

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

**First Amendment**

THIS AMENDMENT (this "Amendment") is made as of **April 3, 2014**, in San Francisco, California, by and between **HealthRIGHT360** ("Contractor"), and the City and County of San Francisco, a municipal corporation ("City"), acting by and through its Director of the Office of Contract Administration.

**RECITALS**

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

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

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

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

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

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

<b>First amendment</b>	<b>this amendment</b>
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**b. Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

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

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

**2. Term of the Agreement.**

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

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

**2. Term of the Agreement.**

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

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

**. 5. Compensation.**

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Nine Million Seven Hundred Thousand Four Hundred Ninety Five Dollars (\$9,700,495)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

**5. Compensation.**

Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed **Seventy One Million Two Hundred Sixty Thousand Nine Hundred Thirteen Dollars (\$71,260,913)**. The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

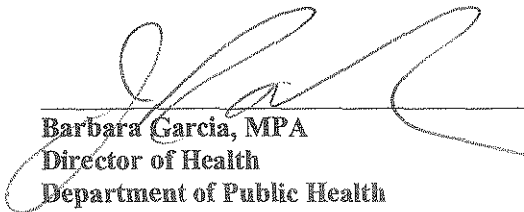
**3. Effective Date.** Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.

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

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

**CITY**

Recommended by:

  
Barbara Garcia, MPA  
Director of Health  
Department of Public Health

**CONTRACTOR**

HealthRIGHT360

  
Vitka Eisen, MSW, EdD  
Chief Executive Director

City vendor number: 08817

Approved as to Form:

Dennis J. Herrera  
City Attorney

By:

  
Kathy Murphy  
Deputy City Attorney

6/23/14

Approved:

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



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

**1. Terms**

**A. Contract Administrator:**

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

**B. Reports:**

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

**C. Evaluation:**

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

**D. Possession of Licenses/Permits:**

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

**E. Adequate Resources:**

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

**F. Admission Policy:**

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

**G. San Francisco Residents Only:**

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

**H. Grievance Procedure:**

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by Federal, state or City laws or regulations to be billed to the client, client's family, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. CBHS Electronic Health Records System

Treatment Service Providers use the CBHS Electronic Health Records System and follow data reporting procedures set forth by SFDPH Information Technology (IT), CBHS Quality Management and CBHS Program Administration.

N. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

O. Under-Utilization Reports:

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

P Quality Improvement:

CONTRACTOR agrees to develop and implement a Quality Improvement Plan based on internal standards established by CONTRACTOR applicable to the SERVICES as follows:

- (1) Staff evaluations completed on an annual basis.
- (2) Personnel policies and procedures in place, reviewed and updated annually.
- (3) Board Review of Quality Improvement Plan.

Q. Working Trial Balance with Year-End Cost Report

If CONTRACTOR is a Non-Hospital Provider as defined in the State of California Department of Mental Health Cost Reporting Data Collection Manual, it agrees to submit a working trial balance with the year-end cost report.

R. Harm Reduction

The program has a written internal Harm Reduction Policy that includes the guiding principles per Resolution # 10-00 810611 of the San Francisco Department of Public Health Commission.

S. Compliance with Community Behavioral Health Services Policies and Procedures

In the provision of SERVICES under CBHS contracts, CONTRACTOR shall follow all applicable policies and procedures established for contractors by CBHS, as applicable, and shall keep itself duly informed of such policies. Lack of knowledge of such policies and procedures shall not be an allowable reason for noncompliance.

T. Fire Clearance

Space owned, leased or operated by San Francisco Department of Public Health providers, including satellite sites, and used by CLIENTS or STAFF shall meet local fire codes. Providers shall undergo fire safety inspections at least every three (3) years and documentation of fire safety, or corrections of any deficiencies, shall be made available to reviewers upon request."

## 2. Description of Services

Detailed description of services are listed below and are attached hereto

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

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## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

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

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.



## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New      ☐ Renewal      ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and CBHS.

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

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

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.

## 1. Contractor and Program Identification

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

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

## 2. Nature of Document (check one)

☒ New ☐ Renewal ☐ Modification

## 3. Goal Statement

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

## 4. Target Population

As an administrative modality, there is no target population.

## 5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

## 6. Methodology

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

## 7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

## 8. Continuous Quality Improvement

Contract evaluation is the joint responsibility of HR360 and DPH.



## Appendix B Calculation of Charges

### 1. Method of Payment

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

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

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

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

### B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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





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

CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1, 2014 through March 31, 2015 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

## 2. Program Budgets and Final Invoice

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

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

## B. *COMPENSATION*

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed **Seventy One Million Two Hundred Sixty Thousand Nine Hundred Thirteen Dollars (\$71,260,913)** for the period of January 1, 2014 through December 31, 2018.

CONTRACTOR understands that, of this maximum dollar obligation, \$7,635,098 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.



(1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the **No table of figures entries found**. create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.

(2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, not withstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

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

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

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

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

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

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



**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number: 00348			Prepared By/Phone #: Paul Kroger / 415-918-1820				Fiscal Year: 14-15	
Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)			Document Date: 7/1/14					
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	
Program Name	CBHS CYF Care Management	CBHS CYF Family Mosaic Project	CBHS CYF Fostercare Migration	CBHS CYF SPMP Fostercare	CBHS MH FI Services	CBHS SA FI Services	CBHS Drug Court Treatment Center	
Provider Number	00038	00038	00038	00038	00038	383800	383804	
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
FUNDING USES								
Salaries & Employee Benefits	639,318	150,919	211,754	582,116	703,152	257,710	816,858	
Operating Expenses	28,943	10,840	14,452	5,400	3,600	340,151	342,000	
Capital Expenses	-	-	-	-	-	-	-	
Subtotal Direct Expenses	668,261	161,759	226,206	587,516	706,752	597,861	1,158,858	
Indirect Expenses	73,509	17,793	24,884	64,626	77,744	65,765	127,474	
Indirect %	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	
TOTAL FUNDING USES	741,770	179,552	251,090	652,142	784,496	663,626	1,286,332	
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS						
MH COUNTY - General Fund	-	HMMHCC730515	-	-	-	606,668	-	
MH FED - SAHMSA PBHCl Grant	93,243	HMA03-1500	-	-	-	-	-	
MH STATE - MHSA CSS Project	-	PMHS63-1507	-	-	-	152,828	-	
MH STATE - MHSA WDET Project	-	PMHS63-1508	100,000	-	-	25,000	-	
MH STATE - Family Mosaic Capitated	-	HMMHCP8828CH	-	95,000	-	-	-	
MH COUNTY - General Fund CYF	-	HMMHCP751594	387,480	84,552	-	-	-	
MH WORK ORDER - HSA Childcare	-	HMMHCHCDHSWO	26,050	-	-	-	-	
MH WORK ORDER - HSA Fostercare	-	HMMHCHFOSTWO	-	251,090	-	-	-	
MH WORK ORDER - HSA SPMP Fostercare	-	HMMHCHSPMPWO	-	-	524,088	-	-	
MH WORK ORDER - HSA GF Match	-	HMMHCHMTCHWO	-	-	128,054	-	-	
MH WORK ORDER - SFCFC First Five	-	HMMHCHPTINWO	108,682	-	-	-	-	
MH STATE - SAMHSA FMP Grant	93,958	HMM007-1502	119,558	-	-	-	-	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			741,770	179,552	251,090	652,142	784,496	
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS						
SA STATE - PSR Drug Court	-	HMHSCCRES227	-	-	-	-	688,482	
SA COUNTY - General Fund	-	HMHSCCRES227	-	-	-	587,116	597,850	
SA GRANT - Fed SAMHSA MAI	93,243	HCSA10-1500	-	-	-	-	-	
SA GRANT - Fed SAMHSA MAI	93,243	HCSA10-1501	-	-	-	-	-	
SA GRANT - Fed SAMHSA MAI	93,243	HCSA10-1502	-	-	-	-	-	
SA STATE - SACPA Project	-	HMHSPROP36	-	-	-	-	-	
SA WORK ORDER - HSA Children's Program	-	HMHSDIFFERWO	-	-	-	76,510	-	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			-	-	-	663,626	1,286,332	
OTHER DPH FUNDING SOURCES	CFDA	FAMIS						
Community Health - CRN Work Order	-	HCHCCHCCRNWO	-	-	-	-	-	
COPC - Central Admin General Fund	-	HCHAPADMINGF	-	-	-	-	-	
COPC - Tom Waddell General Fund	-	HCHAPTWC-GF	-	-	-	-	-	
COPC - Salesforce.com Grant	-	HCGSAL-1500	-	-	-	-	-	
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	-	-	
TOTAL DPH FUNDING SOURCES			741,770	179,552	251,090	652,142	784,496	
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			741,770	179,552	251,090	652,142	784,496	
						663,626	1,286,332	

