File No	140748		tem No	12
		Board Item I	No3	33
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Committee:	Budget & Finance Sub-Co	<u>mmittee</u>	Date July 23	3, 2014
Board of Su	pervisors Meeting		Date July	29, 2014
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	Motion Resolution Ordinance Legislative Digest Budget and Legislative A Youth Commission Repolation Form Department/Agency Cove MOU Grant Information Form Grant Budget Subcontract Budget Contract/Agreement Form 126 – Ethics Comm Award Letter Application Public Correspondence	ort er Letter and		
OTHER	(Use back side if addition	nal space is ı	needed)	
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•	oy: Linda Wong oy: Linda Wong	Date_ Date_	July 18, 201 7/23/	4 'V

AMENDED IN COMMITTEE 7/23/14 RESOLUTION NO.

FILE NO. 140748

Department of Public Health

BOARD OF SUPERVISORS

[Contract Amendment - HealthRIGHT360 - Behavioral Health Services and Primary Care Programs - \$62,797,796]

Resolution approving an amendment to the contract between the Department of Public Health and HealthRIGHT360 for fiscal intermediary services for Behavioral Health Services and Primary Care Programs, extending the term by four years, from January 1, 2014 through December 31, 2014 to January 1, 2014 through December 31, 2018, and increasing the total contract amount of \$9,700,495 by \$53,097,301, to \$62,797,796.

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

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

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

RESOLVED, That the Board of Supervisors authorizes the Director of Public Health and the Office of Contract Administration, on behalf of the City and County of San Francisco, to amend the contract with HealthRIGHT 360 for fiscal intermediary services for behavioral health and primary health care programs for adults and children, to increase the contract from \$9,700,495 for the period of January 1, 2014, through December 31, 2014, to \$62,797,796 for the period of January 1, 2014, through December 31, 2018.

APPROVED:

Barbara A. Garcia

Director of Health

APPROVED:

Mark Morewitz

Secretary, Health Commission

Department of Public Health BOARD OF SUPERVISORS

. Page 2 7/22/2014

San Francisco Department of Public Health



Barbara A. Garcia, MPA Director of Health,

June 30, 2014

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

Dear Ms. Calvillo:

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

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

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

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

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

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

Thank you for your time and consideration.

Sincerely,

acquie⁄Hale Director

DPH Office of Contracts Management and Compliance

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

First Amendment

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

RECITALS

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

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

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

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

- 1. **Definitions.** The following definitions shall apply to this Amendment:
- a. Agreement. The term "Agreement" shall mean the Agreement dated January 1, 2014 between Contractor and City, as amended by the:

First amendment this amendment

- b. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:
 - 2a. Section 2. Term of the Agreement currently reads as follows:
- 2. Term of the Agreement.

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

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

2. Term of the Agreement.

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

P-550 (7-11) HealthRIGHT360 FI	1 of 3	April 3. 2014
1 330 (/ 11/11041411141311413100 11		11,5111 2, 2011

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.

Hist referenced above.	•
CITY	CONTRACTOR
Recommended by:	HealthRIGHT360
Q/a/C	Al
Barbara Garcia, MPA	Vitka Eisen, MSW, EdD
Director of Health	Chief Executive Director
Department of Public Health	City vendor number: 08817
Approved as to Form:	
Dennis J. Herrera	
City Attorney	
By: Attleen Hunghy Kathy Murphy Deputy City Attorney	6/23/14

Approved:

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

P-550 (7-11) HealthRIGHT360 FI	3 of 3	April 3, 2014

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. <u>Infection Control</u>, 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. <u>Under-Utilization Reports</u>:

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

P Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Community Behavioral Health Services Policies and Procedures

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

T.Fire Clearance

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1CBHS CYF Care management

Appendix A-2 CBHS CYF Family Mosaic Project

Appendix A-3 CBHS CYF Fostercare Migration

Appendix A-4 CBHS CYF SPMP Fostercare

Appendix A-5 CBHS MH Administration

Appendix A-6 CBHS SA Administration

Appendix A-7 CBHS Drug Court Treatment Center

Appendix A-8 CBHS Behavioral Health Access Center

Appendix A-9 Project Homeless Connect

Appendix A-10 Minority AIDS Initiative

Appendix A-11 Primary & Behavioral Health Care Integration

Appendix A-12 COPC FI Services

Appendix A-13 SF Street Violence Intervention Program

HealthRIGHT 360 (Fiscal Intermediary)

Program:

CBHS CYF Care Management

Fiscal Year:

