _____ | <u>7/1/10-6/30/11</u> | Term: _____ |
| 12 Expenditure Category | | | | | | |
| 13 Rental of Property | 115,458 | 115,458 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 19,095 | 19,095 | | | | |
| 15 Office Supplies, Postage | 11,365 | 11,365 | | | | |
| 16 Building Maintenance Supplies and Repair | 12,732 | 12,732 | | | | |
| 17 Insurance | 18,000 | 18,000 | | | | |
| 18 Staff Training | 1,000 | 1,000 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 500 | 500 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 14,673 | 14,673 | | | | |
| 23 and Other Consultation | | | | | | |
| 24 Janitorial service | | | | | | |
| 25 Computer consulting | 4,200 | 4,200 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 48,801 | 48,801 | | | | |
| 29 Dues & Subs | 1,200 | 1,200 | | | | |
| 30 Recreation | 500 | 500 | | | | |
| 31 Supplies | 13,070 | 13,070 | | | | |
| 32 Prescriptions | 750 | 750 | | | | |
| 33 Legal | 2,574 | 2,574 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | 500 | 500 | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | <u>\$264,418</u> | <u>\$264,418</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> | <u>\$0</u> |

Program Name: Dore Street Urgent Care Clinic
(Same as Line 9 on DPH #1)

Operating Expenses Detail

| | TOTAL | GENERAL FUND & (Agency-generated) OTHER REVENUE | GRANT #1: (grant title) | GRANT #2: (grant title) | WORK ORDER #1: <u>HSA</u> (dept. name) | WORK ORDER #2: (dept. name) |
|---|-------------------------|---|----------------------------|----------------------------|--|-----------------------------------|
| | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION | PROPOSED TRANSACTION |
| | 7/1/10-6/30/11 | 7/1/10-6/30/11 | Term: _____ | Term: _____ | 7/1/10-6/30/11 | Term: _____ |
| 12 Expenditure Category | | | | | | |
| 13 Rental of Property | 187,873 | 187,873 | | | | |
| 14 Utilities(Elec, Water, Gas, Phone, Scavenger) | 43,000 | 43,000 | | | | |
| 15 Office Supplies, Postage | 24,000 | 24,000 | | | | |
| 16 Building Maintenance Supplies and Repair | 12,731 | 12,731 | | | | |
| 17 Insurance | 40,551 | 40,551 | | | | |
| 18 Staff Training | 6,300 | 6,300 | | | | |
| 19 Staff Travel-(Local & Out of Town) | 3,000 | 3,000 | | | | |
| 20 Rental of Equipment | | | | | | |
| 21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts) | | | | | | |
| 22 Psychiatric Consultants, Nursing Consultants | 160,000 | 160,000 | | | | |
| 23 and Other Consultation | | | | | | |
| 24 Janitorial service | 9,600 | 9,600 | | | | |
| 25 Computer consulting | 6,500 | 6,500 | | | | |
| 26 | | | | | | |
| 27 OTHER | | | | | | |
| 28 Food | 30,000 | 30,000 | | | | |
| 29 Dues & Subs | 2,758 | 2,758 | | | | |
| 30 Recreation | 500 | | | | | |
| 31 Supplies | 12,000 | 12,000 | | | | |
| 32 Prescriptions | 8,654 | 8,654 | | | | |
| 33 Legal | 1,500 | 1,500 | | | | |
| 34 Client Expenses | | | | | | |
| 35 Miscellaneous | | | | | | |
| 36 | | | | | | |
| 37 TOTAL OPERATING EXPENSE | \$549,467 | \$548,967 | \$0 | \$0 | \$0 | \$0 |

| | A | B | C | D | E |
|----|--|------------------|---|-----------------------|----------------------|
| 1 | | | | | Exhibit B - Page |
| 2 | | | | | Document Date: _____ |
| 3 | | | | | |
| 4 | Program # | | | | |
| 5 | (Same as Line 9 on DPH #1) | | | | |
| 6 | | | | | |
| 7 | Capital Expenditure Detail | | | | |
| 8 | (Equipment and Remodeling Cost) | | | | |
| 9 | | | | | |
| 10 | 1. Equipment | | | | |
| 11 | No. | ITEM/DESCRIPTION | FUNDING SOURCE [General Fund, Grant (List Title), or Work Order (List Dept.)] | PURCHASE COST EACH | TOTAL COST |
| 12 | | | | | 0 |
| 13 | | | | | 0 |
| 14 | | | | | 0 |
| 15 | | | | | 0 |
| 16 | | | | | 0 |
| 17 | | | | | 0 |
| 18 | | | | | 0 |
| 19 | | | | | 0 |
| 20 | TOTAL EQUIPMENT COST | | | | <u>0</u> |
| 21 | | | | | |
| 22 | 2. Remodeling | | | | |
| 23 | Description: | | | | |
| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | TOTAL REMODELING COST | | | | <u>\$0</u> |
| 30 | | | | | |
| 31 | TOTAL CAPITAL EXPENDITURE | | | | <u>\$0</u> |
| 32 | (Equipment plus Remodeling Cost) | | | | |
| 33 | | | | | |
| 34 | DPH #4 (CMHS & CSAS) | | | | |

Program Name: Shrader House
 (Same as Line 9 on DPH #1)

Indirect Cost Detail

1. Salaries and Benefits

| Expenditure Category | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #1: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|--|----------------------|-----------------|---|-----------------|----------------------------|----------|----------------------------|----------|--------------------------------|----------|--------------------------------|------------|
| | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | |
| | Term: | 7/1/10-6/30/11 | Term: | 7/1/10-6/30/11 | Term: | | Term: | | Term: | | Term: | |
| Position Title | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Executive Director | 0.072 | 8,914 | 0.072 | 8,914 | | | | | | | | |
| Chief Financial Officer | 0.072 | 6,906 | 0.072 | 6,906 | | | | | | | | |
| Director Of Clinical Services | 0.072 | 5,224 | 0.072 | 5,224 | | | | | | | | |
| Deputy Director of Clinical Services | 0.072 | 4,800 | 0.072 | 4,800 | | | | | | | | |
| Asst. Director of Finance & Operations | 0.072 | 3,749 | 0.072 | 3,749 | | | | | | | | |
| Executive Assistant | 0.072 | 2,607 | 0.072 | 2,607 | | | | | | | | |
| Human Resources Manager | 0.072 | 3,000 | 0.072 | 3,000 | | | | | | | | |
| Head Bookkeeper | 0.072 | 3,449 | 0.072 | 3,449 | | | | | | | | |
| Senior Bookkeeper | 0.072 | 2,190 | 0.072 | 2,190 | | | | | | | | |
| Senior Payroll Clerk | 0.072 | 2,743 | 0.072 | 2,743 | | | | | | | | |
| Payroll Clerk | 0.072 | 2,053 | 0.072 | 2,053 | | | | | | | | |
| Program Data Clerk | 0.072 | 1,854 | 0.072 | 1,854 | | | | | | | | |
| Secretary/Reception | 0.072 | 2,688 | 0.072 | 2,688 | | | | | | | | |
| Facilities Manager | 0.072 | 3,753 | 0.072 | 3,753 | | | | | | | | |
| EMPLOYEE FRINGE BENEFITS | | 11,836 | | 11,836 | | | \$ | | \$ | | | |
| TOTAL SALARIES & BENEFITS | | \$65,766 | | \$65,766 | | | \$0 | | \$0 | | | \$0 |

2. Operating Cost

| Expenditure Category | | | | | | | | | | | | |
|------------------------------|--|----------------|--|----------------|--|--|--|--|--|--|--|--|
| Utilities | | 1,560 | | 1,560 | | | | | | | | |
| Insurance | | 791 | | 791 | | | | | | | | |
| Repair & maintenance | | 503 | | 503 | | | | | | | | |
| Consulting | | 1,150 | | 1,150 | | | | | | | | |
| Auto | | 266 | | 266 | | | | | | | | |
| Parking | | 1,280 | | 1,280 | | | | | | | | |
| TOTAL OPERATING COSTS | | \$5,551 | | \$5,551 | | | | | | | | |

TOTAL INDIRECT COSTS **\$71,316** **\$71,316**

(Salaries & Benefits + Operating Cost)

DPH #5 (CMHS & CSAS)

Program Name: Ashbury
 (Same as Line 9 on DPH #1)

Indirect Cost Detail

1. Salaries and Benefits

| Expenditure Category | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #1: (grant title) | | WORK ORDER #1: HSA (dept. name) | | WORK ORDER #2: (dept. name) | |
|--|----------------------|-----------------|---|-----------------|----------------------------|------------|----------------------------|------------|---------------------------------------|-----------------|--------------------------------|------------|
| | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | |
| | Term: 7/1/10-6/30/11 | | Term: 7/1/10-6/30/11 | | Term: _____ | | Term: _____ | | Term: 7/1/10-6/30/11 | | Term: _____ | |
| Position Title | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Executive Director | 0.054 | 6,678 | 0.033 | 4,042 | | | | | 0.021 | 2,636 | | |
| Chief Financial Officer | 0.054 | 5,173 | 0.033 | 3,131 | | | | | 0.021 | 2,042 | | |
| Director Of Clinical Services | 0.054 | 3,913 | 0.033 | 2,368 | | | | | 0.021 | 1,545 | | |
| Deputy Director of Clinical Services | 0.054 | 3,596 | 0.033 | 2,176 | | | | | 0.021 | 1,419 | | |
| Asst. Director of Finance & Operations | 0.054 | 2,809 | 0.033 | 1,700 | | | | | 0.021 | 1,109 | | |
| Executive Assistant | 0.054 | 1,953 | 0.033 | 1,182 | | | | | 0.021 | 771 | | |
| Human Resources Manager | 0.054 | 2,247 | 0.033 | 1,360 | | | | | 0.021 | 887 | | |
| Head Bookkeeper | 0.054 | 2,584 | 0.033 | 1,564 | | | | | 0.021 | 1,020 | | |
| Senior Bookkeeper | 0.054 | 1,640 | 0.033 | 993 | | | | | 0.021 | 648 | | |
| Senior Payroll Clerk | 0.054 | 2,055 | 0.033 | 1,244 | | | | | 0.021 | 811 | | |
| Payroll Clerk | 0.054 | 1,538 | 0.033 | 931 | | | | | 0.021 | 607 | | |
| Program Data Clerk | 0.054 | 1,389 | 0.033 | 841 | | | | | 0.021 | 548 | | |
| Secretary/Reception | 0.054 | 2,013 | 0.033 | 1,219 | | | | | 0.021 | 795 | | |
| Facilities Manager | 0.054 | 2,812 | 0.033 | 1,702 | | | | | 0.021 | 1,110 | | |
| EMPLOYEE FRINGE BENEFITS | 0.054 | 8,867 | | 5,367 | | \$ | | \$ | | 3,500 | | \$ |
| TOTAL SALARIES & BENEFITS | | \$49,268 | | \$29,819 | | \$0 | | \$0 | | \$19,450 | | \$0 |