**DPH 1: Department of Public Health Contract Budget Summary**

DHCS Legal Entity Number: 00348			Prepared By/Phone #: Paul Kroger / 415-918-1820				Fiscal Year: 14-15	
Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)							Document Date: 7/1/14	
Appendix Number	B-8	B-9	B-10	B-11	B-12	B-13	TOTAL	
Program Name	CBHS Behavioral Health Access Center	Project Homeless Connect	Minority AIDS Initiative	Primary & Behavioral Health Care Integration	COPC FI Services	SF Street Violence Intervention Program		
Provider Number	383800	383800	383800	00038	n/a	n/a		
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15	9/30/14-9/29/15	9/1/14-8/31/15	7/1/14-6/30/15	7/1/14-6/30/15		
FUNDING USES								
Salaries & Employee Benefits	693,990	859,648	884,700	195,317	179,403	1,747,515	7,922,400	
Operating Expenses	38,500	17,420	-	59,567	301,802	584,955	1,747,630	
Capital Expenses	-	-	-	-	-	-	-	
Subtotal Direct Expenses	732,490	877,068	884,700	254,884	481,205	2,332,470	9,670,030	
Indirect Expenses	80,574	96,478	97,317	28,037	52,931	256,570	1,063,702	
Indirect %	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	11.00%	
TOTAL FUNDING USES	813,064	973,546	982,017	282,921	534,136	2,589,040	10,733,732	
CBHS MENTAL HEALTH FUNDING SOURCES	CFDA	FAMIS						
MH COUNTY - General Fund	-	HMHMCC730515	-	-	-	-	606,668	
MH FED - SAMHSA PBHCI Grant	93.243	HMAD03-1500	-	-	282,921	-	282,921	
MH STATE - MHSA CSS Project	-	PMHS63-1507	-	-	-	-	152,828	
MH STATE - MHSA WDET Project	-	PMHS63-1508	-	-	-	-	125,000	
MH STATE - Family Mosaic Capitalated	-	HMHMCP8828CH	-	-	-	-	95,000	
MH COUNTY - General Fund CYF	-	HMMHCP751594	-	-	-	-	472,032	
MH WORK ORDER - HSA Childcare	-	HMHMCHCDHSWO	-	-	-	-	26,050	
MH WORK ORDER - HSA Fostercare	-	HMHMCHFOSTWO	-	-	-	-	251,090	
MH WORK ORDER - HSA SPMP Fostercare	-	HMHMCHSPMPWO	-	-	-	-	524,088	
MH WORK ORDER - HSA GF Match	-	HMHMCHMTCHWO	-	-	-	-	128,054	
MH WORK ORDER - SFCFC First Five	-	HMHMCHPTINWO	-	-	-	-	108,682	
MH STATE - SAMHSA FMP Grant	93.958	HMM007-1502	-	-	-	-	119,558	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			-	-	282,921	-	2,891,971	
CBHS SUBSTANCE ABUSE FUNDING SOURCES	CFDA	FAMIS						
SA STATE - PSR Drug Court	-	HMHSCCRES227	-	-	-	-	688,482	
SA COUNTY - General Fund	-	HMHSCCRES227	559,100	973,546	-	-	2,717,612	
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1500	-	792,198	-	-	792,198	
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1501	-	136,375	-	-	136,375	
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1502	-	53,444	-	-	53,444	
SA STATE - SACPA Project	-	HMHSPROP36	253,964	-	-	-	253,964	
SA WORK ORDER - HSA Children's Program	-	HMHSDIFFERWO	-	-	-	-	76,510	
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES			813,064	973,546	982,017	-	4,718,585	
OTHER DPH FUNDING SOURCES	CFDA	FAMIS						
Community Health - CRN Work Order	-	HCHCCHCCRNWO	-	-	-	2,589,040	2,589,040	
COPC - Central Admin General Fund	-	HCHAPADMINGF	-	-	-	300,000	300,000	
COPC - Tom Waddell General Fund	-	HCHAPTWC--GF	-	-	-	35,000	35,000	
COPC - Salesforce.com Grant	-	HCGSAL-1500	-	-	-	199,136	199,136	
TOTAL OTHER DPH FUNDING SOURCES			-	-	-	534,136	3,123,176	
TOTAL DPH FUNDING SOURCES			813,064	973,546	982,017	534,136	10,733,732	
NON-DPH FUNDING SOURCES								
TOTAL NON-DPH FUNDING SOURCES			-	-	-	-	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			813,064	973,546	982,017	534,136	10,733,732	

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)						Contract Appendix #:	B-1
Provider/Program Name: CBHS CYF Care Management						Document Date:	7/1/14
Provider Number: 00038						Fiscal Year:	14-15
Program Name	CBHS CYF Care Management	CBHS CYF Care Management	CBHS CYF Care Management	CBHS CYF Care Management	CBHS CYF Care Management		
Program Code (formerly Reporting Unit)	38CX	38CX	38CX	38CX	38CX		
Mode/SFC (MH) or Modality (SA)	60/78	60/78	60/78	60/78	60/78		
Service Description	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp		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	7/1/14-6/30/15		7/1/14-6/30/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits	337,128	104,937	22,550	84,612	90,091		639,318
Operating Expenses	11,952	2,773	918	13,300	-		28,943
Capital Expenses (greater than \$5,000)	-	-	-	-	-		-
Subtotal Direct Expenses	349,080	107,710	23,468	97,912	90,091		668,261
Indirect Expenses	38,400	11,848	2,582	10,770	9,909		73,509
<b>TOTAL FUNDING USES</b>	<b>387,480</b>	<b>119,558</b>	<b>26,050</b>	<b>108,682</b>	<b>100,000</b>		<b>741,770</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
MH STATE - MHSA WDET Project	-	PMHS63-1508			100,000		100,000
MH COUNTY - General Fund CYF	-	HMMHCP751594	387,480				387,480
MH WORK ORDER - HSA Childcare	-	HMMHCHCDHSWO		26,050			26,050
MH WORK ORDER - SFCFC First Five	-	HMMHCHPTINWO			108,682		108,682
MH STATE - SAMHSA FMP Grant	93.958	HMM007-1502		119,558			119,558
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>387,480</b>	<b>119,558</b>	<b>26,050</b>	<b>108,682</b>	<b>741,770</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL DPH FUNDING SOURCES</b>			<b>387,480</b>	<b>119,558</b>	<b>26,050</b>	<b>108,682</b>	<b>741,770</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>							
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>387,480</b>	<b>119,558</b>	<b>26,050</b>	<b>108,682</b>	<b>741,770</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	CR	CR	CR		
Units of Service	4,812	1,426	322	920	920		
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	80.52	83.84	80.90	118.13	108.70		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	80.52	83.84	80.90	118.13	108.70		
Published Rate (Medi-Cal Providers Only)	-	-	-	-	-		Total UDC:
Unduplicated Clients (UDC)	0	0	0	0	0		0

### DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Care Management

Document Date: 7/1/14Appendix #: B-1

	<b>TOTAL</b>		<b>General Fund HMMHCP751594</b>		<b>SAMHSA FMP Grant HMM007-1502</b>		<b>HSA Childcare Work Order HMMCHCDHSWO</b>		<b>SFCJC First Five Work Order HMMCHCPTINWO</b>		<b>MHSA WDET Project PMHS63-1508</b>	
	<b>Term: 7/1/14-6/30/15</b>		<b>Term: 7/1/14-6/30/15</b>		<b>Term: 7/1/14-6/30/15</b>		<b>Term: 7/1/14-6/30/15</b>		<b>Term: 7/1/14-6/30/15</b>		<b>Term: 7/1/14-6/30/15</b>	
<b>Position Title</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>	<b>FTE</b>	<b>Salaries</b>
Administrative Analyst	1.00	50,256	0.65	32,666			0.35	17,590				
Administrative Assistant	1.00	30,710	1.00	30,710								
Clerk Typist/ Receptionist	1.00	31,640	1.00	31,640								
Inpatient Discharge Coordinator	1.00	54,540	1.00	54,540								
Mental Health Case Manager (TBS)	0.75	53,084	0.75	53,084								
Secretary	1.00	65,888	0.45	29,650	0.55	36,238						
Senior Administrative Assistant	1.00	45,616			1.00	45,616						
Trainer (Title IV E)	0.38	30,680	0.38	30,680								
Parent Training Institute Coordinator	1.00	66,000							1.00	66,000		
Trauma Informed System Project Coordinator	1.00	70,274									1.00	70,274
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
<b>Totals:</b>	<b>9.13</b>	<b>498,688</b>	<b>5.23</b>	<b>262,970</b>	<b>1.55</b>	<b>81,854</b>	<b>0.35</b>	<b>17,590</b>	<b>1.00</b>	<b>66,000</b>	<b>1.00</b>	<b>70,274</b>