2014-15

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

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 941.03

Phone

415-762-3700

Program Name:

CBHS CYF Care Management 1380 Howard Street, 5th Floor

Address:

San Francisco, CA 94103 415-255-3439

Phone: Contact:

Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

New New

Renewal

Modification

3. Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- CBHS CYF 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

HealthRIGHT 360 (Fiscal Intermediary)

Program:

CBHS CYF Family Mosaic Project

Fiscal Year:

2014-15

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

1. Contractor and Program Identification
--

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

CBHS CYF Family Mosaic Project

Address:

1309 Evans Avenue

San Francisco, CA 94124

Phone:

415-206-7600 / 415-255-3439

Contact:

Janet Avila, Executive Director, FMP

Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

New 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

HealthRIGHT 360 (Fiscal Intermediary) Contractor:

CBHS CYF Fostercare Migration

Program: Fiscal Year: 2014-15

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

	1.	Contractor and	Program	Identification
--	----	----------------	---------	----------------

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

CBHS CYF Fostercare Migration

Address:

3801 3rd Street, Suite 400

San Francisco, CA 94124

Phone:

415-970-3877 / 415-255-3439

Contact:

Thomas Maloney, Program Director, Fostercare Mental Health Program

Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

New New Renewal Modification

3. Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

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

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

6. Methodology

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

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

8. Continuous Quality Improvement

HealthRIGHT 360 (Fiscal Intermediary)

Program:

CBHS CYF SPMP Fostercare

Fiscal Year:

2014-15

Appendix A-4 Document Date: 05/07/14

Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

CBHS CYF SPMP Fostercare 3801 3rd Street, Suite 400

Address:

San Francisco, CA 94124

Phone:

415-970-3877 / 415-255-3439

Contact:

Thomas Maloney, Program Director, Foster Care Mental Health Program

Kenneth Epstein, Director, CBHS CYF SOC

2. Nature of Document (check one)

New New Renewal Modification

3. Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

6. Methodology

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

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

8. Continuous Quality Improvement

HealthRIGHT 360 (Fiscal Intermediary)

Program:

CBHS MH FI Services

Fiscal Year:

2014-15

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

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 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

HealthRIGHT 360 (Fiscal Intermediary) Contractor:

Program:

CBHS SA FI Services

Fiscal Year: 2014-15

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

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

CBHS SA FI Services

Address:

1380 Howard Street, 4th Floor

San Francisco, CA 94103

Phone:

415-255-3416

Contact:

Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

New New

Renewal

☐ Modification

3. Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

- Data Manager services funded by San Francisco General Funds with funding term 01/01/14-06/30/14
- HIV Set-Aside Coordinator services funded by SAPT HIV Set-Aside with funding term 01/01/14-06/30/14
- Methadone Van expenses funded by San Francisco General Funds with funding term 01/01/14-
- 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-
- 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

HealthRIGHT 360 (Fiscal Intermediary)

CBHS Drug Court Treatment Center Program:

Fiscal Year: 2014-15

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

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address: 1735 Mission Street

San Francisco, CA 94103

Phone 415-762-3700

CBHS Drug Court Treatment Center Program Name:

Address: 509 6th Street

San Francisco, CA 94107

415-222-6150 / 415-503-4732 Phone:

Kate Godsey, Program Coordinator, DCTC Contact:

Craig Murdock, Health Program Coordinator, CBHS

Nature of Document (check one)

New New Renewal Modification

Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

6. Methodology

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

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

8. Continuous Quality Improvement

Contractor: HealthRIGHT 360 (Fiscal Intermediary)

Program: CBHS Behavioral Health Access Center

CBHS Behavioral Health Access Center

Document Date: 05/07/14

Fiscal Year: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address: 1735 Mission Street

San Francisco, CA 94103

Phone 415-762-3700

Program Name: CBHS Behavioral Health Access Center

Address: 1380 Howard Street, 1st Floor

San Francisco, CA 94103

Phone: 415-503-4730

Contact: Craig Murdock, Health Program Coordinator, CBHS

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

6. Methodology

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

7. Outcome Objectives

As an administrative modality, outcome objectives are as follows:

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

8. Continuous Quality Improvement

HealthRIGHT 360 (Fiscal Intermediary)

Program:

Project Homeless Connect

Fiscal Year:

2014-15

Appendix A-9

Document Date: 05/07/14

Term: 7/1/14-6/30/15

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

CBHS Project Homeless Connect 1380 Howard Street, 4th Floor

Address:

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

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

Contractor: HealthRIGHT 360 (Fiscal Intermediary) Appendix A-11 Primary & Behavioral Health Care Integration Program: Document Date: 05/07/14 Fiscal Year: 2014-15 Term: 7/1/14-6/30/15

 Contractor and Program Identifi 	fication
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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

Primary & Behavioral Health Care Integration

Address:

1380 Howard Street, 4th Floor

San Francisco, CA 94103

Phone:

415-255-3940

Contact:

Jana Rickerson, Project Coordinator

2. Nature of Document (check one)

\boxtimes	New	Renewal	N	1odific:	ation

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

HealthRIGHT 360 (Fiscal Intermediary)

Program:

COPC FI Services

Fiscal Year: 2014-15

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

1. Contractor and Program Identification

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

COPC FI Services

Address:

1380 Howard Street, 4th Floor

San Francisco, CA 94103

Phone: Contact: 415-255-3586 / 415-255-3416

Bill Blum, Director, COPC

Shirley Giang, Budget Director, DPH Community Programs

2. Nature of Document (check one)

New New

Renewal

☐ Modification

3. Goal Statement

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

HealthRIGHT 360 (Fiscal Intermediary)

Program:

Children Community Response Network

Fiscal Year:

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

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

Address:

1735 Mission Street

San Francisco, CA 94103

Phone

415-762-3700

Program Name:

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

Nature of Document (check one)

New New

Renewal

Modification

3. Goal Statement

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

4. Target Population

As an administrative modality, there is no target population.

5. Modality and Program Description

This appendix provides funding for the following administrative activities:

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

Appendix B Calculation of Charges

1. Method of Payment

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

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

- (1) Fee For Service (Monthly Reimbursement by Certified Units at Budgeted Unit Rates):
 CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a
 form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month,
 based upon the number of units of service that were delivered in the preceding month. All deliverables
 associated with the SERVICES defined in Appendix A times the unit rate as shown in the Appendices
 cited in this paragraph shall be reported on the invoice(s) each month. All charges incurred under this
 Agreement shall be due and payable only after SERVICES have been rendered and in no case in
 advance of such SERVICES.
- (2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):
 CONTRACTOR shall submit monthly invoices in the format attached, Appendix F, and in a
 form acceptable to the Contract Administrator, by the fifteenth (15th) calendar day of each month for
 reimbursement of the actual costs for SERVICES of the preceding month. All costs associated with
 the SERVICES shall be reported on the invoice each month. All costs incurred under this Agreement
 shall be due and payable only after SERVICES have been rendered and in no case in advance of such
 SERVICES.