2. Operating Cost

| Expenditure Category | | | | | | |
|--|--|-----------------|--|-----------------|--|-----------------|
| Utilities | | 1,169 | | 707 | | 461 |
| Insurance | | 592 | | 359 | | 234 |
| Repair & maintenance | | 377 | | 228 | | 149 |
| Consulting | | 862 | | 522 | | 340 |
| Auto | | 199 | | 121 | | 79 |
| Parking | | 959 | | 580 | | 379 |
| TOTAL OPERATING COSTS | | \$4,158 | | 2,517 | | \$1,642 |
| TOTAL INDIRECT COSTS | | \$53,426 | | \$32,335 | | \$21,091 |
| (Salaries & Benefits + Operating Cost) | | | | | | |
| DPH #5 (CMHS & CSAS) | | | | | | |

Program Name: Dorine Loso House
 (Same as Line 9 on DPH #1)

Indirect Cost Detail

1. Salaries and Benefits

| Expenditure Category | TOTAL | | GENERAL FUND & (Agency-generated) OTHER REVENUE | | GRANT #1: (grant title) | | GRANT #1: (grant title) | | WORK ORDER #1: (dept. name) | | WORK ORDER #2: (dept. name) | |
|--|----------------------|------------------|---|------------------|----------------------------|------------|----------------------------|------------|--------------------------------|------------|--------------------------------|------------|
| | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | | PROPOSED TRANSACTION | |
| | Term: | 7/1/10-6/30/11 | Term: | 7/1/10-6/30/11 | Term: | | Term: | | Term: | | Term: | |
| Position Title | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES | FTE | SALARIES |
| Executive Director | 0.119 | 14,761 | 0.119 | 14,761 | | | | | | | | |
| Chief Financial Officer | 0.119 | 11,435 | 0.119 | 11,435 | | | | | | | | |
| Director Of Clinical Services | 0.119 | 8,650 | 0.119 | 8,650 | | | | | | | | |
| Deputy Director of Clinical Services | 0.119 | 7,947 | 0.119 | 7,947 | | | | | | | | |
| Asst. Director of Finance & Operations | 0.119 | 6,209 | 0.119 | 6,209 | | | | | | | | |
| Executive Assistant | 0.119 | 4,317 | 0.119 | 4,317 | | | | | | | | |
| Human Resources Manager | 0.119 | 4,967 | 0.119 | 4,967 | | | | | | | | |
| Head Bookkeeper | 0.119 | 5,711 | 0.119 | 5,711 | | | | | | | | |
| Senior Bookkeeper | 0.119 | 3,626 | 0.119 | 3,626 | | | | | | | | |
| Senior Payroll Clerk | 0.119 | 4,543 | 0.119 | 4,543 | | | | | | | | |
| Payroll Clerk | 0.119 | 3,400 | 0.119 | 3,400 | | | | | | | | |
| Program Data Clerk | 0.119 | 3,070 | 0.119 | 3,070 | | | | | | | | |
| Secretary/Reception | 0.119 | 4,450 | 0.119 | 4,450 | | | | | | | | |
| Facilities Manager | 0.119 | 6,215 | 0.119 | 6,215 | | | | | | | | |
| EMPLOYEE FRINGE BENEFITS | | 19,599 | | 19,599 | | \$ | | \$ | | | | \$ |
| TOTAL SALARIES & BENEFITS | | \$108,899 | | \$108,899 | | \$0 | | \$0 | | \$0 | | \$0 |

2. Operating Cost

| Expenditure Category | | | | | | | |
|---|------------------|--|------------------|--|--|--|--|
| Utilities | 2,583 | | 2,583 | | | | |
| Insurance | 1,310 | | 1,310 | | | | |
| Repair & maintenance | 833 | | 833 | | | | |
| Consulting | 1,905 | | 1,905 | | | | |
| Auto | 440 | | 440 | | | | |
| Parking | 2,120 | | 2,120 | | | | |
| TOTAL OPERATING COSTS | \$9,191 | | \$9,191 | | | | |
| TOTAL INDIRECT COSTS (Salaries & Benefits + Operating Cost) | \$118,090 | | \$118,090 | | | | |

DPH #5 (CMHS & CSAS)

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 05

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

80 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | La Posada | Shrader | Avenues | Dora Residential | La Amistad | Progress House | TOTAL | LINE |
|---------------------------------------|--|-----------|-----------|-----------|------------------|------------|----------------|-------|------|
| | REPORTING UNIT CODE/NAME | 38081 | 89661 | 38A41 | | 38091 | 38371 | | |
| | MODE OF SVCS/ SERVICE FUNCTION CODE | 05-40 | 05-40 | 05-40 | 05-40 | 05-65 | 05-65 | | |
| FUNDING USES: | | | | | | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | 735,555 | 744,184 | 970,686 | 1,044,265 | 348,588 | 327,731 | | 1 |
| 2 | OPERATING EXPENSE | 143,815 | 204,966 | 215,921 | 180,408 | 114,402 | 60,399 | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 879,370 | 949,170 | 1,186,607 | 1,234,671 | 462,990 | 388,130 | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 57,173 | 62,758 | 81,238 | 123,112 | 25,633 | 26,627 | | 5 |
| 6 | TOTAL DIRECT COSTS | 936,543 | 1,011,928 | 1,267,845 | 1,357,783 | 488,623 | 414,757 | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | | | 8 |
| 9 | GROSS COST | 936,543 | 1,011,928 | 1,267,845 | 1,357,783 | 488,623 | 414,757 | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | | | 10 |
| 11 | ADJUSTED GROSS COST | 936,543 | 1,011,928 | 1,267,845 | 1,357,783 | 488,623 | 414,757 | | 11 |
| FUNDING SOURCES: | | | | | | | | | |
| 12 | GRANTS: | | | | | | | | 12 |
| 13 | a. SAMHSA GRANTS | | | | | | | | 13 |
| 14 | b. PATH GRANTS | | | | | | | | 14 |
| 15 | c. RWJ GRANTS | | | | | | | | 15 |
| 16 | d. MH AIDS GRANTS | | | | | | | | 16 |
| 17 | e. OTHER GRANTS | | | | | | | | 17 |
| 18 | f. PATIENT FEES | | | | | | | | 18 |
| 19 | g. PATIENT INSURANCE | | | | | | | | 19 |
| 20 | h. REGULAR SD/MC (FFP Only) | 396,087 | 441,975 | 589,437 | 660,058 | 185,633 | 221,313 | | 20 |
| 21 | i. HEALTHY FAMILY (FFP Only) | | | | | | | | 21 |
| 22 | j. EPSDT SD/MC (State Share Est) | | | | | | | | 22 |
| 23 | k. FAMILY MOSAIC CAPITATED MEDICAL | | | | | | | | 23 |
| 24 | l. MEDICARE | | | | | | | | 24 |
| 25 | m. SGF-CSQC Allocation | | | | | | | | 25 |
| 26 | n. SGF-Cmnty Svcs (AB2034) | | | | | | | | 26 |
| 27 | o. SGF Managed Care | | | | | | | | 27 |
| 28 | p. SGF-Managed Care-PY Roll-Over | | | | | | | | 28 |
| 29 | q. SGF-SEP | | | | | | | | 29 |
| 30 | r. SGF-County Match | | | | | | | | 30 |
| 31 | s. SB 90 (AB3632) | | | | | | | | 31 |
| 32 | t. CALWORKS | | | | | | | | 32 |
| 33 | u. WO-DCYF | | | | | | | | 33 |
| 34 | v. WO-DHS | | | | | | | | 34 |
| 35 | w. WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | | | 35 |
| 36 | x. MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | | | 36 |
| 37 | y. REALIGNMENT FUNDS/MOE | 254,269 | 283,727 | 378,391 | 423,726 | 119,168 | 142,072 | | 37 |
| 38 | z. COUNTY OVERMATCH | 274,187 | 274,226 | 288,017 | 261,999 | 153,822 | 21,372 | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 924,543 | 999,928 | 1,255,845 | 1,345,783 | 468,623 | 384,757 | | 39 |
| 40 | aa. OTHER REVENUES (PROVIDER'S) | | | | | | | | 40 |
| 41 | ab. GRANTS | | | | | | | | 41 |
| 42 | ac. IN-KIND | | | | | | | | 42 |
| 43 | ad. PROVIDER CLIENT FEES | 12,000 | 12,000 | 12,000 | 12,000 | 30,000 | 30,000 | | 43 |
| 44 | ae. PROVIDER-FOOD STAMP | | | | | | | | 44 |
| 45 | af. MISC REVENUES (Fund Raising, etc.) | | | | | | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 12,000 | 12,000 | 12,000 | 12,000 | 30,000 | 30,000 | | 46 |
| 47 | TOTAL REVENUES | 936,543 | 1,011,928 | 1,267,845 | 1,357,783 | 488,623 | 414,757 | | 47 |
| 48 | NET COST | 0 | 0 | 0 | 0 | 0 | 0 | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | 3,103 | 3,103 | 3,723 | 4,244 | 4,033 | 3,103 | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 301.82 | 326.11 | 340.54 | 319.93 | 121.16 | 133.66 | | 51 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 05

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | Cortland | Ashbury | Clay | Hypins | Carroll | Loso House | TOTAL | LINE |
|------|--|----------|---------|---------|---------|---------|------------|-------|------|
| 1 | SALARIES & EMPLOYEE BENEFITS | 38631 | 89841 | 89851 | 38531 | 38541 | 38GH1 | | 1 |
| 2 | OPERATING EXPENSE | 05-65 | 05-65 | 05-65 | 05-65 | 05-65 | 05-65 | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 38631 | 89841 | 89851 | 38531 | 38541 | 38GH1 | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 29,997 | 22,023 | 36,876 | 13,228 | 13,226 | 74,397 | | 5 |
| 6 | TOTAL DIRECT COSTS | 466,517 | 362,748 | 699,593 | 287,186 | 287,186 | 814,804 | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | | | 8 |
| 9 | GROSS COST | 466,517 | 362,748 | 699,593 | 287,186 | 287,186 | 814,804 | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | | | 10 |
| 11 | ADJUSTED GROSS COST | 466,517 | 362,748 | 699,593 | 287,186 | 287,186 | 814,804 | | 11 |
| | FUNDING SOURCES: | | | | | | | | |
| 12a | GRANTS: | | | | | | | | 12 |
| 13b | SAMHSA GRANTS | | | | | | | | 13 |
| 14c | PATH GRANTS | | | | | | | | 14 |
| 15d | RWJ GRANTS | | | | | | | | 15 |
| 16e | MH AIDS GRANTS | | | | | | | | 16 |
| 17f | OTHER GRANTS | | | | | | | | 17 |
| 18g | PATIENT FEES | | | | | | | | 18 |
| 19h | PATIENT INSURANCE | | | | | | | | 19 |
| 20i | REGULAR SD/MC (FFP Only) | 176,691 | 194,854 | 365,530 | 162,226 | 140,276 | 401,709 | | 20 |
| 21j | HEALTHY FAMILY (FFP Only) | | | | | | | | 21 |
| 22k | EPSDT SD/MC (State Share Est) | | | | | | | | 22 |
| 23l | FAMILY MOSAIC CAPITATED MEDICAL | | | | | | | | 23 |
| 24m | MEDICARE | | | | | | | | 24 |
| 25n | SGF-CSOC Allocation | | | | | | | | 25 |
| 26o | SGF-Cmmty Svcs (AB2034) | | | | | | | | 26 |
| 27p | SGF Managed Care | | | | | | | | 27 |
| 28q | SGF-Managed Care-PY Roll-Over | | | | | | | | 28 |
| 29r | SGF-SEP | | | | | | | | 29 |
| 30s | SGF-County Match | | | | | | | | 30 |
| 31t | SB 90 (AB3632) | | | | | | | | 31 |
| 32u | CALWORKS | | | | | | | | 32 |
| 33v | WO-DCYF | | | | | | | | 33 |
| 34w | WO-DHS | | | | | | | | 34 |
| 35x | WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | | | 35 |
| 36y | MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | | | 36 |
| 37z | REALIGNMENT FUNDS/MOE | 113,427 | 125,087 | 234,653 | 97,722 | 90,051 | 257,878 | | 37 |
| 38aa | COUNTY OVERMATCH | 149,599 | 12,807 | 17,410 | 16,238 | 35,859 | 73,217 | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 439,717 | 332,748 | 617,593 | 266,186 | 266,186 | 732,804 | | 39 |
| 40ab | OTHER REVENUES (PROVIDER'S) | | | | | | | | 40 |
| 41ac | GRANTS | | | | | | | | 41 |
| 42ad | IN-KIND | | | | | | | | 42 |
| 43ae | PROVIDER CLIENT FEES | 28,800 | 30,000 | 82,000 | 21,000 | 21,000 | 82,000 | | 43 |
| 44af | PROVIDER-FOOD STAMP | | | | | | | | 44 |
| 45ag | MISC REVENUES (Fund Raising, etc.) | | | | | | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 28,800 | 30,000 | 82,000 | 21,000 | 21,000 | 82,000 | | 46 |
| 47 | TOTAL REVENUES | 466,517 | 362,748 | 699,593 | 287,186 | 287,186 | 814,804 | | 47 |
| 48 | NET COST | 0 | 0 | 0 | 0 | 0 | 0 | | 48 |
| | UNITS-SVCS/TIME AND UNIT COST: | | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | 3,193 | 1,861 | 4,654 | 1,862 | 1,862 | 4,654 | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 150.99 | 194.92 | 150.32 | 154.24 | 154.24 | 175.08 | | 51 |