Employee Fringe Benefits:	28.2%	140,630	28.2%	74,158	28.2%	23,083	28.2%	4,960	28.2%	18,612	28.2%	19,817
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TOTAL SALARIES &amp; BENEFITS

639,318

337,128

104,937

22,550

84,612

90,091



# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-1

Program Name: CBHS CYF Care Management

Document Date: 7/1/14

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

TOTAL OPERATING EXPENSE

28,943

11,952

2,773

918

13,300

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)				Contract Appendix #: B-2	
Provider/Program Name: CBHS CYF Family Mosaic Project				Document Date: 7/1/14	
Provider Number: 00038				Fiscal Year: 14-15	
Program Name	CBHS CYF Family Mosaic Project	CBHS CYF Family Mosaic Project			
Program Code (formerly Reporting Unit)	8957	8957			
Mode/SFC (MH) or Modality (SA)	60/78	60/78			
Service Description	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp			
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15			<b>TOTAL</b> 7/1/14-6/30/15
<b>FUNDING USES</b>					
Salaries & Employee Benefits	72,584	78,335			150,919
Operating Expenses	3,589	7,251			10,840
Capital Expenses (greater than \$5,000)	-	-			-
Subtotal Direct Expenses	76,173	85,586	-	-	161,759
Indirect Expenses	8,379	9,414			17,793
<b>TOTAL FUNDING USES</b>	<b>84,552</b>	<b>95,000</b>	-	-	<b>179,552</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>			
MH STATE - Family Mosaic Capitated	-	HMMHCP8828CH	95,000		95,000
MH COUNTY - General Fund CYF	-	HMMHCP751594	84,552		84,552
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>84,552</b>	<b>95,000</b>	<b>179,552</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-
<b>OTHER DPH FUNDING SOURCES</b>					
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>84,552</b>	<b>95,000</b>	<b>179,552</b>
<b>NON-DPH FUNDING SOURCES</b>					
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>84,552</b>	<b>95,000</b>	<b>179,552</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR			
Units of Service	1,104	920			
Unit Type	Staff Hour	Staff Hour			
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	76.59	103.26			
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	76.59	103.26			
Published Rate (Medi-Cal Providers Only)	-	-			Total UDC:
Unduplicated Clients (UDC)	0	0			0

### DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF Family Mosaic Project

Document Date: 7/1/14

Appendix #: B-2

	TOTAL		General Fund HMMHCP751594		Capitated Medi-Cal HMMHCP8828CH							
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Business Office Administrator	1.00	61,104			1.00	61,104						
Family Advocates	1.00	47,570	1.00	47,570								
Contract/Provider Relations Assistant	0.20	9,048	0.20	9,048								
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Totals:	2.20	117,722	1.20	56,618	1.00	61,104	-	-	-	-	-	-

[illegible]

TOTAL SALARIES &amp; BENEFITS

150,919

72,584

78,335

1

1

# DPH 4: Operating Expenses Detail

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

Appendix #: B-2

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

TOTAL OPERATING EXPENSE

10,840

3,589

7,251

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)				Contract Appendix #: B-3			
Provider/Program Name: CBHS CYF Fostercare Migration				Document Date: 7/1/14			
Provider Number: 00038				Fiscal Year: 14-15			
Program Name	CBHS CYF Fostercare Migration						
Program Code (formerly Reporting Unit)	8997						
Mode/SFC (MH) or Modality (SA)	60/78						
Service Description	Other Non-MediCal Client Support Exp						TOTAL
FUNDING TERM	7/1/14-6/30/15						7/1/14-6/30/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits	211,754						211,754
Operating Expenses	14,452						14,452
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	226,206	-	-	-	-	-	226,206
Indirect Expenses	24,884						24,884
<b>TOTAL FUNDING USES</b>	<b>251,090</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>251,090</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
MH WORK ORDER - HSA Fostercare	-	HMHMCHFOSTWO	251,090				251,090
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>251,090</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>251,090</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>OTHER DPH FUNDING SOURCES</b>							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL DPH FUNDING SOURCES</b>			<b>251,090</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>251,090</b>
<b>NON-DPH FUNDING SOURCES</b>							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>251,090</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>251,090</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	3,864						
Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	64.98						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	64.98						
Published Rate (Medi-Cal Providers Only)	-						Total UDC:
Unduplicated Clients (UDC)	0						0

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-3

Program Name: CBHS CYF Fostercare Migration

Document Date: 7/1/14

	TOTAL		HSA Fostercare WO HMHMCHFOSTWO									
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Administrative Assistant	1.00	42,588	1.00	42,588								
Clinical Case Manager	1.20	64,743	1.20	64,743								
Receptionist	1.00	27,907	1.00	27,907								
Receptionist	1.00	29,937	1.00	29,937								
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Employee Fringe Benefits:	28.2%	46,579	28.2%	46,579								
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TOTAL SALARIES & BENEFITS

211,754

211,754

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-3

Program Name: CBHS CYF Fostercare Migration

Document Date: 7/1/14

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

TOTAL OPERATING EXPENSE

14,452

14,452

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)				Contract Appendix #: B-4	
Provider/Program Name: CBHS CYF SPMP Fostercare				Document Date: 7/1/14	
Provider Number: 00038				Fiscal Year: 14-15	
Program Name	CBHS CYF SPMP Fostercare	CBHS CYF SPMP Fostercare			
Program Code (formerly Reporting Unit)	8997	8997			
Mode/SFC (MH) or Modality (SA)	60/78	60/78			
Service Description	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp			
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15			TOTAL 7/1/14-6/30/15
<b>FUNDING USES</b>					
Salaries & Employee Benefits	466,751	115,365			582,116
Operating Expenses	5,400	-			5,400
Capital Expenses (greater than \$5,000)	-	-			-
Subtotal Direct Expenses	472,151	115,365	-	-	587,516
Indirect Expenses	51,937	12,689			64,626
<b>TOTAL FUNDING USES</b>	<b>524,088</b>	<b>128,054</b>	-	-	<b>652,142</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>			
MH WORK ORDER - HSA SPMP Fostercare	-	HMHMCHSPMPWO	524,088		524,088
MH WORK ORDER - HSA GF Match	-	HMHMCHMTCHWO		128,054	128,054
					-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>524,088</b>	<b>128,054</b>	<b>652,142</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>					
					-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-
<b>OTHER DPH FUNDING SOURCES</b>					
					-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>524,088</b>	<b>128,054</b>	<b>652,142</b>
<b>NON-DPH FUNDING SOURCES</b>					
					-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>524,088</b>	<b>128,054</b>	<b>652,142</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>					
Number of Beds Purchased (if applicable)					
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)					
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program					
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR	CR		
Units of Service		5,520	920		
Unit Type		Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		94.94	139.19		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		94.94	139.19		
Published Rate (Medi-Cal Providers Only)		-	-		Total UDC:
Unduplicated Clients (UDC)		0	0		0



DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-4

Program Name: CBHS CYF SPMP Fostercare

Document Date: 7/1/14

	TOTAL		HSA SPMP FosterCare Work Order HMHMCHSPMPWO		HSA Children's Match Work Order HMHMCHMTCHWO							
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	1.00	58,459	1.00	58,459								
Case Manager	1.00	58,459	1.00	58,459								
Clinician	1.00	58,460	1.00	58,460								
Clinician	1.00	53,712	1.00	53,712								
Clinician (CANS)	1.00	62,179	1.00	62,179								
Early Childhood Senior Community Coordinator	1.00	89,988			1.00	89,988						
Psychologist	1.00	72,811	1.00	72,811								
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Employee Fringe Benefits:	28.2%	128,048	28.2%	102,671	28.2%	25,377						
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TOTAL SALARIES & BENEFITS