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

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

Appendix B-1CBHS CYF Care management

Appendix B-2 CBHS CYF Family Mosaic Project

Appendix B-3 CBHS CYF Fostercare Migration

Appendix B-4 CBHS CYF SPMP Fostercare

Appendix B-5 CBHS MH Administration

Appendix B-6 CBHS SA Administration

Appendix B-7 CBHS Drug Court Treatment Center

Appendix B-8 CBHS Behavioral Health Access Center

Appendix B-9 Project Homeless Connect

Appendix B-10 Minority AIDS Initiative

Appendix B-11 Primary & Behavioral Health Care Integration

Appendix B-12 COPC FI Services

Appendix B-13 SF Street Violence Intervention Program

B. COMPENSATION

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

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

- (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

		UPA 1: Depar						10/1 0/15-14/11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
	DHCS Le	gal Entity Number:				Paul Kroger / 415	-918-1820	Fiscal Year:	***************************************
<u> </u>	******	Contractor Name:	HealthKIGH	360 (Fiscal Inte	rmediary)	·····		Document Date:	7/1/14
	•	Appendix Number	B-1	B-2	B-3	. B-4	8-5	B-6	B-7
		Program Name	CBHS CYF Care Management	CBHS CYF Family Mosalc 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	7/1/14-8/30/15	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
EUNDINGIUSES VALVANTA	APPENDING SERVICE		(100 (100 (100 (100 (100 (100 (100 (100						The second second
		Employee Benefits	639,318	150,919	211,754	582,116	703,152	257.710	816,858
		perating Expenses	28,943	10,840	14,452	5,400	3,600	340,151	342,000
		Capital Expenses	-		-		-	-	_
	Subtof	al 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%		
TOTAL FUNDING USES	I to the state of		741,770	179,552	251,090	652,142	784,496	663,626	1,286,332
CHRIMEN ANTEAD THE UNDING STOLE (SECTION)		., .,		COLUMN TO SERVICE					
MH COUNTY - General Fund		HMHMCC730515					606,668	<u> </u>	`
MH FED - SAHMSA PBHCI Grant		HMAD03-1500	-		-			-	<u> </u>
MH STATE - MHSA CSS Project		PMHS63-1507				<u> </u>	152,828		
MH STATE - MHSA WDET Project		PMHS63-1508	100,000			-	25,000	-	
MH STATE - Family Mosaic Capitated		HMHMCP8828CH		95,000		-	-	*	_
MH COUNTY - General Fund CYF		HMMHCP751594	387,480	84,552		<u> </u>	<u> </u>		
MH WORK ORDER - HSA Childcare		нмнмснсонѕмо	26,050		<u></u>			<u> </u>	<u> </u>
MH WORK ORDER - HSA Fostercare	-	HMHMCHFOSTWO	<u> </u>	_	251,090			-	<u> </u>
MH WORK ORDER - HSA SPMP Fostercare		HMHMCHSPMPWO	-	<u> </u>		524,088		<u> </u>	<u> </u>
MH WORK ORDER - HSA GF Malch		ниниснитсно	-			128,054	-	_	<u> </u>
MH WORK ORDER - SFCFC First Five		HMHMCHPTINWO	108,682				<u> </u>	<u> </u>	<u> </u>
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	 	
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SA STATE - PSR Drug Court	THE STATE OF THE STATE OF	HMHSCCRES227	200-000-000-000-000-000-000-000-000-000	- Company of State Control of State Cont	_	_	_	_	585,482
SA COUNTY - General Fund	 	HMHSCCRES227	 		·	 		587,116	
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	HC\$A10-1502				 	ļ <u>-</u>		1
SA STATE - SACPA Project	_	HMHSPROP38	-		_	-	_		
SA WORK ORDER - HSA Children's Program	-	HMHSDIFFERWO		-	-	-		76,510	
	<u></u>								
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE		30000000000000000000000000000000000000	Testing and the second second		a paragraphy accommon to	o averages and tours and assume		663,626	
OTHER DEH HUNDING SOURCES			House San Library	100000000000000000000000000000000000000	e day is a supplied to	n postalite de la company		nt and a state of	
Community Health - CRN Work Order		HCHCCHCCRNWO	-	 	 		 	 	
COPC - Central Admin General Fund	 	HCHAPADMINGE	 	 			 		
COPC - Tom Waddell General Fund	 	HCHAPTWC-GF	 	 	 	 	· · · · · · · · · · · ·	 	
COPC - Salesforce.com Grant	 	HCGSAL-1500		ļ	<u> </u>	-	 	 	1
TOTAL OTHER DPH FUNDING SOURCES	1		-	 	<u> </u>		-	 	1
TOTAL DPH FUNDING SOURCES		1	741,770	179,552	251,090	652,142	784,496	663,626	1,286,332
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TOTAL NON-DPH FUNDING SOURCES	 						<u> </u>	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1		741,770	179,552	251,090	652,142	784,496	663,626	1,286,332
		·			201,300	<u>~~~~~~</u>			1,700,100