PROGRAM BUDGET [MH 1904A (4/02)]

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

PROGRAM TYPE 01

MODE OF SERVICE 10

10 DAY SERVICES

45 OUTREACH SERVICES

15 OUTPATIENT SVCS

60 SUPPORT SERVICES

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

| PROVIDER CODE/NAME | Ashbury Day | Clay Day | Rypins Day | Losco Day | La Amistad Day | Progress Day | TOTAL | |
|---|-------------|----------|------------|-----------|----------------|--------------|-------|----|
| REPORTING UNIT CODE/NAME | 89842 | 89852 | 38532 | 38GH2 | 38092 | 38372 | | |
| MODE OF SVCS/ SERVICE FUNCTION CODE | 10-95 | 10-95 | 10-95 | 10-95 | 10-95 | 10-95 | | |
| FUNDING USES: | | | | | | | | |
| 1 SALARIES & EMPLOYEE BENEFITS | 135,558 | 304,634 | 425,166 | 322,875 | 204,728 | 192,477 | | 1 |
| 2 OPERATING EXPENSE | 23,984 | 62,167 | 67,254 | 106,659 | 29,113 | 32,894 | | 2 |
| 3 CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | | | 3 |
| 4 SUBTOTAL DIRECT COSTS | 159,537 | 366,801 | 492,420 | 429,434 | 233,839 | 225,171 | | 4 |
| 5 INDIRECT COST RATE/AMOUNT % | 10,311 | 21,858 | 25,602 | 43,693 | 15,055 | 15,638 | | 5 |
| 6 TOTAL DIRECT COSTS | 169,848 | 388,459 | 518,022 | 473,127 | 248,894 | 240,809 | | 6 |
| 7 NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | | | 7 |
| 8 ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | | | 8 |
| 9 GROSS COST | 169,848 | 388,459 | 518,022 | 473,127 | 248,894 | 240,809 | | 9 |
| 10 DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | | | 10 |
| 11 ADJUSTED GROSS COST | 169,848 | 388,459 | 518,022 | 473,127 | 248,894 | 240,809 | | 11 |
| FUNDING SOURCES: | | | | | | | | |
| 12 a GRANTS: | | | | | | | | 12 |
| 13 b SAMHSA GRANTS | | | | | | | | 13 |
| 14 c PATH GRANTS | | | | | | | | 14 |
| 15 d RWJ GRANTS | | | | | | | | 15 |
| 16 e MH AIDS GRANTS | | | | | | | | 16 |
| 17 f OTHER GRANTS | | | | | | | | 17 |
| 18 g PATIENT FEES | | | | | | | | 18 |
| 19 h PATIENT INSURANCE | | | | | | | | 19 |
| 20 i REGULAR SD/MC (FFP Only) | 88,575 | 234,000 | 306,873 | 262,606 | 146,266 | 111,329 | | 20 |
| 21 j HEALTHY FAMILY (FFP Only) | | | | | | | | 21 |
| 22 k EPSDT SD/MC (State Share Est) | | | | | | | | 22 |
| 23 l FAMILY MOSAIC CAPITATED MEDICAL | | | | | | | | 23 |
| 24 m MEDICARE | | | | | | | | 24 |
| 25 n SGF-CSOC Allocation | | | | | | | | 25 |
| 26 o SGF-Cmmty Svcs (AB2034) | | | | | | | | 26 |
| 27 p SGF Managed Care | | | | | | | | 27 |
| 28 q SGF-Managed Care-PY Roll-Over | | | | | | | | 28 |
| 29 r SGF-SEP | | | | | | | | 29 |
| 30 s SGF-County Match | | | | | | | | 30 |
| 31 t SB 90 (AB3632) | | | | | | | | 31 |
| 32 u CALWORKS | | | | | | | | 32 |
| 33 v WO-DCYF | | | | | | | | 33 |
| 34 w WO-DHS | | | | | | | | 34 |
| 35 x WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | | | 35 |
| 36 y MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | | | 36 |
| 37 z REALIGNMENT FUNDS/MOE | 63,281 | 150,217 | 196,896 | 168,709 | 93,896 | 71,468 | | 37 |
| 38 aa COUNTY OVERMATCH | 7,992 | 4,242 | 14,151 | 41,612 | 8,732 | 58,012 | | 38 |
| 39 SUBTOTAL DPH REVENUES | 169,848 | 388,459 | 518,022 | 473,127 | 248,894 | 240,809 | | 39 |
| 40 ab OTHER REVENUES (PROVIDER'S) | | | | | | | | 40 |
| 41 ac GRANTS | | | | | | | | 41 |
| 42 ad IN-KIND | | | | | | | | 42 |
| 43 ae PROVIDER CLIENT FEES | | | | | | | | 43 |
| 44 af PROVIDER-FOOD STAMP | | | | | | | | 44 |
| 45 ag MISC REVENUES (Fund Raising, etc.) | | | | | | | | 45 |
| 46 SUBTOTAL PROVIDER REVENUES | | | | | | 0 | | 46 |
| 47 TOTAL REVENUES | 169,848 | 388,459 | 518,022 | 473,127 | 248,894 | 240,809 | | 47 |
| 48 NET COST | 0 | 0 | 0 | 0 | 0 | 0 | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | | |
| 49 PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | 1,032 | 3,170 | 4,120 | 3,315 | 2,520 | 2,210 | | 49 |
| 50 UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | | 50 |
| 51 COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 164.58 | 122.54 | 125.73 | 142.72 | 98.77 | 108.96 | | 51 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

PROGRAM TYPE 01

MODE OF SERVICE 10

10 DAY SERVICES

45 OUTREACH SERVICES

15 OUTPATIENT SVCS

60 SUPPORT SERVICES

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

| PROVIDER CODE/NAME | Corland Day | | | | | TOTAL | LINE |
|---|-------------|--|--|--|--|-------|------|
| REPORTING UNIT CODE/NAME | 38632 | | | | | | 1 |
| MODE OF SVCS/ SERVICE FUNCTION CODE | 10-95 | | | | | | 2 |
| FUNDING USES: | | | | | | | |
| 1 SALARIES & EMPLOYEE BENEFITS | 199,140 | | | | | | 3 |
| 2 OPERATING EXPENSE | 36,802 | | | | | | 4 |
| 3 CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | | 5 |
| 4 SUBTOTAL DIRECT COSTS | 235,942 | | | | | | 6 |
| 5 INDIRECT COST RATE/AMOUNT % | 17,617 | | | | | | 7 |
| 6 TOTAL DIRECT COSTS | 253,559 | | | | | | 8 |
| 7 NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | | 9 |
| 8 ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | | 10 |
| 9 GROSS COST | 253,559 | | | | | | 11 |
| 10 DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | | 12 |
| 11 ADJUSTED GROSS COST | 253,559 | | | | | | 13 |
| FUNDING SOURCES: | | | | | | | |
| 12 a GRANTS: | | | | | | | 14 |
| 13 b SAMHSA GRANTS | | | | | | | 15 |
| 14 c PATH GRANTS | | | | | | | 16 |
| 15 d RWJ GRANTS | | | | | | | 17 |
| 16 e MH AIDS GRANTS | | | | | | | 18 |
| 17 f OTHER GRANTS | | | | | | | 19 |
| 18 g PATIENT FEES | | | | | | | 20 |
| 19 h PATIENT INSURANCE | | | | | | | 21 |
| 20 i REGULAR SD/MC (FFP Only) | 103,846 | | | | | | 22 |
| 21 j HEALTHY FAMILY (FFP Only) | | | | | | | 23 |
| 22 k EPSDT SD/MC (State Share Est) | | | | | | | 24 |
| 23 l FAMILY MOSAIC CAPITATED MEDICAL | | | | | | | 25 |
| 24 m MEDICARE | | | | | | | 26 |
| 25 n SGF-CSOC Allocation | | | | | | | 27 |
| 26 o SGF-Cmnty Svcs (AB2034) | | | | | | | 28 |
| 27 p SGF Managed Care | | | | | | | 29 |
| 28 q SGF-Managed Care-PY Roll-Over | | | | | | | 30 |
| 29 r SGF-SEP | | | | | | | 31 |
| 30 s SGF-County Match | | | | | | | 32 |
| 31 t SB 90 (AB3632) | | | | | | | 33 |
| 32 u CALWORKS | | | | | | | 34 |
| 33 v WO-DCYF | | | | | | | 35 |
| 34 w WO-DHS | | | | | | | 36 |
| 35 x WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | | 37 |
| 36 y MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | | 38 |
| 37 z REALIGNMENT FUNDS/MOE | 66,665 | | | | | | 39 |
| 38 aa COUNTY OVERMATCH | 83,048 | | | | | | 40 |
| 39 SUBTOTAL DPH REVENUES | 253,559 | | | | | | 41 |
| 40 ab OTHER REVENUES (PROVIDER'S) | | | | | | | 42 |
| 41 ac GRANTS | | | | | | | 43 |
| 42 ad IN-KIND | | | | | | | 44 |
| 43 ae PROVIDER CLIENT FEES | | | | | | | 45 |
| 44 af PROVIDER-FOOD STAMP | | | | | | | 46 |
| 45 ag MISC REVENUES (Fund Raisings, etc.) | | | | | | | 47 |
| 46 SUBTOTAL PROVIDER REVENUES | | | | | | | 48 |
| 47 TOTAL REVENUES | 253,559 | | | | | | 49 |
| 48 NET COST | 0 | | | | | | 50 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | |
| 49 PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | 2,060 | | | | | | 51 |
| 50 UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | 52 |
| 51 COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 123.09 | | | | | | 53 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 10