582,116

466,751

115,365

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-4

Program Name: CBHS CYF SPMP Fostercare

Document Date: 7/1/14

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

TOTAL OPERATING EXPENSE

5,400

5,400

-

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)						Contract Appendix #: B-5	
Provider/Program Name: CBHS MH FI Services						Document Date: 7/1/14	
Provider Number: 00038						Fiscal Year: 14-15	
Program Name	MH Administration	Sunnydale Community Facility	Medi-Cal Billing Clerks	DPH HSA Health Worker Pilot Project	MH Administration	Information Technology	SF Community Response Network
Program Code (formerly Reporting Unit)	n/a	n/a	n/a	n/a	n/a	n/a	n/a
Mode/SFC (MH) or Modality (SA)	60/78	60/78	60/78	60/78	40/00	40/00	40/00
Service Description	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	Other Non-MediCal Client Support Exp	MHSA Administration	MHSA Administration	MHSA Administration
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	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits	124,607	83,293	298,770	36,278	110,655	27,027	22,522
Operating Expenses	3,600	-	-	-	-	-	-
Capital Expenses (greater than \$5,000)	-	-	-	-	-	-	-
Subtotal Direct Expenses	128,207	83,293	298,770	36,278	110,655	27,027	22,522
Indirect Expenses	14,103	9,163	32,864	3,990	12,173	2,973	2,478
<b>TOTAL FUNDING USES</b>	<b>142,310</b>	<b>92,456</b>	<b>331,634</b>	<b>40,268</b>	<b>122,828</b>	<b>30,000</b>	<b>25,000</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
MH COUNTY - General Fund	-	HMHMCC730515	142,310	92,456	331,634	40,268	
MH STATE - MHSA CSS Project	-	PMHS63-1507				122,828	30,000
MH STATE - MHSA WDET Project	-	PMHS63-1508					25,000
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>142,310</b>	<b>92,456</b>	<b>331,634</b>	<b>40,268</b>	<b>122,828</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>							
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>142,310</b>	<b>92,456</b>	<b>331,634</b>	<b>40,268</b>	<b>122,828</b>
<b>NON-DPH FUNDING SOURCES</b>							
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>142,310</b>	<b>92,456</b>	<b>331,634</b>	<b>40,268</b>	<b>122,828</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR	CR	CR	CR	CR	CR
Units of Service	1,656	920	5,520	736	920	460	230
Unit Type	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	85.94	100.50	60.08	54.71	133.51	65.22	108.70
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	85.94	100.50	60.08	54.71	133.51	65.22	108.70
Published Rate (Medi-Cal Providers Only)	-	-	-	-	-	-	-
Unduplicated Clients (UDC)	0	0	0	0	0	0	0
							<b>Total UDC:</b>
							<b>0</b>

### DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-5

Program Name: CBHS MH FI Services

Document Date: 7/1/14

	TOTAL		MH Administration General Fund HMHMCC730515		Sunnydale Community Facility General Fund HMHMCC730515		Medi-Cal Billing Clerks General Fund HMHMCC730515		DPH HSA Health Worker Pilot Project General Fund HMHMCC730515		MH Administration MHSA CSS PMHS63-1507		Information Technology MHSA CSS PMHS63-1507		SF Community Response Network MHSA WDET PMHS63-1508	
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Health Information Technician	1.80	97,197	1.80	97,197												
Community Facility Manager	1.00	64,971			1.00	64,971										
Consumer Employment Manager	1.00	86,314									1.00	86,314				
Programmer Analyst	1.00	21,082											1.00	21,082		
Medi-Cal Billing Clerks	6.00	233,050					6.00	233,050								
Public Service Aide/Program Coordinator	0.80	28,298							0.80	28,298						
SPI Staff	0.25	17,568													0.25	17,568
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Employee Fringe Benefits:	28.2%	154,672	28.2%	27,410	28.2%	18,322	28.2%	65,720	28.2%	7,980	28.2%	24,341	28.2%	5,945	28.2%	4,954
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**TOTAL SALARIES & BENEFITS**

**703,152**

124,607

83,293

298,770

36,278

110,655

27,027

22,522

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix # B-5

Program Name: CBHS MH FI Services

Document Date: 7/1/14

Expenditure Category	TOTAL	MH Administration General Fund HMHMCC730515	Sunnydale Community Facility General Fund HMHMCC730515	Medi-Cal Billing Clerks General Fund HMHMCC730515	DPH HSA Health Worker Pilot Project General Fund HMHMCC730515	MH Administration MHSA CSS PMHS63-1507	Information Technology MHSA CSS PMHS63-1507	SF Community Response Network MHSA WDET PMHS63-1508
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15
<b>Occupancy:</b>	-	-	-	-	-	-	-	-
Rent	-	-	-	-	-	-	-	-
Utilities (Telephone, Electricity, Water, Gas)	-	-	-	-	-	-	-	-
Building Repair/Maintenance	-	-	-	-	-	-	-	-
<b>Materials &amp; Supplies:</b>	-	-	-	-	-	-	-	-
Office Supplies	-	-	-	-	-	-	-	-
Photocopying	-	-	-	-	-	-	-	-
Printing	-	-	-	-	-	-	-	-
Program Supplies	1,200	1,200	-	-	-	-	-	-
Computer Hardware/Software	-	-	-	-	-	-	-	-
<b>General Operating:</b>	-	-	-	-	-	-	-	-
Training/Staff Development	1,200	1,200	-	-	-	-	-	-
Insurance	-	-	-	-	-	-	-	-
Professional License	-	-	-	-	-	-	-	-
Permits	-	-	-	-	-	-	-	-
Equipment Lease & Maintenance	-	-	-	-	-	-	-	-
<b>Staff Travel:</b>	-	-	-	-	-	-	-	-
Local Travel	1,200	1,200	-	-	-	-	-	-
Out-of-Town Travel	-	-	-	-	-	-	-	-
Field Expenses	-	-	-	-	-	-	-	-
<b>Consultant/Subcontractor:</b>	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
<b>Other:</b>	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-

TOTAL OPERATING EXPENSE

3,600

3,600

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)						Contract Appendix #: B-6		
Provider/Program Name: CBHS SA FI Services						Document Date: 7/1/14		
Provider Number: 383800						Fiscal Year: 14-15		
Program Name	Methadone Van Parking	OBOT Services	Quality Mgmt - Consumer Specialist	Quality Mgmt - Data Manager	Training	Children's Program		
Program Code (formerly Reporting Unit)	n/a	n/a	n/a	n/a	n/a	n/a		
Mode/SFC (MH) or Modality (SA)	Supt-00	Supt-00	Supt-01	Supt-01	Supt-00	Supt-00		
Service Description	SA-County Support	SA-County Support	SA-Support QA's	SA-Support QA's	SA-County Support	SA-County Support	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	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	
<b>FUNDING USES</b>								
Salaries & Employee Benefits	-	-	101,890	98,292	-	57,528	257,710	
Operating Expenses	55,034	32,384	31,800	-	209,533	11,400	340,151	
Capital Expenses (greater than \$5,000)	-	-	-	-	-	-	-	
Subtotal Direct Expenses	55,034	32,384	133,690	98,292	209,533	68,928	597,861	
Indirect Expenses	6,054	3,562	14,706	10,812	23,049	7,582	65,765	
<b>TOTAL FUNDING USES</b>	<b>61,088</b>	<b>35,946</b>	<b>148,396</b>	<b>109,104</b>	<b>232,582</b>	<b>76,510</b>	<b>663,626</b>	
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>								
							-	
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-	
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCE</b>								
	CFDA	FAMIS						
SA COUNTY - General Fund	-	HMHSCCRES227	61,088	35,946	148,396	109,104	232,582	587,116
SA WORK ORDER - HSA Children's Program	-	HMHSDIFFERWO					76,510	76,510
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			61,088	35,946	148,396	109,104	232,582	663,626
<b>OTHER DPH FUNDING SOURCES</b>								
							-	
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-	
<b>TOTAL DPH FUNDING SOURCES</b>			61,088	35,946	148,396	109,104	232,582	663,626
<b>NON-DPH FUNDING SOURCES</b>								
							-	
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-	
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			61,088	35,946	148,396	109,104	232,582	663,626
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>								
Number of Beds Purchased (if applicable)								
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)								
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program								
Cost Reimbursement (CR) or Fee-For-Service (FFS)								
Units of Service	CR	CR	CR	CR	CR	CR		
	6	138	920	920	1,380	920		
Unit Type	Months	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	10,181.33	260.48	161.30	118.59	168.54	83.16		
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	10,181.33	260.48	161.30	118.59	168.54	83.16		
Published Rate (Medi-Cal Providers Only)	-	-	-	-	-	-	Total UDC:	
Unduplicated Clients (UDC)	0	0	0	0	0	0	460	