DPH 1: Department of Public Health Contract Budget Summary

		DETI I. Depai	MIGHE OF LADIE	Health Contrac	L Dauger vaian	1671 }			
		al Entity Number:				Paul Kroger / 415	-918-1820	Fiscal Year	14-15
		Contractor Name:	HealthRIGHT	360 (Fiscal Inte	rmediary)			Document Date:	7/1/14
	B-8	B-9	B-10	B-11	B-12	B-13	ĺ		
	CBHS Behavloral Health Access Center	Project Homeless Connect	Minority AIDS Initiative	Primary & Behavioral Helath Care Integration	COPC FI Services	SF Street Violence Intervention Program			
	383500	383800	383800	00038	n/a	n/a	TOTAL		
	7/1/14-6/30/15	7/1/14-6/30/15	**************************************	9/1/14-8/31/15	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-9/29/15		
FUNDING USES				Contractor System			presentation (5		
	693,990	859,648	884,700	195,317	179,403	1,747,515	7,922,400		
	Salaries & Employee Benefits Operating Expenses					59,567	301,802	584,955	1,747,630
		Capital Expenses			-	-	_		-
	Subtot	al Direct Expenses	732,490	877,068	884,700	254,884	481,205	2,332,470	9,670,030
	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%
TOTAL FUNDING USES	decimal	valeth orders and always and	813,064	973,546	982,017	282,921	534,136	2,589,040	10,733,732
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MH COUNTY - General Fund		HMHMCC730515		-	-			<u> </u>	606,668
MH FED - SAHMSA PBHCI Grant	93.243	HMAD03-1500	ļ	-	-	282,921	-		282,921
MH STATE - MHSA CSS Project		PMHS63-1507	<u> </u>	<u> </u>	<u>-</u>	<u> </u>	-		152,828
MH STATE - MHSA WDET Project		PMHS63-1508 .		 	ļ <u>-</u>			-	125,000
MH STATE - Family Mosaic Capitated	<u> </u>	HMHMCP8828CH	<u> </u>	<u> </u>	<u> </u>		-	<u> </u>	95,000
MH COUNTY - General Fund CYF		HMMHCP751594					ļ	-	472,032
MH WORK ORDER - HSA Childcare		HMHMCHCDHSWC		-	<u> </u>			 	26,050
MH WORK ORDER - HSA Fostercare		HMHMCHFOSTWO			ļ		<u> </u>		251,090
MH WORK ORDER - HSA SPMP Fostercare		HMHMCHSPMPWC			<u> </u>		<u> </u>	<u> </u>	524,088
MH WORK ORDER - HSA GF Match	 	HMHMCHMTCHWO		·	·	 	ļ		128,054
MH WORK ORDER - SFCFC First Five MH STATE - SAMHSA FMP Grant	93,958	HMHMCHPTINWO	<u> </u>	·	-	 		' 	119,558
MIN STATE - SAMINSA HAP GIRIK	83,906	HMM007-1502		<u> </u>	· 	 		<u></u>	110,000
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE						282,921			2,891,971
OBHS SUBSTANCE ABUSE FUNDING SOURGES ///	SCEDAGE	MILE CEAMIS AND	* 2000000000000000000000000000000000000	s avarens uranta	e magazina da se		Section of the sectio	Secretaria de la composição de la compos	CONTRACTOR S
SA STATE - PSR Drug Court	_	HMHSCCRES22		_		-			688,482
SA COUNTY - General Fund		HMHSCCRES22		973,546	3				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		-	136,37	5		-	136,375
SA GRANT - Fed SAMHSA MAI	93,243	HCSA10-1502		_	- 53,444	,			53,444
SA STATE - SACPA Project	-	HMHSPROP36	253,96	4		-	-		253,964
SA WORK ORDER - HSA Children's Program	-	HMHSDIFFERW	0	-		-	-	-	- 76,510
W-1100									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR			813,06				-	-	4,718,585
CTHERIDRH EUNDING SOURGES TO THE STATE OF TH	CEDAT	FAMIS	E ELDONATION OF	A KIND OF THE P			Salaman (Salaman)	of the armove Court of	100
Community Health - CRN Work Order	-	HCHCCHCCRNW		-	-	-	-	- 2,589,040	
COPC - Central Admin General Fund	 	HCHAPADMING		-	<u>- </u>	=	300,00		300,000
COPC - Tom Waddell General Fund		HCHAPTWC-GI	F	-	<u>- </u>	-	- 35,00		35,000
COPC - Salesforce.com Grant	 	HCGSAL-1500		-	-	-	- 199,13	6	199,136
TOTAL OTHER DPH FUNDING SOURCES	+			-	_		- 534,13	6 2,589,04	3,123,170
TOTAL DPH FUNDING SOURCES	+		813,06	973,54	6 982,01	7 282,92			
NON-DRH FUNDING SOURGES (1994)	n kakenana								
		A CONTRACTOR OF THE CONTRACTOR	7	- 1	- I	- I myseadh at athair	-	_	
TOTAL NON-DPH FUNDING SOURCES		1		_	-		-	-	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			813,00	973,54	6 982,01	7 282,92	1.) 534,13	6 2,589,04	0 10,733,732