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | Urgent Care | | | | TOTAL | LINE |
|---------------------------------------|--|-------------|--|--|--|-------|------|
| 1 | REPORTING UNIT CODE/NAME | | | | | | 1 |
| 2 | MODE OF SVCS/ SERVICE FUNCTION CODE | 10-25 | | | | | 2 |
| FUNDING USES: | | | | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | 1,775,075 | | | | | 1 |
| 2 | OPERATING EXPENSE | 549,467 | | | | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 2,324,542 | | | | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 183,700 | | | | | 5 |
| 6 | TOTAL DIRECT COSTS | 2,508,242 | | | | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | 8 |
| 9 | GROSS COST | 2,508,242 | | | | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | 10 |
| 11 | ADJUSTED GROSS COST | 2,508,242 | | | | | 11 |
| FUNDING SOURCES: | | | | | | | |
| 12 a | GRANTS: | | | | | | 12 |
| 13 b | SAMHSA GRANTS | | | | | | 13 |
| 14 c | PATH GRANTS | | | | | | 14 |
| 15 d | RWJ GRANTS | | | | | | 15 |
| 16 e | MH AIDS GRANTS | | | | | | 16 |
| 17 f | OTHER GRANTS | | | | | | 17 |
| 18 g | PATIENT FEES | | | | | | 18 |
| 19 h | PATIENT INSURANCE | | | | | | 19 |
| 20 i | REGULAR SD/MC (FFP Only) | 989,378 | | | | | 20 |
| 21 j | HEALTHY FAMILY (FFP Only) | | | | | | 21 |
| 22 k | EPSDT SD/MC (State Share Est) | | | | | | 22 |
| 23 l | FAMILY MOSAIC CAPITATED MEDICAL | | | | | | 23 |
| 24 m | MEDICARE | | | | | | 24 |
| 25 n | SGF-CSOC Allocation | | | | | | 25 |
| 26 o | SGF-Cmnty Svcs (AB2034) | | | | | | 26 |
| 27 p | SGF Managed Care | | | | | | 27 |
| 28 q | SGF-Managed Care-PY Roll-Over | | | | | | 28 |
| 29 r | SGF-SEP | | | | | | 29 |
| 30 s | SGF-County Match | | | | | | 30 |
| 31 t | SB 90 (AB3632) | | | | | | 31 |
| 32 u | CALWORKS | | | | | | 32 |
| 33 v | WO-DCYF | | | | | | 33 |
| 34 w | WO-DHS | | | | | | 34 |
| 35 x | WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | 35 |
| 36 y | MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | 36 |
| 37 z | REALIGNMENT FUNDS/MOE | 635,134 | | | | | 37 |
| 38 aa | COUNTY OVERMATCH | 883,730 | | | | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 2,508,242 | | | | | 39 |
| 40 ab | OTHER REVENUES (PROVIDER'S): | | | | | | 40 |
| 41 ac | GRANTS | | | | | | 41 |
| 42 ad | IN-KIND | | | | | | 42 |
| 43 ae | PROVIDER CLIENT FEES | | | | | | 43 |
| 44 af | PROVIDER-FOOD STAMP | | | | | | 44 |
| 45 ag | MISC REVENUES (Fund Raising, etc.) | | | | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 0 | | | | | 46 |
| 47 | TOTAL REVENUES | 2,508,242 | | | | | 47 |
| 48 | NET COST | 0 | | | | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | 31,410 | | | | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48) | 79.85 | | | | | 51 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 15

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | La Posada | Shrader | Avenues | Dore Residential | TOTAL | LINE |
|---------------------------------------|--|-----------|---------|---------|------------------|-------|------|
| 1 | REPORTING UNIT CODE/NAME | 3808OP | 8966OP | 38A43 | | | 1 |
| 2 | MODE OF SVCS/ SERVICE FUNCTION CODE | 15-60 | 15-60 | 15-60 | 15-60 | | 2 |
| FUNDING USES: | | | | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | 100,303 | 101,480 | 119,972 | 103,279 | | 1 |
| 2 | OPERATING EXPENSE | 24,132 | 9,025 | 18,184 | 24,711 | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 124,435 | 110,505 | 138,156 | 127,990 | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 7,796 | 8,558 | 10,041 | 12,176 | | 5 |
| 6 | TOTAL DIRECT COSTS | 132,231 | 119,063 | 148,197 | 140,166 | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | 8 |
| 9 | GROSS COST | 132,231 | 119,063 | 148,197 | 140,166 | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | 10 |
| 11 | ADJUSTED GROSS COST | 132,231 | 119,063 | 148,197 | 140,166 | | 11 |
| FUNDING SOURCES: | | | | | | | |
| 12a | GRANTS: | | | | | | 12 |
| 13b | SAMHSA GRANTS | | | | | | 13 |
| 14c | PATH GRANTS | | | | | | 14 |
| 15d | RWJ GRANTS | | | | | | 15 |
| 16e | MH AIDS GRANTS | | | | | | 16 |
| 17f | OTHER GRANTS | | | | | | 17 |
| 18g | PATIENT FEES | | | | | | 18 |
| 19h | PATIENT INSURANCE | | | | | | 19 |
| 20i | REGULAR SD/MC (FFP Only) | 54,167 | 62,904 | 65,715 | 57,926 | | 20 |
| 21j | HEALTHY FAMILY (FFP Only) | | | | | | 21 |
| 22k | EPSDT SD/MC (State Share Est) | | | | | | 22 |
| 23l | FAMILY MOSAIC CAPITATED MEDICAL | | | | | | 23 |
| 24m | MEDICARE | | | | | | 24 |
| 25n | SGF-CSOC Allocation | | | | | | 25 |
| 26o | SGF-Cmnty Svcs (AB2034) | | | | | | 26 |
| 27p | SGF Managed Care | | | | | | 27 |
| 28q | SGF-Managed Care-PY Roll-Over | | | | | | 28 |
| 29r | SGF-SEP | | | | | | 29 |
| 30s | SGF-County Match | | | | | | 30 |
| 31t | SB 90 (AB3632) | | | | | | 31 |
| 32u | CALWORKS | | | | | | 32 |
| 33v | WO-DCYF | | | | | | 33 |
| 34w | WO-DHS | | | | | | 34 |
| 35x | WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | 35 |
| 36y | MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | 36 |
| 37z | REALIGNMENT FUNDS/MOE | 34,773 | 39,997 | 42,186 | 37,186 | | 37 |
| 38aa | COUNTY OVERMATCH | 43,291 | 16,762 | 41,296 | 45,054 | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 132,231 | 119,063 | 148,197 | 140,166 | | 39 |
| 40ab | OTHER REVENUES (PROVIDER'S) | | | | | | 40 |
| 41ac | GRANTS | | | | | | 41 |
| 42ad | IN-KIND | | | | | | 42 |
| 43ae | PROVIDER CLIENT FEES | | | | | | 43 |
| 44af | PROVIDER-FOOD STAMP | | | | | | 44 |
| 45ag | MISC REVENUES (Fund Raisings, etc.) | | | | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 0 | 0 | 0 | 0 | | 46 |
| 47 | TOTAL REVENUES | 132,231 | 119,063 | 148,197 | 140,166 | | 47 |
| 48 | NET COST | 0 | 0 | 0 | 0 | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | | | | | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | 30,000 | 25,000 | 30,000 | 30,000 | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 4.41 | 4.76 | 4.97 | 4.67 | | 51 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 15

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | DESCRIPTION | Supported Living | TOTAL | LINE |
|---------------------------------------|--|------------------|-------|------|
| 1 | PROVIDER CODE/NAME | | | 1 |
| 2 | REPORTING UNIT CODE/NAME | 3838OP | | 2 |
| 3 | MODE OF SVCS/ SERVICE FUNCTION CODE | 15-40 | | 3 |
| FUNDING USES: | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | 464,684 | | 1 |
| 2 | OPERATING EXPENSE | 154,869 | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 619,553 | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 32,740 | | 5 |
| 6 | TOTAL DIRECT COSTS | 652,293 | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | 8 |
| 9 | GROSS COST | 652,293 | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | 10 |
| 11 | ADJUSTED GROSS COST | 652,293 | | 11 |
| FUNDING SOURCES: | | | | |
| 12a | GRANTS: | | | 12 |
| 13b | SAMHSA GRANTS | | | 13 |
| 14c | PATH GRANTS | | | 14 |
| 15d | RWJ GRANTS | | | 15 |
| 16e | MH AIDS GRANTS | | | 16 |
| 17f | OTHER GRANTS | | | 17 |
| 18g | PATIENT FEES | | | 18 |
| 19h | PATIENT INSURANCE | | | 19 |
| 20i | REGULAR SD/MC (FFP Only) | 392,075 | | 20 |
| 21j | HEALTHY FAMILY (FFP Only) | | | 21 |
| 22k | EPSDT SD/MC (State Share Est) | | | 22 |
| 23l | FAMILY MOSAIC CAPITATED MEDICAL | | | 23 |
| 24m | MEDICARE | | | 24 |
| 25n | SGF-CSOC Allocation | | | 25 |
| 26o | SGF-Cmnty Svcs (AB2034) | | | 26 |
| 27p | SGF Managed Care | | | 27 |
| 28q | SGF Managed Care-PY Roll-Over | | | 28 |
| 29r | SGF-SEP | | | 29 |
| 30s | SGF-County Match | | | 30 |
| 31t | SB 90 (AB3632) | | | 31 |
| 32u | CALWORKS | | | 32 |
| 33v | WO-DCYF | | | 33 |
| 34w | WO-DHS | | | 34 |
| 35x | WO-OTHERS (Sheriff, Juvenile Prob) | | | 35 |
| 36y | MISC DPH REVENUES (CHS Funding, Prop J) | | | 36 |
| 37z | REALIGNMENT FUNDS/MOE | 251,693 | | 37 |
| 38za | COUNTY OVERMATCH | 8,526 | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 652,293 | | 39 |
| 40ab | OTHER REVENUES (PROVIDER'S) | | | 40 |
| 41ac | GRANTS | | | 41 |
| 42ad | IN-KIND | | | 42 |
| 43ae | PROVIDER CLIENT FEES | | | 43 |
| 44af | PROVIDER-FOOD STAMP | | | 44 |
| 45ag | MISC REVENUES (Fund Raisng, etc.) | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 0 | | 46 |
| 47 | TOTAL REVENUES | 652,293 | | 47 |
| 48 | NET COST | 0 | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | 268,396 | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48) | 2.43 | | 51 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 60