**DPH 3: Salaries & Benefits Detail**

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-6

Program Name: CBHS SA FI Services

Document Date: 7/1/14

	TOTAL		Methadone Van Parking General Fund HMHSCCRES227		OBOT Services General Fund HMHSCCRES227		Quality Management - Consumer Specialist General Fund HMHSCCRES227		Quality Management - Data Manager General Fund HMHSCCRES227		Training General Fund HMHSCCRES227		Children's Program HSA Work Order HMHSDIFFERWO	
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Data Manager	1.00	76,671							1.00	76,671				
Consumer Specialist	1.00	79,477					1.00	79,477						
Domestic Violence Specialist	1.00	44,874											1.00	44,874
	-	-												
	-	-												
	-	-												
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<b>Totals:</b>	<b>3.00</b>	<b>201,022</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>1.00</b>	<b>79,477</b>	<b>1.00</b>	<b>76,671</b>	<b>-</b>	<b>-</b>	<b>1.00</b>	<b>44,874</b>

Employee Fringe Benefits: 84.6%	56,688	-	-	28.2%	22,413	28.2%	21,621	-	28.2%	12,654
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**TOTAL SALARIES & BENEFITS**

**257,710**

**-**

**-**

**101,890**

**98,292**

**-**

**57,528**

# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

B-6

Program Name: CBHS SA FI Services

Document Date: 7/1/14

Expenditure Category	TOTAL	Methadone Van Parking General Fund HMHSCCRES227	OBOT Services General Fund HMHSCCRES227	Quality Management - Consumer Specialist General Fund HMHSCCRES227	Quality Management - Data Manager General Fund HMHSCCRES227	Training General Fund HMHSCCRES227	Children's Program HSA Work Order HMHSDIFFERWO
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15
<b>Occupancy:</b>	-						
Rent	-						
Utilities (Telephone, Electricity, Water, Gas)	-						
Building Repair/Maintenance	-						
<b>Materials &amp; Supplies:</b>	-						
Office Supplies	6,000			6,000			
Photocopying	-						
Printing	-						
Program Supplies	9,000			6,000			3,000
Computer Hardware/Software	-						
<b>General Operating:</b>	-						
Training/Staff Development	7,800			6,000			1,800
Insurance	-						
Professional License	-						
Permits	-						
Equipment Lease & Maintenance	-						
<b>Staff Travel:</b>	-						
Local Travel	2,400			1,800			600
Out-of-Town Travel	-						
Field Expenses	-						
<b>Consultant/Subcontractor:</b>	-						
Harm Reduction Therapy Center	32,384		32,384				
Training Consultants	209,533					209,533	
<b>Other:</b>	-						
Vehicle Expense	55,034	55,034					
Client Expense	18,000			12,000			6,000
<b>TOTAL OPERATING EXPENSE</b>	<b>340,151</b>	<b>55,034</b>	<b>32,384</b>	<b>31,800</b>	<b>-</b>	<b>209,533</b>	<b>11,400</b>



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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)						Contract Appendix #: B-7	
Provider/Program Name: CBHS Drug Court Treatment Center						Document Date: 7/1/14	
Provider Number: 383804						Fiscal Year: 14-15	
Program Name		Drug Court Treatment Center					
Program Code (formerly Reporting Unit)		38041					
Mode/SFC (MH) or Modality (SA)		Anc-87					
Service Description		Drug Court-Other Tx Related Svcs					
FUNDING TERM		7/1/14-6/30/15					TOTAL 7/1/14-6/30/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits		816,858					816,858
Operating Expenses		342,000					342,000
Capital Expenses (greater than \$5,000)		-					-
Subtotal Direct Expenses		1,158,858					1,158,858
Indirect Expenses		127,474					127,474
<b>TOTAL FUNDING USES</b>		<b>1,286,332</b>	-	-	-	-	<b>1,286,332</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA STATE - PSR Drug Court	-	HMHSCCRES227	688,482				688,482
SA COUNTY - General Fund	-	HMHSCCRES227	597,850				597,850
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>1,286,332</b>	-	-	-	<b>1,286,332</b>
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>1,286,332</b>	-	-	-	<b>1,286,332</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>1,286,332</b>	-	-	-	<b>1,286,332</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)		CR					
Units of Service		9,512					
Unit Type		Staff Hour					
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		135.23					
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		135.23					
Published Rate (Medi-Cal Providers Only)		-					
Unduplicated Clients (UDC)		180					Total UDC: 180

### DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS Drug Court Treatment Center

Document Date: 7/1/14

Appendix #: B-7

	TOTAL		PSR Drug Court & General Fund HMHSCCRES227									
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Coordinator	1.00	82,115	1.00	82,115								
Asst Program Coordinator	1.00	65,926	1.00	65,926								
Counselor/Case Manager	6.00	354,736	6.00	354,736								
Senior Administrative Assistant	1.00	53,241	1.00	53,241								
Administrative Assistant	1.00	47,582	1.00	47,582								
Senior Implementation Engineer	0.34	33,575	0.34	33,575								
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
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	-	-										
	-	-										
Totals:	10.34	637,175	10.34	637,175	-	-	-	-	-	-	-	-

[illegible]

TOTAL SALARIES &amp; BENEFITS

816,858

816,858



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# DPH 4: Operating Expenses Detail

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

Appendix #: B-7

Expenditure Category	TOTAL	PSR Drug Court & General Fund HMHSCCRES227				
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:	Term:
<b>Occupancy:</b>						
Rent	102,000	102,000				
Utilities (Telephone, Electricity, Water, Gas)	42,000	42,000				
Building Repair/Maintenance	21,000	21,000				
<b>Materials &amp; Supplies:</b>	-					
Office Supplies	24,000	24,000				
Photocopying	-					
Printing	-					
Program Supplies	24,000	24,000				
Computer Hardware/Software	-					
<b>General Operating:</b>	-					
Training/Staff Development	12,000	12,000				
Insurance	3,000	3,000				
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	24,000	24,000				
<b>Staff Travel:</b>	-					
Local Travel	3,000	3,000				
Out-of-Town Travel	3,000	3,000				
Field Expenses	-					
<b>Consultant/Subcontractor:</b>	-					
	-					
<b>Other:</b>	-					
Client Drug Testing	42,000	42,000				
Client Expenses	36,000	36,000				
Vehicle Expenses	6,000	6,000				
<b>TOTAL OPERATING EXPENSE</b>	<b>342,000</b>	<b>342,000</b>				

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)					Contract Appendix #: B-8	
Provider/Program Name: CBHS Behavioral Health Access Center					Document Date: 7/1/14	
Provider Number: 383800					Fiscal Year: 14-15	
Program Name	BHAC	BHAC SACPA				
Program Code (formerly Reporting Unit)	99089	99089				
Mode/SFC (MH) or Modality (SA)	SecPrev-21	SecPrev-21				
Service Description	SA-Sec Prev Referrals/Screening/Intake	SA-Sec Prev Referrals/Screening/Intake				
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15				<b>TOTAL</b> 7/1/14-6/30/15
<b>FUNDING USES</b>						
Salaries & Employee Benefits	485,993	207,997	-			693,990
Operating Expenses	17,700	20,800	-			38,500
Capital Expenses (greater than \$5,000)	-	-	-			-
Subtotal Direct Expenses	503,693	228,797	-	-	-	732,490
Indirect Expenses	55,407	25,167	-			80,574
<b>TOTAL FUNDING USES</b>	<b>559,100</b>	<b>253,964</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>813,064</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
						-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
	CFDA	FAMIS				
SA COUNTY - General Fund	-	HMHS CCRES227	559,100			559,100
SA STATE - SACPA Project	-	HMHS PROP36		253,964		253,964
						-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>559,100</b>	<b>253,964</b>	<b>-</b>	<b>813,064</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>559,100</b>	<b>253,964</b>	<b>-</b>	<b>813,064</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>559,100</b>	<b>253,964</b>	<b>-</b>	<b>813,064</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)						
	CR	CR				
Units of Service	7,047	3,680				
Unit Type	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	79.34	69.01				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	79.34	69.01				
Published Rate (Medi-Cal Providers Only)	-	-				
Unduplicated Clients (UDC)	540	465				<b>Total UDC:</b> 1,005