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

DMH Legal Entity Na		1 2: Department				on (CRDC)		ontract Appendix #:	B-1
DIMIT CEGAI ETIALY IVAL		ler/Program Name;			Document Date:	7/1/14			
	Provid	Provider Number:		e Management					
		Provider Number:	00036				······································	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	38CX	38CX	38CX	3BCX	38CX				
	vode/SFC (M	H) or Modality (SA)	60/78	60/78	60/78	60/78	60/78		· · ·
	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		
	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		
EMMONIA MERCHANIS POPULATION DE LA CONTRACTOR DE LA CONTR	FUNDING USES								
	337,128	104,937	22,650	84,612	90,091		639,318		
	Salaries & Employee Benefits Operating Expenses					13,300		 	28,943
Capital		reater than \$5,000)	11,952	2,773	918		-		
	349,080	107,710	23,468	97,912	90,091	-	668,261		
	38,400 - 387,480	11,848 119,558	2,582	10,770	9,909		73,509		
·	TOTAL FUNDING USES				26,050	108,682	100,000		741,770
CHISMENIADIKEARI PRUNDING SPURGESHIPSE	CEDA			Particular and Particular	are to the same				
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		HMHMCHCDHSWO			26,050				26,050
MH WORK ORDER - SFCFC First Five		нмнмснртимо				108,662			108,682
MH STATE - SAMHSA FMP Grant	93,958	HMM007-1502		119,558					119,558
		ļ							
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		nave string is the second page.	387,480	119,558	26,050	108,682	100,000		741,770
GERS/SHES/JAN/GE/SHESE/SHUNDING/SHURGES/	The second second	The state of the s	1.10	I was a superior				15.25.50.20.00	Ole Branch Control
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR									
OTHER DRIFFERNDINGISOBLESS AND			MONEY DOWNERS WANT	and the second s	CHECKER OF THE OWNERS OF THE OWNER.		- Character Company	gradition of the second	are the complete and the complete complete complete complete complete complete complete complete complete comp
		100000000000000000000000000000000000000	1990 Hill 1990 Hill 1990	A MANAGEMENT ASSOCIATION OF	2167 - 2000 SULVE 24 2000 SU		250000000000000000000000000000000000000		
TOTAL OTHER DPH FUNDING SOURCES	 					_	-		
TOTAL DPH FUNDING SOURCES			387,480	119,558	26,050	108,682	100,000	-	741,770
NONFORH FUNDING SOURCES VINDE WATER	10.12.000	met of the second	Children Children	BEAUTIFUL STORY FLORE (A)	province province and the second	(1979) April 1971 (1979)	THE STREET OF STREET	100/2014/00/00/00/00	Programmators
									<u>-</u>
TOTAL NON-DPH FUNDING SOURCES				-		-			
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			387,480		26,050	108,682	100,000		741,770
CHARADAINE POPER PROVIDENTALISATION DE L'ARRESTATION DE L		阿斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯斯		SECTION AND DESCRIPTION OF THE PERSON OF THE	THE RESERVE OF THE PARTY OF THE		ACTUAL STATE OF THE STATE OF TH		
Number of Beds Purchased (if applicable)				ļ			1		
Substance Abuse Only - Non-Res 33 - Of		ļ		 		ļ <u></u>			
SA Only - Licensed Capacity for Medi-Cal P		<u> </u>			-				
Cost Reimburseme		· CR	CR	CR	CR	ļ.,			
	4,812		322	920	-]		487.563		
	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	ļ			
Cost Per Unit - DPH Rate (118.13					
Cost Per Unit - Contract Rate (DPH &			80.90	118.13	108.70				
Publishe		-Cal Providers Only cated Clients (UDC)		ļ	 		-		Total UDC:
L	0	0	0	. 0	0	<u> </u>	0		

DPH 3: Salaries & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary) Program Name: CBHS CYF Care Management

Document Date: 7/1/14

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	TOTAL		General Fund HMMHCP751594		SAMHSA FMP Grant HMM007-1502		HSA Childcare Work Order HMHMCHCDHSVVO		SFCJC First Five Work Order HMHMCHPTINWO		MHSA WDET Project РМН863-1508	
	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
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
dministrative Analyst	1.00	50,256	0.65	32,666			0.35	17,590				
dministrative Assistant	1.00	30,710	1.00	. 30,710								
Herk Typist/ Receptionist	1.00	31,640	1.00	31,640						· · · · · · · · · · · · · · · · · · ·		
patient Discharge Coordinator	1.00	54,540	1.00	54,540								
Mental Health Case Manager (TBS)	0,75	53,084	0.75	53,084								· · · · · · · · · · · · · · · · · · ·
ecretary	1.00	65,888	0.45	29,650	0.55	36,238						
Senior Administrative Assistant	1.00	45,616			1.00	· 45,616					-	
rainer (Title IV E)	0.38	30,680	0.38	30,680								
Parent Training Institute Coordinator	1.00	66,000							1.00	66,000		
rauma Informed System Project Coordinator	1.00	70,274								•	1.00	70,2
										·		
	-		<u> </u>									
					·							
	-											
											<u> </u>	····
	-											
		_								-		
Totals:	9.13	498,688	5,23	262,970	1,55	. 81,854	0.35	17,590	1,00	60,000	1.00	70,2
						-						
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%	19,8