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | La Posada | Shrader | Avenues | Dore Residential | La Amistad | Progress House | TOTAL | LINE |
|---------------------------------------|--|-----------|---------|---------|------------------|------------|----------------|-------|------|
| 1 | REPORTING UNIT CODE/NAME | 38081 | 89661 | 38A41 | | 38091 | 38371 | | 1 |
| 2 | MODE OF SVCS/ SERVICE FUNCTION CODE | 60-40 | 60-40 | 60-40 | 60-40 | 60-40 | 60-40 | | 2 |
| FUNDING USES: | | | | | | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | | | | | | | | 1 |
| 2 | OPERATING EXPENSE | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 0 | 0 | 0 | 0 | 0 | 0 | | 5 |
| 6 | TOTAL DIRECT COSTS | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | | | 8 |
| 9 | GROSS COST | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | | | 10 |
| 11 | ADJUSTED GROSS COST | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 11 |
| FUNDING SOURCES: | | | | | | | | | |
| 12a | GRANTS: | | | | | | | | 12 |
| 13b | SAMHSA GRANTS | | | | | | | | 13 |
| 14c | PATH GRANTS | | | | | | | | 14 |
| 15d | RWJ GRANTS | | | | | | | | 15 |
| 16e | MH AIDS GRANTS | | | | | | | | 16 |
| 17f | OTHER GRANTS | | | | | | | | 17 |
| 18g | PATIENT FEES | | | | | | | | 18 |
| 19h | PATIENT INSURANCE | | | | | | | | 19 |
| 20i | REGULAR SD/MC (FFP Only) | | | | | | | | 20 |
| 21j | HEALTHY FAMILY (FFP Only) | | | | | | | | 21 |
| 22k | EPSDT SD/MC (State Share Est) | | | | | | | | 22 |
| 23l | FAMILY MOSAIC CAPITATED MEDICAL | | | | | | | | 23 |
| 24m | MEDICARE | | | | | | | | 24 |
| 25n | SGF-CSOC Allocation | | | | | | | | 25 |
| 26o | SGF-Cmnty Svcs (AB2034) | | | | | | | | 26 |
| 27p | SGF Managed Care | | | | | | | | 27 |
| 28q | SGF-Managed Care-PY Roll-Over | | | | | | | | 28 |
| 29r | SGF-SEP | | | | | | | | 29 |
| 30s | SGF-County Match | | | | | | | | 30 |
| 31t | SB 90 (AB3632) | | | | | | | | 31 |
| 32u | CALWORKS | | | | | | | | 32 |
| 33v | WO-DCYF | | | | | | | | 33 |
| 34w | WO-DHS | | | | | | | | 34 |
| 35x | WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | | | 35 |
| 36y | MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | | | 36 |
| 37z | REALIGNMENT FUNDS/MOE | | | | | | | | 37 |
| 38aa | COUNTY OVERMATCH | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 39 |
| 40ab | OTHER REVENUES (PROVIDER'S) | | | | | | | | 40 |
| 41ac | GRANTS | | | | | | | | 41 |
| 42ad | IN-KIND | | | | | | | | 42 |
| 43ae | PROVIDER CLIENT FEES | | | | | | | | 43 |
| 44af | PROVIDER-FOOD STAMP | | | | | | | | 44 |
| 45ag | MISC REVENUES (Fund Raising, etc.) | | | | | | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 0 | 0 | 0 | 0 | 0 | 0 | | 46 |
| 47 | TOTAL REVENUES | 44,550 | 46,450 | 51,400 | 49,301 | 51,800 | 43,500 | | 47 |
| 48 | NET COST | 0 | 0 | 0 | 0 | 0 | 0 | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) (Mode 5, 10, 45, and 60) | 3,103 | 3,103 | 3,723 | 4,244 | 4,033 | 3,103 | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 14.36 | 14.97 | 13.81 | 11.62 | 12.84 | 14.02 | | 51 |

PROGRAM BUDGET (MH 1904A (4/02))

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 60

10 DAY SERVICES

16 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | Cortland | Ashbury | Clay | Rypins | Carroll | Losco House | TOTAL | LINE |
|---------------------------------------|---|----------|---------|--------|--------|---------|-------------|-------|------|
| 1 | REPORTING UNIT CODE/NAME | 38631 | 89841 | 89851 | 38531 | 38541 | 38GH1 | | 1 |
| 5 | MODE OF SVCS/ SERVICE FUNCTION CODE | 60-40 | 60-40 | 60-40 | 60-40 | 60-40 | 60-40 | | 5 |
| FUNDING USES: | | | | | | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | | | | | | | | 1 |
| 2 | OPERATING EXPENSE | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item | | | | | | | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 0 | 0 | 0 | 0 | 0 | 0 | | 5 |
| 6 | TOTAL DIRECT COSTS | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | | | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | | | 8 |
| 9 | GROSS COST | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | | | 10 |
| 11 | ADJUSTED GROSS COST | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 11 |
| FUNDING SOURCES: | | | | | | | | | |
| 12a | GRANTS: | | | | | | | | 12 |
| 13b | SAMHSA GRANTS | | | | | | | | 13 |
| 14c | PATH GRANTS | | | | | | | | 14 |
| 15d | RWJ GRANTS | | | | | | | | 15 |
| 16e | MH AIDS GRANTS | | | | | | | | 16 |
| 17f | OTHER GRANTS | | | | | | | | 17 |
| 18g | PATIENT FEES | | | | | | | | 18 |
| 19h | PATIENT INSURANCE | | | | | | | | 19 |
| 20i | REGULAR SD/MC (FFP Only) | | | | | | | | 20 |
| 21j | HEALTHY FAMILY (FFP Only) | | | | | | | | 21 |
| 22k | EPSDT SD/MC (State Share Est) | | | | | | | | 22 |
| 23l | FAMILY MOSAIC CAPITATED MEDICAL | | | | | | | | 23 |
| 24m | MEDICARE | | | | | | | | 24 |
| 25n | SGF-CSOC Allocation | | | | | | | | 25 |
| 26o | SGF-Cmnty Svcs (AB2034) | | | | | | | | 26 |
| 27p | SGF Managed Care | | | | | | | | 27 |
| 28q | SGF-Managed Care-PY Roll-Over | | | | | | | | 28 |
| 29r | SGF-SEP | | | | | | | | 29 |
| 30s | SGF-County Match | | | | | | | | 30 |
| 31t | SB 90 (AB3632) | | | | | | | | 31 |
| 32u | CALWORKS | | | | | | | | 32 |
| 33v | WO-DCYF | | | | | | | | 33 |
| 34w | WO-DHS | | | | | | | | 34 |
| 35x | WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | | | 35 |
| 36y | MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | | | 36 |
| 37z | REALIGNMENT FUNDS/MOE | | | | | | | | 37 |
| 38aa | COUNTY OVERMATCH | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 38 |
| 39 | SUBTOTAL DPH REVENUES | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 39 |
| 40ab | OTHER REVENUES (PROVIDER'S) | | | | | | | | 40 |
| 41ac | GRANTS | | | | | | | | 41 |
| 42ad | IN-KIND | | | | | | | | 42 |
| 43ae | PROVIDER CLIENT FEES | | | | | | | | 43 |
| 44af | PROVIDER-FOOD STAMP | | | | | | | | 44 |
| 45ag | MISC REVENUES (Fund Raising, etc.) | | | | | | | | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 0 | 0 | 0 | 0 | 0 | 0 | | 46 |
| 47 | TOTAL REVENUES | 43,500 | 37,492 | 68,400 | 27,125 | 27,125 | 60,280 | | 47 |
| 48 | NET COST | 0 | 0 | 0 | 0 | 0 | 0 | | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/HOUR) (Mode 5, 10, 45, and 60) | 3,103 | 1,861 | 4,654 | 1,862 | 1,862 | 4,654 | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)) | 14.02 | 20.15 | 14.70 | 14.57 | 14.57 | 12.95 | | 51 |

PROGRAM BUDGET [MH 1904A (4/02)]

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE Other

10 DAY SERVICES

15 OUTPATIENT SVCS

45 OUTREACH SERVICES

60 SUPPORT SERVICES

| LINE | PROVIDER CODE/NAME | Ashbury | Ashbury | Ashbury | | | Sub-Total | TOTAL | LINE |
|---------------------------------------|---|----------|----------|----------|------|------|-----------|------------|------|
| S | REPORTING UNIT CODE/NAME | CALWORKS | CALWORKS | CALWORKS | | | | | S |
| | MODE OF SVCS/ SERVICE FUNCTION CODE | 05-65 | 60-7B | 60-40 | | | | | |
| FUNDING USES: | | | | | | | | | |
| 1 | SALARIES & EMPLOYEE BENEFITS | 203,680 | 73,581 | | | | 277,261 | 11,034,045 | 1 |
| 2 | OPERATING EXPENSE | 36,021 | 13,014 | 21,108 | | | 70,143 | 3,284,830 | 2 |
| 3 | CAPITAL OUTLAY (Equipment/Remodelling) over \$5,000 per item | | | | | | 0 | | 3 |
| 4 | SUBTOTAL DIRECT COSTS | 239,701 | 86,595 | 21,108 | 0 | 0 | 347,404 | 14,318,875 | 4 |
| 5 | INDIRECT COST RATE/AMOUNT % | 15,494 | 5,597 | 0 | 0 | 0 | 21,091 | 991,966 | 5 |
| 6 | TOTAL DIRECT COSTS | 255,195 | 92,192 | 21,108 | 0 | 0 | 368,495 | 15,310,841 | 6 |
| 7 | NEGOTIATED NET AMT/NEGOTIATED RATE | | | | | | 0 | 0 | 7 |
| 8 | ACTUAL COST/FEE FOR SVC CONTRACTS | | | | | | 0 | 0 | 8 |
| 9 | GROSS COST | 255,195 | 92,192 | 21,108 | 0 | 0 | 368,495 | 15,310,841 | 9 |
| 10 | DIST. OF ADM SUPPRT & RESRCH & EVAL | | | | | | 0 | 0 | 10 |
| 11 | ADJUSTED GROSS COST | 255,195 | 92,192 | 21,108 | 0 | 0 | 368,495 | 15,310,841 | 11 |
| FUNDING SOURCES: | | | | | | | | | |
| 12 a | GRANTS: | | | | | | 0 | 0 | 12 |
| 13 b. | SAMHSA GRANTS | | | | | | 0 | 0 | 13 |
| 14 c. | PATH GRANTS | | | | | | 0 | 0 | 14 |
| 15 d | RWJ GRANTS | | | | | | 0 | 0 | 15 |
| 16 e. | MH AIDS GRANTS | | | | | | 0 | 0 | 16 |
| 17 i | OTHER GRANTS | | | | | | 0 | 0 | 17 |
| 18 g | PATIENT FEES | | | | | | 0 | 0 | 18 |
| 19 h | PATIENT INSURANCE | | | | | | 0 | 0 | 19 |
| 20 i | REGULAR SD/MC (FFP Only) | | | | | | 0 | 6,811,049 | 20 |
| 21 j | HEALTHY FAMILY (FFP Only) | | | | | | 0 | 0 | 21 |
| 22 k | EPSDT SD/MC (State Share Est) | | | | | | 0 | 0 | 22 |
| 23 l | FAMILY MOSAIC CAPITATED MEDICAL | | | | | | 0 | 0 | 23 |
| 24 m | MEDICARE | | | | | | 0 | 0 | 24 |
| 26 n | SGF-CSOC Allocation | | | | | | 0 | 0 | 25 |
| 26 o. | SGF-Cmnty Svcs (AB2034) | | | | | | 0 | 0 | 26 |
| 27 p. | SGF Managed Care | | | | | | 0 | 0 | 27 |
| 28 q. | SGF-Managed Care-PY Roll-Over | | | | | | 0 | 0 | 28 |
| 29 r. | SGF-SEP | | | | | | 0 | 0 | 29 |
| 30 s | SGF-County Match | | | | | | 0 | 0 | 30 |
| 31 t | SB 90 (AB3632) | | | | | | 0 | 0 | 31 |
| 32 u. | CALWORKS | | | | | | 0 | 0 | 32 |
| 33 v. | WO-DCYF | | | | | | 0 | 0 | 33 |
| 34 w | WO-DHS CALWORKS | 255,195 | 92,192 | 21,108 | | | 368,495 | 368,495 | 34 |
| 35 x | WO-OTHERS (Sheriff, Juvenile Prob) | | | | | | 0 | 0 | 35 |
| 36 y | MISC DPH REVENUES (CHS Funding, Prop J) | | | | | | 0 | 0 | 36 |
| 37 z | REALIGNMENT FUNDS/MOE | | | | | | 0 | 4,372,374 | 37 |
| 38 aa | COUNTY OVERMATCH | | | | | | 0 | 3,386,123 | 38 |
| 39 | SUBTOTAL DPH REVENUES | 255,195 | 92,192 | 21,108 | 0 | 0 | 368,495 | 14,938,041 | 39 |
| 40 ab. | OTHER REVENUES (PROVIDER'S) | | | | | | 0 | 0 | 40 |
| 41 ac | GRANTS | | | | | | 0 | 0 | 41 |
| 42 ad | IN-KIND | | | | | | 0 | 0 | 42 |
| 43 ae | PROVIDER CLIENT FEES | | | | | | 0 | 372,800 | 43 |
| 44 af | PROVIDER-FOOD STAMP | | | | | | 0 | 0 | 44 |
| 45 ag | MISC REVENUES (Fund Raisisng, etc.) | | | | | | 0 | 0 | 45 |
| 46 | SUBTOTAL PROVIDER REVENUES | 0 | 0 | 0 | 0 | 0 | 0 | 372,800 | 46 |
| 47 | TOTAL REVENUES | 255,195 | 92,192 | 21,108 | 0 | 0 | 368,495 | 15,310,841 | 47 |
| 48 | NET COST | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 48 |
| UNITS-SVCS/TIME AND UNIT COST: | | | | | | | | | |
| 49 | PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/HOUR) (Mode 5, 10, 45, and 60) | 1,241 | 1,241 | 1,241 | | | | | 49 |
| 50 | UNITS OF TIME (STAFF MINUTE) (Mode 15) | | | | | | | | 50 |
| 51 | COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48) | 205.64 | 74.29 | 17.01 | 0.00 | 0.00 | | | 51 |