DPH 3: Salaries & Benefits Detail

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

Appendix #: B-8

	TOTAL		BHAC General Fund HMHSCCRES227		BHAC SACPA Project HMHSPROP36							
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Assistant Program Coordinator	1.00	58,177	1.00	58,177								
Counselor/Case Manager	8.00	324,488	4.00	162,244	4.00	162,244						
Administrative Assistant	2.00	93,494	2.00	93,494								
Senior Implementation Engineer	0.66	65,175	0.66	65,175								
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Employee Fringe Benefits:	28.2%	152,656	28.2%	106,903	28.2%	45,753		-				
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TOTAL SALARIES & BENEFITS

693,990

485,993

207,997

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# DPH 4: Operating Expenses Detail

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

Appendix #: B-8

Expenditure Category	TOTAL	BHAC General Fund HMHSCCRES227	BHAC SACPA Project HMHSPROP36			
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:
Occupancy:	-					
Rent	-					
Utilities (Telephone, Electricity, Water, Gas)	-					
Building Repair/Maintenance	-					
Materials & Supplies:	-					
Office Supplies	6,000	3,000	3,000			
Photocopying	-					
Printing	-					
Program Supplies	6,000	3,000	3,000			
Computer Hardware/Software	-					
General Operating:	-					
Training/Staff Development	6,000	3,000	3,000			
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
Staff Travel:	-					
Local Travel	600	300	300			
Out-of-Town Travel	4,800	2,400	2,400			
Field Expenses	-					
Consultant/Subcontractor:	-					
	-					
Other:	-					
Client Expenses	15,100	6,000	9,100			
<b>TOTAL OPERATING EXPENSE</b>	<b>38,500</b>	<b>17,700</b>	<b>20,800</b>	-	-	-

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)					Contract Appendix #: B-9	
Provider/Program Name: Project Homeless Connect					Document Date: 7/1/14	
Provider Number: 383800					Fiscal Year: 14-15	
Program Name	Project Homeless Connect	Everyday Connect				
Program Code (formerly Reporting Unit)	n/a	n/a				
Mode/SFC (MH) or Modality (SA)	SecPrev-21	SecPrev-21				
Service Description	SA-Sec Prev Referrals/Screening/Intake	SA-Sec Prev Referrals/Screening/Intake				
FUNDING TERM	7/1/14-6/30/15	7/1/14-6/30/15				TOTAL 7/1/14-6/30/15
<b>FUNDING USES</b>						
Salaries & Employee Benefits	388,187	471,461				859,648
Operating Expenses	4,995	12,425				17,420
Capital Expenses (greater than \$5,000)	-	-				-
Subtotal Direct Expenses	393,182	483,886	-	-	-	877,068
Indirect Expenses	43,250	53,228				96,478
<b>TOTAL FUNDING USES</b>	<b>436,432</b>	<b>537,114</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>973,546</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>						
						-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>						
	CFDA	FAMIS				
SA COUNTY - General Fund	-	HMHS CCRES227	436,432	537,114		973,546
						-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			<b>436,432</b>	<b>537,114</b>	<b>-</b>	<b>973,546</b>
<b>OTHER DPH FUNDING SOURCES</b>						
						-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>436,432</b>	<b>537,114</b>	<b>-</b>	<b>973,546</b>
<b>NON-DPH FUNDING SOURCES</b>						
						-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>436,432</b>	<b>537,114</b>	<b>-</b>	<b>973,546</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>						
Number of Beds Purchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)						
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program						
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR	CR				
Units of Service	4,512	5,976				
Unit Type	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	96.72	89.88				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	96.72	89.88				
Published Rate (Medi-Cal Providers Only)	-	-				
Unduplicated Clients (UDC)	540	465				Total UDC: 1,005

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix # B-9

Program Name: Project Homeless Connect

Document Date: 7/1/14

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

Employee Fringe Benefits:	28.2%	189,096	28.2%	85,389	28.2%	103,707						
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TOTAL SALARIES & BENEFITS

859,648

388,187

471,461

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-9

Program Name: Project Homeless Connect

Document Date: 7/1/14

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

TOTAL OPERATING EXPENSE

17,420

4,995

12,425

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)				Contract Appendix #: B-10			
Provider/Program Name: Minority AIDS Initiative				Document Date: 7/1/14			
Provider Number: 383800				Fiscal Year: 14-15			
Program Name	MAI - MH	MAI - SA	MAI - Prev				
Program Code (formerly Reporting Unit)	n/a	n/a	n/a				
Mode/SFC (MH) or Modality (SA)	Supt-00	Supt-00	Supt-00				
Service Description	SA-County Support	SA-County Support	SA-County Support				TOTAL
FUNDING TERM	9/30/14-9/29/15	9/30/14-9/29/15	9/30/14-9/29/15				9/30/14-9/29/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits	713,692	122,860	48,148				884,700
Operating Expenses	-	-	-				-
Capital Expenses (greater than \$5,000)	-	-	-				-
Subtotal Direct Expenses	713,692	122,860	48,148	-	-	-	884,700
Indirect Expenses	78,506	13,515	5,296				97,317
<b>TOTAL FUNDING USES</b>	<b>792,198</b>	<b>136,375</b>	<b>53,444</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>982,017</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>		-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
	CFDA	FAMIS					
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1500	792,198				792,198
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1501		136,375			136,375
SA GRANT - Fed SAMHSA MAI	93.243	HCSA10-1502			53,444		53,444
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			792,198	136,375	53,444	-	982,017
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			792,198	136,375	53,444	-	982,017
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			792,198	136,375	53,444	-	982,017
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)							
	CR	CR	CR				
Units of Service	11,193	1,871	736				
Unit Type	Staff Hour	Staff Hour	Staff Hour				
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	70.77	72.90	72.61				
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	70.77	72.90	72.61				
Published Rate (Medi-Cal Providers Only)	-	-	-				Total UDC:
Unduplicated Clients (UDC)	8	3	2				13

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-10

Program Name: Minority AIDS Initiative

Document Date: 7/1/14

	TOTAL		MAI - MH HCSA10-1500		MAI - SA HCSA10-1501		MAI - Prev HCSA10-1502			
	Term: 9/30/14-9/29/15		Term: 9/30/14-9/29/15		Term: 9/30/14-9/29/15		Term: 9/30/14-9/29/15		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	1.00	90,658	1.00	90,658	-	-	-	-		
Behavioral Health Specialist	4.00	323,694	3.50	283,232	0.50	40,462	-	-		
Community Health Worker	1.00	41,410	1.00	41,410	-	-	-	-		
Evaluation Analyst	1.00	97,677	0.60	58,941	0.24	23,081	0.16	15,655		
Evaluation Assistant	1.00	52,780	0.60	31,849	0.24	12,472	0.16	8,459		
Lead Evaluator	1.00	83,875	0.60	50,612	0.24	19,820	0.16	13,443		
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	-	-								
Totals:	9.00	690,094	7.30	556,702	1.22	95,835	0.48	37,557	-	-

Employee Fringe Benefits:	28.2%	194,606	28.2%	156,990	28.2%	27,025	28.2%	10,591		-	
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TOTAL SALARIES & BENEFITS

884,700

713,692

122,860

48,148

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# DPH 4: Operating Expenses Detail