TOTAL OPERATING EXPENSE

DPH 4: Operating Expenses Detail

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

Appendix #:	B-1

Expenditure Category	TOTAL	General Fund HMMHCP751594	SAMHSA FMP Grant HMM007-1502	HSA Childcare Work Order HMHMCHCDHSWO	SFCJC First Five Work Order HMHMCHPTINWO	MHSA WDET Project PMHS83-1508
	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				<u> </u>		
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:			, , , , , , , , , , , , , , , , , , , ,	,		
	_			<u></u>		

11,952

2,773

918

13,300

DPH 2: Department DMH Legal Entity Name (MH)/Contractor Name (SA):				M (CRUC)		and the second s	B-2
Provider/Program Name:						ontract Appendix #: Document Date:	7/1/14
Provider Number:		my wosaic Froje				Fiscal Year.	14-15
Flovider Number.	00030					riscal (ear.	17-10
	CBHS CYF Family	CBHS CYF Family	• •	i		1	
Program Name	Mosaic Project	Mosaic Project					,
Program Code (formerly Reporting Unit)		8957				,	
Mode/SFC (MH) or Modality (SA)		60/78					
	Other Non-	Other Non-				1	
Service Description	MediCal Client Support Exp	MediCal Client Support Exp					TOTAL
FUNDING TERM		7/1/14-6/30/15					7/1/14-6/30/15
FUNDING USES			VP4P375333000000000000000000000000000000000	Market St. Commercial	STREET,		
Salaries & Employee Benefits		78,335					150,919
Operating Expenses		7,251		····			10,840
Capital Expenses (greater than \$5,000		17.7					-
Subtotal Direct Expenses		85,586	-	-	-		161,759
Indirect Expenses		9,414					17,793
TOTAL FUNDING USES		95,000	-	_	-	-	179,552
CBHS MENTAL HEALTH FUNDING SQURGES CFDA CFDA		经验证的	2015 100 100 100	THE PERSON NAMED IN		计算机的图像	
MH STATE - Family Mosaic Capitated - HMHMCP8828CI		95,000		<u> </u>			95,000
MH COUNTY - General Fund CYF - HMMHCP751594	84,552	<u> </u>	ļ	<u> </u>		ļ <u> </u>	84,562
TOTAL ODI OUT IT IN THE PLANT OF THE PLANT O		0.7.660					179,552
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES GBHS SUBSTANCE ABUSE FUNDING SOURCES	84,552		a divisa turanika programati		enemberskillstebranen in erebiete		
CRUD DODO MARC ABOSE L'AMBINAIS AMPOESTATION DE LA COMPANSION DE LA COMPAN	2. (1.3.4) 3.00 (1.3.4)	1199	A LONG TO THE STATE OF THE STAT				
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
OTHER OPHICUNDING SOURCES	2 3 May 10 20 3 KW 120 7 7 8 12 2 4	O GREEK SAME STOCKER STOCKER	TO THE SECOND SECTION OF THE SECOND SECO	n Marsayean est Stevenson	- Magaziaka di Shebro	200000000000000000000000000000000000000	
	3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -		1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		e de la compressión de la comp	, to a second and a second as a	_
TOTAL OTHER DPH FUNDING SOURCES							_
TOTAL DPH FUNDING SOURCES	84,552	95,000			-	-	179,552
NON-DPH-FUNDING SOURCES TO THE PROPERTY OF THE	or planting at the plant		The property of the same	er engelen kongren († 2004) je	WWW. Tight of Street		
TOTAL NON-DPH FUNDING SOURCES		·				-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	84,552						179,552
CBHS UNITS OF SERVICE AND UNIT COST						25/2015/09/09/09	NOTE: STATE
Number of Beds Purchased (if applicable							
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classe					-	-	
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Progra		 	<u> </u>	4			
Cost Relmbursement (CR) or Fee-For-Service (FF:		CR	<u></u>		 		300000000000000000000000000000000000000
Units of Service			7	<u> </u>			The state of the state of the state of
Unit Typ		Staff Hour		 			72.7
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES On Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCE				 		 	5.00
Published Rate (Medi-Cal Providers On		9 103.26		 	 		Total UDC:
Unduplicated Clients (UD			<u> </u>	- 			Total ODG.

annendby #:	B-2

Contractor Name:	HealthRIGHT 360	(Fiscal Intermediary
N	OBUE OVE FALIR	Manala Dralast
Program Name:	CBHS CYF Family	MOSBIC Project