**Appendix C
Insurance Waiver**

RESERVED

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Appendix D
Additional Terms

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

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

3. CERTIFICATION REGARDING LOBBYING

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

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

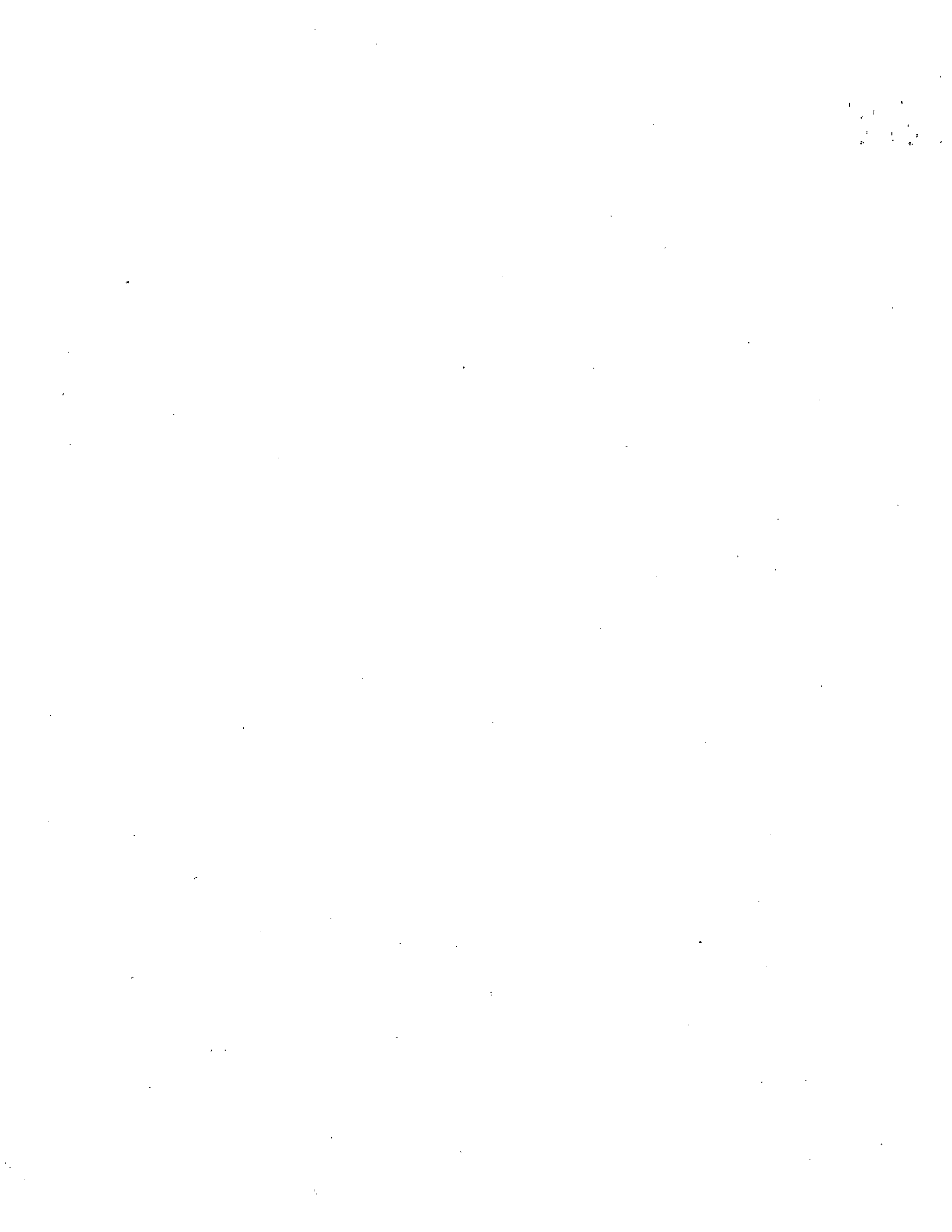
B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this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

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

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

4. MATERIALS REVIEW

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



Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.
- j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

2. **Obligations of Business Associate**

- a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
- b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from

such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected

Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i. Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

- m. Business Associate's Insurance.* BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. Notification of Breach.* During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. Breach Pattern or Practice by Covered Entity.* Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. Audits, Inspection and Enforcement.* Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a. Material Breach.* A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. Judicial or Administrative Proceedings.* CE may terminate the

Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

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

4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. **Disclaimer**

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

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA

does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE; at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

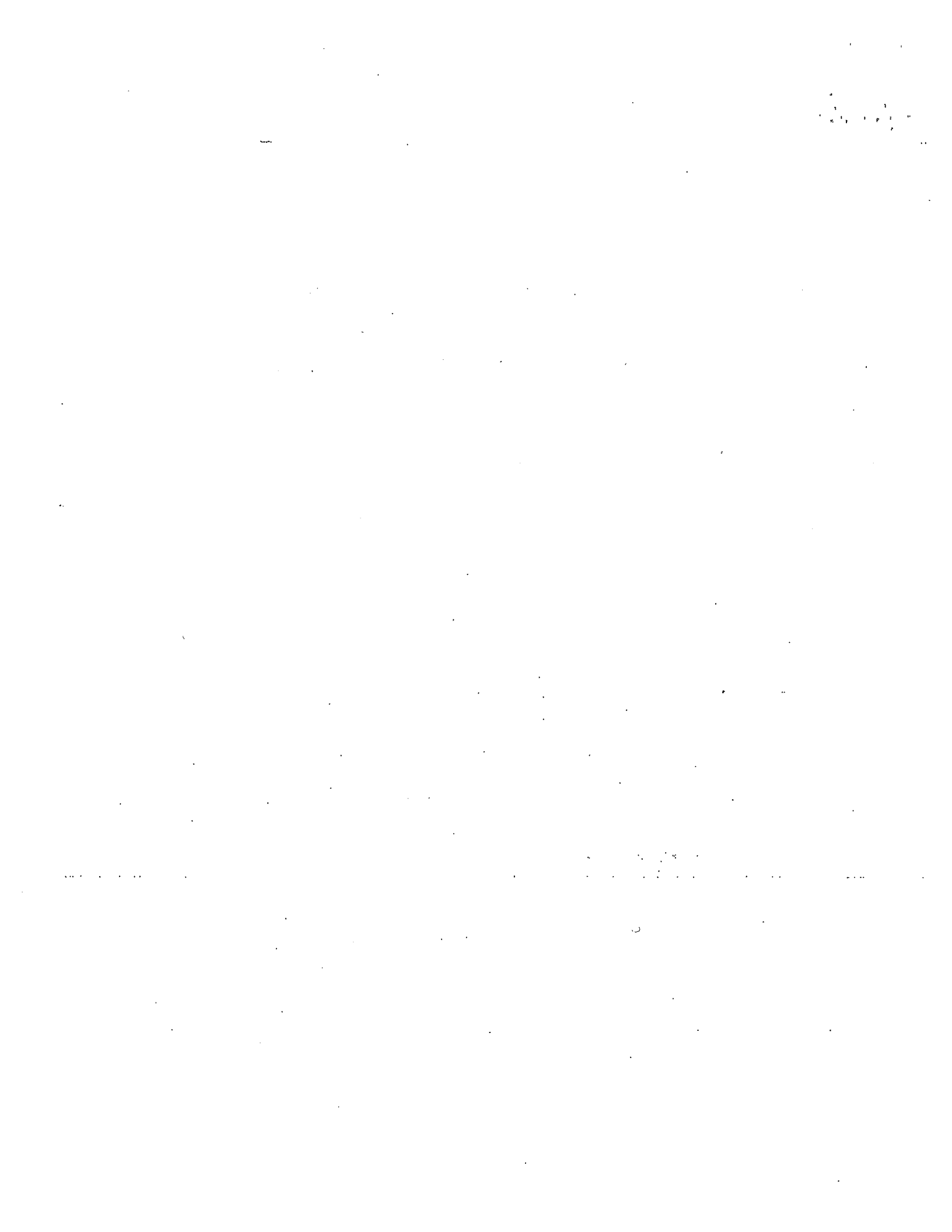
Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.