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

Appendix #: B-10

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

TOTAL OPERATING EXPENSE

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)						Contract Appendix #: B-11	
Provider/Program Name: Primary & Behavioral Health Care Integration						Document Date: 7/1/14	
Provider Number: 00038						Fiscal Year: 14-15	
Program Name	PBHCI						
Program Code (formerly Reporting Unit)	n/a						
Mode/SFC (MH) or Modality (SA)	60/78						
Service Description	Other Non-MediCal Client Support Exp						TOTAL
FUNDING TERM	9/1/14-8/31/15						9/1/14-8/31/15
<b>FUNDING USES</b>							
Salaries & Employee Benefits	195,317						195,317
Operating Expenses	59,567						59,567
Capital Expenses (greater than \$5,000)	-						-
Subtotal Direct Expenses	254,884	-	-	-	-	-	254,884
Indirect Expenses	28,037						28,037
<b>TOTAL FUNDING USES</b>	<b>282,921</b>	-	-	-	-	-	<b>282,921</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>	<b>CFDA</b>	<b>FAMIS</b>					
MH FED - SAHMSA PBHCI Grant	93,243	HMA03-1500	282,921				282,921
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>			<b>282,921</b>	-	-	-	<b>282,921</b>
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>			-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>							
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL DPH FUNDING SOURCES</b>			<b>282,921</b>	-	-	-	<b>282,921</b>
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			<b>282,921</b>	-	-	-	<b>282,921</b>
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)	CR						
Units of Service	2,699						
Unit Type	Staff Hour						
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	104.84						
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	104.84						
Published Rate (Medi-Cal Providers Only)	-						Total UDC:
Unduplicated Clients (UDC)	83						83

DPH 3: Salaries & Benefits Detail

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

Appendix #: B-11

	TOTAL		SAHMSA PBHCI Grant HMAD03-1500									
	Term: 9/1/14-8/31/15		Term: 9/1/14-8/31/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Project Manager	1.00	82,723	1.00	82,723								
Lead Evaluator	0.60	42,630	0.60	42,630								
Evaluation Assistant	0.60	27,000	0.60	27,000								
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Employee Fringe Benefits:	28.2%	42,964	28.2%	42,964								
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TOTAL SALARIES & BENEFITS	195,317	195,317	-	-	-	-
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**DPH 4: Operating Expenses Detail**

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

Appendix #: B-11

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

TOTAL OPERATING EXPENSE

59,567

59,567

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

DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary)						Contract Appendix #: B-12	
Provider/Program Name: COPC FI Services						Document Date: 7/1/14	
Provider Number: n/a						Fiscal Year: 14-15	
Program Name	Primary Care Encounters	TWHC Shelter Nutritionist	SEHC Salesforce				
Program Code (formerly Reporting Unit)	n/a	n/a	n/a				
Mode/SFC (MH) or Modality (SA)	n/a	n/a	n/a				
Service Description	n/a	n/a	n/a				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
<b>FUNDING USES</b>							
Salaries & Employee Benefits	-	-	179,403				179,403
Operating Expenses	270,270	31,532	-				301,802
Capital Expenses (greater than \$5,000)	-	-	-				-
Subtotal Direct Expenses	270,270	31,532	179,403	-	-	-	481,205
Indirect Expenses	29,730	3,468	19,733				52,931
<b>TOTAL FUNDING USES</b>	<b>300,000</b>	<b>35,000</b>	<b>199,136</b>	-	-	-	<b>534,136</b>
<b>CBHS MENTAL HEALTH FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS MENTAL HEALTH FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>							
							-
<b>TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES</b>	-	-	-	-	-	-	-
<b>OTHER DPH FUNDING SOURCES</b>							
	CFDA	FAMIS					
COPC - Central Admin General Fund	-	HCHAPADMINGF	300,000				300,000
COPC - Tom Waddell General Fund	-	HCHAPTWC--GF		35,000			35,000
COPC - Salesforce.com Grant	-	HCGSAL-1500			199,136		199,136
							-
<b>TOTAL OTHER DPH FUNDING SOURCES</b>			300,000	35,000	199,136	-	534,136
<b>TOTAL DPH FUNDING SOURCES</b>			300,000	35,000	199,136	-	534,136
<b>NON-DPH FUNDING SOURCES</b>							
							-
<b>TOTAL NON-DPH FUNDING SOURCES</b>			-	-	-	-	-
<b>TOTAL FUNDING SOURCES (DPH AND NON-DPH)</b>			300,000	35,000	199,136	-	534,136
<b>CBHS UNITS OF SERVICE AND UNIT COST</b>							
Number of Beds Purchased (if applicable)							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes)							
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							
Cost Reimbursement (CR) or Fee-For-Service (FFS)							
	CR	CR	CR				
	n/a	n/a	n/a				
Unit Type							
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)							
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)							
Published Rate (Medi-Cal Providers Only)							
							Total UDC:
Unduplicated Clients (UDC)	n/a	n/a	n/a				n/a



DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-12

Program Name: COPC FI Services

Document Date: 7/1/14

	TOTAL		Primary Care Encounters General Fund HCHAPADMINGF		TWHC Shelter Nutritionist General Fund HCHAPTWC--GF		SEHC Salesforce Salesforce.com Grant HCGSAL-1500					
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Pediatric Primary Care Behaviorist	1.00	94,264					1.00	94,264				
Pediatric Primary Care Behaviorist Assistant	1.00	45,676					1.00	45,676				
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Totals:	2.00	139,940	-	-	-	-	2.00	139,940	-	-	-	-

Employee Fringe Benefits:	28.2%	39,463		-		-	28.2%	39,463		-		-
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TOTAL SALARIES & BENEFITS

179,403

-

-

179,403

-

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# DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-12

Program Name: COPC FI Services

Document Date: 7/1/14

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

TOTAL OPERATING EXPENSE

301,802

270,270

31,532

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

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

DPH 3: Salaries & Benefits Detail

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

Appendix #: B-13

	TOTAL		SF SVIP CH CRN Work Order HCHCCHCCRNWO									
	Term: 7/1/14-6/30/15		Term: 7/1/14-6/30/15		Term:		Term:		Term:		Term:	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Manager	1.00	80,000	1.00	80,000								
Administrative Assistant	1.00	40,000	1.00	40,000								
Street Outreach Associate Manager	1.00	75,000	1.00	75,000								
Crisis Response Associate Manager	1.00	60,000	1.00	60,000								
District Coordinators	4.00	220,000	4.00	220,000								
Line Staff	17.00	888,115	17.00	888,115								
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Employee Fringe Benefits:	28.2%	384,400	28.2%	384,400								
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TOTAL SALARIES & BENEFITS	1,747,515	1,747,515	-	-	-	-
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# DPH 4: Operating Expenses Detail

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

Appendix #: B-13

Expenditure Category	TOTAL	SF SVIP CH CRN Work Order HCHCCHCCRNWO				
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:	Term:
Occupancy:	-					
Rent	116,000	116,000				
Utilities (Telephone, Electricity, Water, Gas)	38,125	38,125				
Building Repair/Maintenance	-					
Materials & Supplies:	-					
Office Supplies	-					
Photocopying	-					
Printing	-					
Program Supplies	21,430	21,430				
Computer Hardware/Software	11,200	11,200				
General Operating:	-					
Training/Staff Development	20,000	20,000				
Insurance	-					
Professional License	-					
Permits	-					
Equipment Lease & Maintenance	-					
Staff Travel:	-					
Local Travel	-					
Out-of-Town Travel	-					
Field Expenses	-					
Consultant/Subcontractor:	-					
Mental Health Consultant	35,000	35,000				
Evaluation Consultant	100,000	100,000				
Violence Interruptors	24,400	24,400				
Other:	-					
Vehicle Expense	73,800	73,800				
Client Incentives	58,400	58,400				
Client Outings and Groups	86,600	86,600				
<b>TOTAL OPERATING EXPENSE</b>	<b>584,955</b>	<b>584,955</b>	-	-	-	-

# DPH 6: Contract-Wide Indirect Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Document Date: 7/1/14

## 1. SALARIES & BENEFITS

Position Title	FTE	Salaries
Chief Executive Officer	0.18	56,881
Chief Financial Officer	0.19	51,351
Chief Information Officer	0.19	40,817
Chief Operating Officer	0.09	10,271
VP of Quality and Compliance	0.19	15,010
VP of Development	0.13	13,168
Research and Evaluation Director	0.13	13,280
Workforce Development Director	0.02	1,840
Controller	0.19	29,847
Grants Director	0.19	20,541
Budget Manager	0.09	10,191
Fiscal Projects Director	0.19	15,802
Budget/Fiscal Analyst	0.19	15,090
Payroll Manager	0.19	19,433
Budget Coordinator	0.19	13,168
General Ledger Accountant	0.04	2,818
Accounts Payable	0.36	26,290
Billing Specialist	0.19	15,802
Billing Assistant	0.19	10,634
Human Resources Director	0.09	9,054
Human Resources Analyst	0.19	13,168
Human Resources Coordinator	0.19	10,648
Electronic Medical Records Manager	0.19	13,037
EMR OPs Software Development Director	0.19	23,701
EMR Training and Data Analyst	0.13	7,314
Client Programmer II	0.06	4,407
IT Manager - Data Control	0.19	14,104
Senior IT Systems Analyst	0.12	9,292
IT Analyst	0.19	12,773
PC Support Analyst	0.19	12,773
IT Specialist - Data Specialist	0.19	8,708
IT Specialist - Data Entry	0.19	8,705
IT Specialist - Data Control	0.19	8,705
IT Data Analyst	0.08	3,192
Donations Manager	0.19	14,482
Travel Coordinator	0.09	7,053
Administrative Assistant	0.15	6,741
Procurement Manager	0.19	13,168
Driver/Procurement Assistant	0.04	1,615
Facility Operations Director	0.02	1,270
Transportation and Facility Manager	0.02	795
Maintenance Staff	0.04	1,934
EMPLOYEE FRINGE BENEFITS		182,551
<b>TOTAL SALARIES &amp; BENEFITS</b>		<b>771,424</b>

## 2. OPERATING COSTS

Expenditure Category	Amount
Rent	50,102
Utilities (Telephone, Electricity, Water, Gas)	18,009
Building Repair/Maintenance	4,304
Office Supplies	12,320
Insurance	23,452
Training/Staff Development	4,838
Staff Travel (Local & Out of Town)	19,312
Rental of Equipment	15,320
Professional Services	103,532
General Operating	41,089
<b>TOTAL OPERATING COSTS</b>	<b>292,278</b>

## TOTAL INDIRECT COSTS

(Salaries & Benefits + Operating Costs)

1,063,702

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

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



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



# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

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

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

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

**PRODUCER**  
Heffernan Insurance Brokers  
1350 Cariback Avenue  
Wainut Creek, CA 94596  
CA License #0564249

**CONTACT**  
NAME: Shetaine Gonsalves  
PHONE (A/C No, Ext): 925-934-8500 FAX (A/C No): 925-934-8276  
EMAIL ADDRESS: ShetaineG@heffins.com

**INSURERS AFFORDING COVERAGE** **NAIC #**

**INSURED**  
HealthRIGHT360  
1735 Mission Street  
San Francisco, CA 94103

INSURER A:	Arch Specialty Insurance Company	11150
INSURER B:	Cypress Insurance Company	10855
INSURER C:	Travelers	19038
INSURER D:	Great American	39896
INSURER E:		
INSURER F:		

## COVERAGES

**CERTIFICATE NUMBER:**

**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS				
A	GENERAL L LIABILITY		X		NTPKG0068202	07/01/13	07/01/14	EACH OCCURRENCE		\$1,000,000		
	X	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)		\$1,000,000		
		CLAIMS-MADE						X	OCCUR	MED EXP (Any one person)		\$ 10,000
								PERSONAL & ADV INJURY		\$1,000,000		
								GENERAL AGGREGATE		\$3,000,000		
	GEN'L AGGREGATE LIMIT APPLIES PER							PRODUCTS - COMPROP AGG		\$3,000,000		
	POLICY		PROJECT		LOC					\$		
A	AUTOMOBILE LIABILITY		X		NTAUTO0026002	07/01/13	07/01/14	COMBINED SINGLE LIMIT (Ea accident)		\$1,000,000		
	X	ANY AUTO						BODILY INJURY (Per person)		\$		
		ALL OWNED AUTOS							SCHEDULED AUTOS	BODILY INJURY (Per accident)		\$
	X	HIRED AUTOS						X	NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)		\$
												\$
												\$
A		UMBRELLA LIAB	X	OCCUR	NTUMB0032802	07/01/13	07/01/14	EACH OCCURRENCE		\$3,000,000		
	X	EXCESS LIAB		CLAIMS-MADE				AGGREGATE		\$3,000,000		
		DED		RETENTION				\$				
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		N/A	X	3300084772131	07/01/13	07/01/14	X	WC STATUTORY LIMITS		OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE/OFFICER/MEMBER EXCLUDED? (Mandatory in N.H.)									E.L. EACH ACCIDENT	1,000,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below									E.L. DISEASE - EA EMPLOYEE	1,000,000	
										E.L. DISEASE - POLICY LIMIT	1,000,000	
A	Professional Liability				NTPKG0068202	07/01/13	07/01/14	Each claim/aggregate		\$1mm/\$3mm		
A	Excess Professional Liability				NTUMB0032802	07/01/13	07/01/14	Each claim/aggregate		\$3mm/\$3mm		
C	Crime				105642284	07/01/13	07/01/14	Limit		\$10,000,000		
D	Excess Crime				SAA024161702	07/01/13	07/01/14	Limit		\$10,000,000		
A	Sexual Misconduct				NTPKG0068202	07/01/13	07/01/14	Each claim/aggregate		\$2mm/\$2mm		

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

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

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

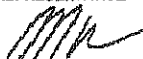
## CERTIFICATE HOLDER

## CANCELLATION

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

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

AUTHORIZED REPRESENTATIVE



**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

**ADDITIONAL INSURED - DESIGNATED  
PERSON OR ORGANIZATION**

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE**

**Name of Additional Insured Person(s) or Organization(s)**

City and County of San Francisco, It's officers, agents & Employees, Office of Contract Management & Compliance

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

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

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

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

### ULTRA AUTO PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

#### BUSINESS AUTO COVERAGE FORM

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

#### EXTENDED CANCELLATION CONDITION

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

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

#### TEMPORARY SUBSTITUTE AUTO - PHYSICAL DAMAGE COVERAGE

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

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

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

#### BROAD FORM NAMED INSURED

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

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

#### BLANKET ADDITIONAL INSURED

SECTION II - LIABILITY COVERAGE - A.1. WHO

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

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

- (1) The "insured Contract" must be in effect during the policy period shown in the Declarations, and must have been executed prior to the "bodily injury" or "property damage".
- (2) This person or organization is an "insured" only to the extent you are liable due to your ongoing operations for that insured, whether the work is performed by you or for you, and only to the extent you are held liable for an "accident" occurring while a covered "auto" is being driven by you or one of your employees.
- (3) There is no coverage provided to this person or organization for "bodily injury" to its employees, nor for "property damage" to its property.
- (4) Coverage for this person or organization shall be limited to the extent of your negligence or fault according to the applicable principles of comparative negligence or fault.
- (5) The defense of any claim or "suit" must be tendered by this person or organization as soon as practicable to all other insurers which potentially provide insurance for such claim or "suit".
- (6) The coverage provided will not exceed the lesser of:
  - (a) the coverage and/or limits of this policy; or

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

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

#### **FELLOW EMPLOYEE COVERAGE - EXECUTIVE OFFICES**

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

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

#### **PHYSICAL DAMAGE - ADDITIONAL TRANSPORTATION EXPENSE COVERAGE**

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

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

#### **AIRBAG COVERAGE**

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

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

#### **LEASE GAP COVERAGE**

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

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

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

#### **GLASS REPAIR - WAIVER OF DEDUCTIBLE**

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

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

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

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

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

**UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS**

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

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

**RESULTANT MENTAL ANGUISH COVERAGE**

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

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

**HIRED AUTO PHYSICAL DAMAGE COVERAGE**

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

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

**HIRED AUTO PHYSICAL DAMAGE COVERAGE – LOSS OF USE**

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

apply.

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

**RENTAL REIMBURSEMENT COVERAGE**

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

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

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

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

2. 30 days.

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

1. Necessary and actual expenses incurred.

2. \$50 per day

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

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

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

**AUDIO, VISUAL AND SATA ELECTRONIC**

**EQUIPMENT COVERAGE****A. Coverage**

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

**B. Exclusions**

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

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

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

Installed in the covered "auto"; and

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

**C. Limit of Insurance**

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

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

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

**D. Deductible**

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

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



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

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

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

#### **BLANKET WAIVER OF SUBROGATION**

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

#### **PERSONAL EFFECTS COVERAGE**

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

##### **c. Personal Effects Coverage**

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

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

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

**WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT-CALIFORNIA**

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

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

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

The minimum premium for this endorsement is \$ 350.00

**Schedule****Person or Organization**

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

**Job Description**

All California Operations

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

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

Endorsement Effective 07/01/2013

Policy No. 3300064772-131

Endorsement No. 1

Insured HEALTHRIGHT360

Insurance Company

Cypress Insurance Company

Countersigned by

Premium \$  