**Appendix F
Invoice**

100

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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M01 JL 0
 CLBlanket No.: BPHM TBD
 User Cd
 CL PO No.: POHM TBD
 Fund Source: General Fund
 Invoice Period: July 2010
 Final Invoice: (Check if Yes)
 ACE Control Number: _____

Contractor: Progress Foundation
 Address: 368 Fell St., San Francisco, CA 94102
 Tel No.: (415) 881-0828
 Fax No.:
 Contract Term: 07/01/2010 - 08/30/2011
 PHP Division: Community Behavioral Health Services

| 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 ADR Use Only

| DELIVERABLES Program Name/Recep. Unit Modality/Mode # - Svc Func (set 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 | | |
| A - 1 (a) La Posada | | | | | | | | | | | | | | |
| 05-40 Acute Crisis Residential | 3,103 | | | | \$ 301.82 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | \$ 836,547.46 |
| 15-80 Medication Support | 30,000 | | | | \$ 4.41 | \$ - | 0.000 | | 0.00% | | 30,000.000 | | | 132,300.00 |
| 60-40 Room and Board | 3,103 | | | | \$ 14.38 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 44,559.08 \$1,113,406.54 |
| A - 2 (a) La Amistad | | | | | | | | | | | | | | |
| 05-65 Adult Residential | 4,033 | | | | \$ 121.16 | \$ - | 0.000 | | 0.00% | | 4,033.000 | | | 488,838.28 |
| 10-95 Rehab DTX - Full Day | 2,520 | | | | \$ 98.77 | \$ - | 0.000 | | 0.00% | | 2,520.000 | | | 248,000.40 |
| 60-40 Room and Board | 4,033 | | | | \$ 12.84 | \$ - | 0.000 | | 0.00% | | 4,033.000 | | | 51,783.72 \$ 789,322.40 |
| A - 1 (b) Strader | | | | | | | | | | | | | | |
| 05-40 Acute Crisis Residential | 3,103 | | | | \$ 328.11 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 1,011,918.33 |
| 60-40 Room and Board | 3,103 | | | | \$ 14.87 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 46,451.91 |
| 15-60 Medication Support | 25,000 | | | | \$ 4.78 | \$ - | 0.000 | | 0.00% | | 25,000.000 | | | 118,000.00 \$1,177,371.24 |
| A - 2 (b) Progress House | | | | | | | | | | | | | | |
| 05-65 Adult Residential | 3,103 | | | | \$ 133.66 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 414,746.88 |
| 10-95 Rehab DTX - Full Day | 2,210 | | | | \$ 108.96 | \$ - | 0.000 | | 0.00% | | 2,210.000 | | | 240,801.60 |
| 60-40 Room and Board | 3,103 | | | | \$ 14.02 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 43,604.06 \$ 699,052.64 |
| A - 2 (d) Ashbury | | | | | | | | | | | | | | |
| 05-65 Adult Residential | 1,861 | | | | \$ 194.92 | \$ - | 0.000 | | 0.00% | | 1,861.000 | | | 362,746.12 |
| 10-95 Rehab DTX - Full Day | 1,032 | | | | \$ 164.58 | \$ - | 0.000 | | 0.00% | | 1,032.000 | | | 169,846.56 |
| 60-40 Room and Board | 1,861 | | | | \$ 20.15 | \$ - | 0.000 | | 0.00% | | 1,861.000 | | | 37,489.15 \$ 570,091.83 |
| A - 2 (e) Clay | | | | | | | | | | | | | | |
| 05-65 Adult Residential | 4,654 | | | | \$ 150.32 | \$ - | 0.000 | | 0.00% | | 4,654.000 | | | 698,589.28 |
| 10-95 Rehab DTX - Full Day | 3,170 | | | | \$ 122.54 | \$ - | 0.000 | | 0.00% | | 3,170.000 | | | 388,451.89 |
| 60-40 Room and Board | 4,654 | | | | \$ 14.70 | \$ - | 0.000 | | 0.00% | | 4,654.000 | | | 68,413.80 \$1,155,454.88 |
| A - 3 Seniors Program | | | | | | | | | | | | | | |
| 05-65 Ryplns - Adult Residential | 1,862 | | | | \$ 154.24 | \$ - | 0.000 | | 0.00% | | 1,862.000 | | | 287,194.88 |
| 05-65 Carroll - Adult Residential | 1,862 | | | | \$ 154.24 | \$ - | 0.000 | | 0.00% | | 1,862.000 | | | 287,194.88 |
| 10-95 Rehab DTX - Full Day | 4,120 | | | | \$ 125.73 | \$ - | 0.000 | | 0.00% | | 4,120.000 | | | 518,007.60 |
| 60-40 Room and Board | 3,724 | | | | \$ 14.57 | \$ - | 0.000 | | 0.00% | | 3,724.000 | | | 54,256.68 \$1,145,656.04 |
| A - 2 (c) Cortland | | | | | | | | | | | | | | |
| 05-65 Adult Residential | 3,103 | | | | \$ 150.89 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 468,521.07 |
| 10-95 Rehab DTX - Full Day | 2,080 | | | | \$ 123.09 | \$ - | 0.000 | | 0.00% | | 2,080.000 | | | 253,585.40 |
| 60-40 Room and Board | 3,103 | | | | \$ 14.02 | \$ - | 0.000 | | 0.00% | | 3,103.000 | | | 43,604.06 \$ 765,591.43 |
| A - 4 Supported Living | | | | | | | | | | | | | | |
| 15-40 Mental Health Services | 268,396 | | | | \$ 2.43 | \$ - | 0.000 | | 0.00% | | 268,396.000 | | | 652,202.28 \$ 552,202.28 |
| A - 1 (c) Avenues | | | | | | | | | | | | | | |
| 05-40 Acute Crisis Residential | 3,723 | | | | \$ 340.54 | \$ - | 0.000 | | 0.00% | | 3,723.000 | | | 1,267,830.42 |
| 15-60 Medication Support | 30,000 | | | | \$ 4.97 | \$ - | 0.000 | | 0.00% | | 30,000.000 | | | 149,100.00 |
| 60-40 Room and Board | 3,723 | | | | \$ 13.81 | \$ - | 0.000 | | 0.00% | | 3,723.000 | | | 51,414.63 \$1,468,345.05 |
| TOTAL | 429,322 | | 0,000 | | | | 0,000 | | 0.00% | | 429,322,000 | | | \$ 8,538,484.33 |

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery (for DRP use) Other Adjustments \$ -
 NET REIMBURSEMENT \$ -

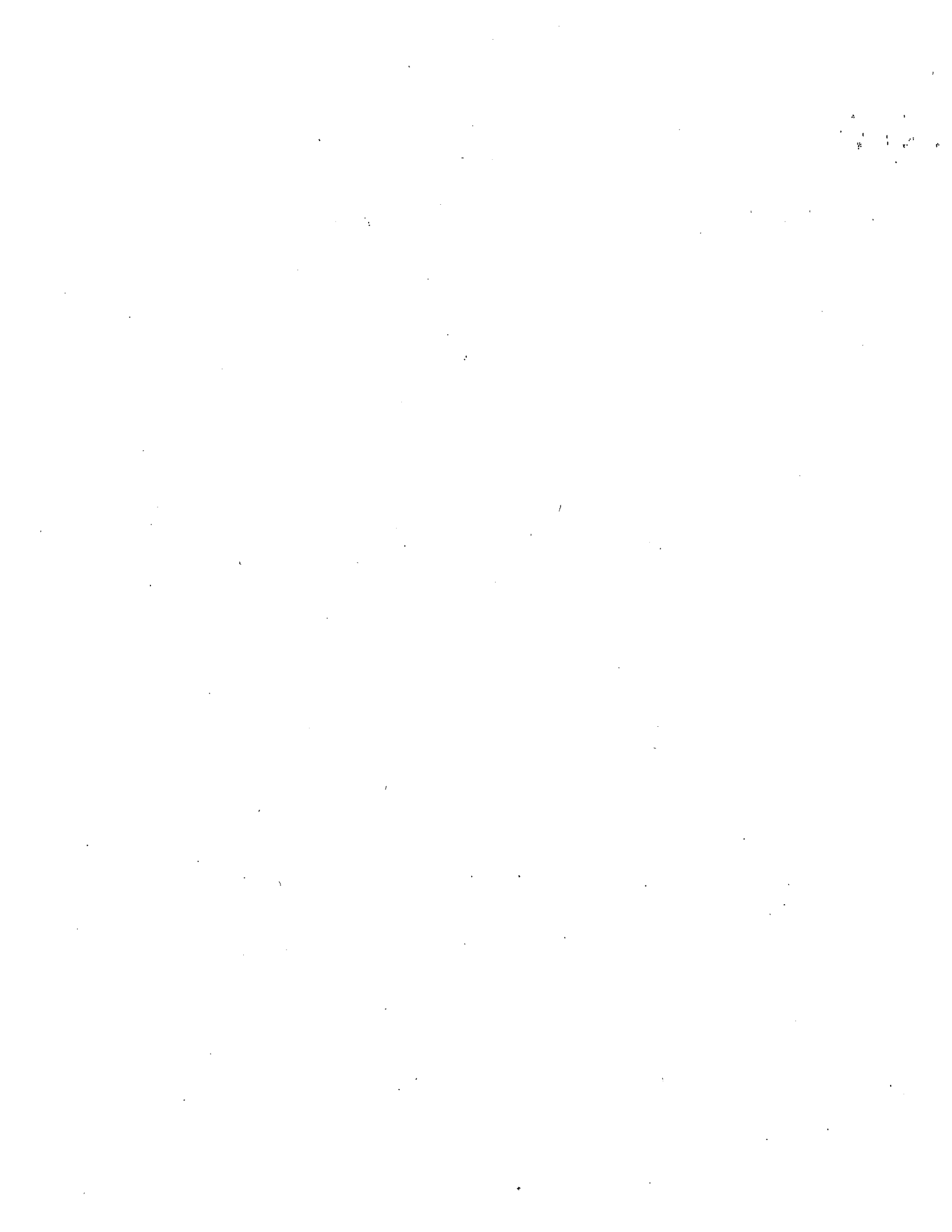
NOTES:

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:
 DPH Fiscal/Invoice Processing
 1380 Howard St - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment
 _____ Date _____
 Authorized Signatory



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

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M02 JL 0

Ct. Blanket No.: BPHM TBD

Ct. PO No.: POHM TBD

Fund Source: Calworks Work Order

Invoice Period: July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Contractor: Progress Foundation

Address: 368 Fall St., San Francisco, CA 94102

Tel No.: (415) 861-0828

Fax No.:

Contract Term: 07/01/2010 - 06/30/2011

PHP Division: Community Behavioral Health Services

| 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 |
| A-2 (d) Ashbury | | | | | | | | | | | |
| B-65 Adult Residential | 1,241 | | | | \$ 205.64 | \$ - | 0.000 | | 0.00% | 1,241.000 | \$ 255,199.24 |
| 60-78 Client Support Services | 1,241 | | | | \$ 74.28 | \$ - | 0.000 | | 0.00% | 1,241.000 | \$ 92,183.89 |
| 80-40 Room and Board | 1,241 | | | | \$ 17.01 | \$ - | 0.000 | | 0.00% | 1,241.000 | \$ 21,109.41 |
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| TOTAL | 3,723 | | 0.000 | | | | 0.000 | | 0.00% | 3,723.000 | \$ 368,602.54 |

| | |
|---------------------------------|-------------|
| 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:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory

Date

100

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

Appendix F
PAGE A

Control Number

Contractor: Progress Foundation
Address: 368 Fell St., San Francisco, CA 94102
Tel No.: (415) 861-0828
Fax No.:
Contract Term: 07/01/2010 - 06/30/2011
PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M03 JL 0
Ct.Blanket No.: BPHM TBD
Cl. PO No.: POHM TBD
Fund Source: General Fund
Invoice Period: July 2010
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/Replg. 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 |
| A - 2 (f) Dorine Loco House | | | | | | | | | | | | |
| 5-65 Adult Residential | 4,654 | | | | \$ 175.08 | \$ - | 0,000 | | 0.00% | | 4,654,000 | \$ 814,822.32 |
| 10-95 Rehab DTX - Full Day | 3,315 | | | | \$ 142.72 | \$ - | 0,000 | | 0.00% | | 3,315,000 | 473,116.80 |
| 60-40 Room and Board | 4,654 | | | | \$ 12.95 | \$ - | 0,000 | | 0.00% | | 4,654,000 | 60,269.30 |
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| | | | | | | | | | | | | |
| TOTAL | 12,623 | | 0,000 | | | | | 0,000 | 0.00% | | 12,623,000 | \$ 1,348,208.42 |

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:
DPH Fiscal/Invoice Processing
1380 Howard St. - 4th Floor
San Francisco, CA 94103

DPH Authorization for Payment

Authorized Signatory Date

Appendix G

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

Introduction

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

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

Dispute Resolution Procedure

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

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

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

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The

Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

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

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

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

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

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

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

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

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

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

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

As Measured by: Documentation showing individual was trained exists

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

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

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

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

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

As Measured by: Documentation exists.

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

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

Appendix I

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between, and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

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



P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2010

GROUP: 000488
POLICY NUMBER: 0000637-2010
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 04-01-2011
04-01-2010/04-01-2011

CITY & COUNTY OF SAN FRANCISCO NA
CMHS
1380 HOWARD ST #443
SAN FRANCISCO CA 94103

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or alter the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

James Neary
Authorized Representative

Douglas V Stewart
Interim President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2002 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

EMPLOYER

PROGRESS FOUNDATION (A NON-PROFIT CORP.) NA
368 FELL ST
SAN FRANCISCO CA 94102

PRODUCER
ERNEST BLOOMFIELD & ASSOCIATES
 REHABILITATION & RECOVERY INSURANCE AGENCY, INC.
 22 BATTERY STREET, SUITE 503
 SAN FRANCISCO, CA. 94111

Serial # 100378

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

| | |
|-----------|-------------------------------|
| COMPANY A | AMERICAN STATES INS. CO. |
| COMPANY B | FIRST NATIONAL INSURANCE CO. |
| COMPANY C | GENERAL INSURANCE CO. |
| COMPANY D | ZURICH/USA/FIDELITY & DEPOSIT |

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

COVERAGES

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

| CO LTR | TYPE OF INSURANCE | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS |
|---|---|------------------|----------------------------------|-----------------------------------|---------------------------------------|
| A | GENERAL LIABILITY | 01CH 568 907-40 | 6/30/10 | 6/30/11 | GENERAL AGGREGATE \$ 3,000,000 |
| | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY | | | | PRODUCTS - COMP/OP AGG \$ 3,000,000 |
| | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR | | | | PERSONAL & ADV INJURY \$ 1,000,000 |
| | <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT | | | | EACH OCCURRENCE \$ 1,000,000 |
| | | | | | FIRE DAMAGE (Any one fire) \$ 200,000 |
| | | | | | MED EXP (Any one person) \$ 10,000 |
| B | AUTOMOBILE LIABILITY | 01CH 568 712-40 | 6/30/10 | 6/30/11 | COMBINED SINGLE LIMIT \$ 1,000,000 |
| | <input checked="" type="checkbox"/> ANY AUTO | | | | BODILY INJURY (Per person) \$ |
| | <input type="checkbox"/> ALL OWNED AUTOS | | | | BODILY INJURY (Per accident) \$ |
| | <input checked="" type="checkbox"/> HIRED AUTOS | | | | PROPERTY DAMAGE \$ |
| <input checked="" type="checkbox"/> NON-OWNED AUTOS | | | | | |
| | GARAGE LIABILITY | | | | AUTO ONLY - EA ACCIDENT \$ |
| | <input type="checkbox"/> ANY AUTO | | | | OTHER THAN AUTO ONLY: |
| | | | | | EACH ACCIDENT \$ |
| | | | | | AGGREGATE \$ |
| | EXCESS LIABILITY | | | | EACH OCCURRENCE \$ |
| | <input type="checkbox"/> UMBRELLA FORM | | | | AGGREGATE \$ |
| | <input type="checkbox"/> OTHER THAN UMBRELLA FORM | | | | \$ |
| | WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY | | | | NO STATUTORY LIMITS OTHER |
| | THE PROPRIETOR/PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL | | | | EL EACH ACCIDENT \$ |
| | | | | | EL DISEASE - POLICY LIMIT \$ |
| | | | | | EL DISEASE - EA EMPLOYEE \$ |
| C D | PROFESSIONAL LIABILITY | HLP773 93 80C | 6/30/10 | 6/30/11 | \$1,000,000 OCC/\$3,000,000 AGG. |
| | EMPLOYEE DISHONESTY | 01CH 568 9072-40 | 6/30/10 | 6/30/11 | \$3,415,350/\$101,000 DEDUCTIBLE |

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER, ITS OFFICERS, AGENTS & EMPLOYEES ARE ADDITIONAL INSURED BUT ONLY AS RESPECTS TO THEIR INTEREST AS A FUNDING SOURCE FOR THE NAMED INSURED (SEE ATTACHED FORMS CG-2026 & CA7135).
 TEN DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

CERTIFICATE HOLDER

CITY & COUNTY OF SAN FRANCISCO
 COMMUNITY BEHAVIORAL HEALTH SERVICES
 1380 HOWARD STREET, 4TH FLOOR
 SAN FRANCISCO, CA 94103

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDORSE AND MAIL ~~30~~ **30** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

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) |
|--|
| City & County of San Francisco, Its Officers, Agents & Employees Community Behavioral Health Service 1380 Howard St., 4 th Floor San Francisco, CA 94103 |
| Information required to complete this Schedule, if not shown above, will be shown in the Declarations. |

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

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

INSURED: Progress Foundation, Inc.

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED

CA 71 35 12 93

This endorsement modifies insurance provided under the following:

- BUSINESS AUTO COVERAGE FORM
- GARAGE COVERAGE FORM
- MOTOR CARRIER COVERAGE FORM
- TRUCKERS COVERAGE FORM

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

| | |
|--|-----------------------------|
| Endorsement effective June 30, 2010 | Policy No. 01 CH 568 712-40 |
| Named Insured Progress Foundation, Inc. | Countersigned by |

(Authorized Representative)

| |
|--|
| Schedule |
| Name of Person or Organization: |
| City & County of San Francisco, Its Officers, Agents & Employees Community Behavioral Health Services 1380 Howard St., 4 th Floor San Francisco, CA 94103 |
| Premium: \$ INCLUDED |

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement)

- A. Under LIABILITY COVERAGE WHO IS AN INSURED is changed to include as an "insured" the person(s) or organization(s) shown in the Schedule, but only with respect to "bodily injury" or "property damage" resulting from the acts or omissions of:
 - 1. You;
 - 2. Any of your employees or agents;
 - 3. Any person, except the additional insured or any employee or agent of the additional insured, operating a covered "auto" with the permission of any of the above.
- B. The insurance afforded by this endorsement does not apply:
 - To "bodily injury" or "property damage" arising out of the sole negligence of the person(s) or organization(s) shown in the Schedule.

1 [Contract Approval - 18 Non-Profit Organizations and the University of California of San
2 Francisco - Behavioral Health Services - \$674,388,406]

3 **Resolution retroactively approving \$674,388,406 in contracts between the Department**
4 **of Public Health and 18 non-profit organizations and the University of California at San**
5 **Francisco, to provide behavioral health services for the period of July 1, 2010 through**
6 **December 31, 2015.**

7
8 WHEREAS, The Department of Public Health has been charged with providing needed
9 behavioral health services to residents of San Francisco; and,

10 WHEREAS, The Department of Public Health has conducted Requests for Proposals
11 or has obtained appropriate approvals for sole source contracts to provide these services; and

12 WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
13 million to be approved by the Board of Supervisors; and

14 WHEREAS, Contracts with providers will exceed \$10 million for a total of
15 \$674,388,406, as follows:

16 Alternative Family Services, \$11,057,200;

17 Asian American Recovery Services, \$11,025,858;

18 Baker Places, \$69,445,722;

19 Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;

20 Central City Hospitality House, \$15,923,347;

21 Community Awareness and Treatment Services (CATS), \$12,464,714;

22 Community Vocational Enterprises (CVE), \$9,705,509;

23 Conard House, \$37,192,197;

24 Edgewood Center for Children and Families, \$29,109,089;

25 Family Service Agency, \$45,483,140;

- 1 Hyde Street Community Service, \$17,162,210;
- 2 Instituto Familiar de la Raza, \$14,219,161;
- 3 Progress Foundation, \$92,018,333;
- 4 Richmond Area Multi-Services, \$34,773,853;
- 5 San Francisco Study Center, \$11,016,593;
- 6 Seneca Center, \$63,495,327;
- 7 Walden House, \$54,256,546;
- 8 Westside Community Mental Health Center, \$43,683,160;
- 9 Regents of the University of California, \$74,904,591; and


10 WHEREAS, The Department of Public Health estimates that the annual payment of
11 some contracts may be increased over the original contract amount, as additional funds
12 become available between July 2010 and the end of the contract term; now, be it

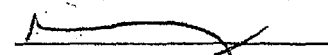
13 RESOLVED, That the Board of Supervisors hereby retroactively approves these
14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby authorizes the Director
16 of the Department of Public Health and the Purchaser, on behalf of the City and County of
17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it

18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of
19 Public Health to submit a report each June with increases over the original contract amount,
20 as additional funds become available during the term of contracts.

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RECOMMENDED:

Mitchell Katz, M.D.
Director of Health

APPROVED:

Mark Morewitz, Secretary to the
Health Commission



City and County of San Francisco
Tails
Resolution

City Hall
1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.

Angela Calvillo
Clerk of the Board

Mayor Gavin Newsom

December 8, 2010

Date Approved

October 05, 201

5

Progress Foundation

\$120,991,077

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

| | |
|--|--|
| City Elective Officer Information <i>(Please print clearly.)</i> | |
| Name of City elective officer(s): Members, Board of Supervisors | City elective office(s) held: Members, Board of Supervisors |
| Contractor Information <i>(Please print clearly.)</i> | |
| Name of contractor: PROGRESS FOUNDATION | |
| <p><i>Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.</i></p> <p>(1) Scot Russell, Lee Aurich, Bob Schindewolf, Seth Katzman, Marty Winter, Karen Wenger, Neil Dickman, Maggie Cimino (2) Steve Fields CEO, Neil Dickman acting COO (3) N/A (4) N/A (5) N/A</p> | |
| Contractor address: 368 FELL STREET, SAN FRANCISCO, CA 94102 | |
| Date that contract was approved: | Amount of contract: Not to exceed \$120,991,077 |
| Describe the nature of the contract that was approved: Progress Foundation provides individuals who are disabled due to mental illness with treatment alternatives to institutional placement. We are a private, non-profit mental health agency operating in San Francisco, Napa and Sonoma Counties. The primary treatment philosophy of Progress Foundation is described by the Principles of Social Rehabilitation, which emphasize the role of a home-like treatment environment, the importance of building honorable therapeutic relationships and the significance of encouraging the active participation of the client in his or her own treatment planning. | |
| Comments: | |

This contract was approved by (check applicable):

the City elective officer(s) identified on this form

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

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

Print Name of Board

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

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

Date Signed

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

Date Signed