Document Date; 7/1/14

		TOTAL		eneral Fund MHCP751594	- Capli HMF	ated Medi-Cal IMCP8828CH						
	Term:	7/1/14-6/30/15	Term:	7/1/14-8/30/15	Term:	7/1/14-8/30/15	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			1		.	
amily 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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	-							<u> </u>				<u> </u>
			***************************************									-
										<u></u>		
					<u> </u>							L
Totals	2.20	117,722	1,20	56,618	1.00	61,104						
Employee Fringe Benefits	28.2%	33,197	28,2%	15,966	28.2%	17,231				1		

				•	
,	•	٣1	F-	n	

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	i	

TOTAL SALARIES & BENEFITS

150,919

72,584

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
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Expenditure Category	TOTAL	General Fund HMMHCP751594	Capliated Medi-Cal HMHMCP8828CH			
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Тепл:
Occupancy:						
Rent						
Utilities (Telephone, Electricity, Water, Gas)				· · · · · · · · · · · · · · · · · · ·		
Building Repair/Maintenance			ii 4			
Materials & Supplies:	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·			
Office Supplies				and the state of t		
Photocopylng						
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				<u> </u>		
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel	2,400	1,200	1,200			
Out-of-Town Travel	-					
Field Expenses						
Consultant/Subcontractor:		-				
			`			
Other:						1
-		-				

	•						
TOTAL OPERATING EXPENSE		10.840	3,589	7.251	•	_	
IO IMP OF FIGURE EXPENSE		10,040	9.505	(,44)	-		
		the state of the s		فالتحال وبديد مستناطنا التسييري أسرمها التكار وارشدن بديب			-

	DPI	12: Department	of Public Heatl	1 Cost Reportin	g/Data Collection	on (CRDC)			
DMH Legal Entity Na	me (MH)/Car	tractor Name (SA):	HealthRIGHT 36	30 (Fiscal Interm	ediary)		C	ontract Appendix #:	B-3
	Provid	ler/Program Name:	CBHS CYF Fos	tercare Migration	1			Document Date:	7/1/14
		Provider Number:	00038					Fiscal Year.	14-15
	CBHS CYF Fostercare Migration				-				
		erly Reporting Unit)	8997				<u> </u>		·
	Mode/SFC (M	H) or Modality (SA)	60/78 Other Non- MediCal Client	· · ·					
·		Service Description				ļ			TOTAL
	monta i sain saler	FUNDING TERM			a subdivision of visites, from a	a altonomico de la companio de la c	A TOTAL DEPOSITATION AND ADDRESS.	Proming allowing All and Control of the	7/1/14-6/30/15
EUNDING USES TO SERVE TO SERVE THE S					Mark and the same could				
	***************************************	Employee Benefits				ļ			211,754
Cantal		Operating Expenses (reater than \$5,000)	14,452			ļ	 	 	14,452
Сарда		tal Direct Expenses	226,206			 	<u> </u>	<u> </u>	226,206
	30000	Indirect Expenses						<u> </u>	24,884
	TOTA	L FUNDING USES			-	-		_	251,090
CHESIMENTALEBRAUTH FUNDING SOURCES IN					and the second second	W. C. C. C. C. S. Allerton	CALLANIA CONTRA	1995 (1995)	
MH WORK ORDER - HSA Fostercare		HMHMCHFOSTWO							251,090
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			251,090	_	-	-		-	251,090
CHESTURS TANCE ABUSE TUNDING SOURCES									
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE			-		-	-		-	-
CITERADER EUNDINGISQUAGES		nest kaja ervasas							
TOTAL OTHER DPH FUNDING SOURCES			P	-	-		-	-	-
TOTAL DPH FUNDING SOURCES			251,090		,-	-	-	-	251,090
MONIDERKEUNDINGISIOURGESYS									
TOTAL NON-DPH FUNDING SOURCES			-		-		•	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			251,090			_	-		251,090
GEHS/CRIMS/CRISTER/MEE/AND/UNIT/COISTAN/				30/2007/1900/1900	THE RESERVE AND PROPERTY.			Harris and the same of the sam	
Number -	of Beds Purc	hased (if applicable)							
Substance Abuse Only - Non-Res 33 - Of						<u> </u>	<u> </u>	<u> </u>	
SA Only - Licensed Capacity for Medi-Cal P						ļ			
Cost Reimburseme	nt (CR) or Fe				1			ļ	The second second
<u> </u>	·	Units of Service	·	· · · · · · · · · · · · · · · · · · ·	ļ	ļ <u>.</u>	 	ļ	Sept 141
Onto the policy is	DDII ELIZA	Unit Type		 			ļ	 	An
Cost Per Unit - DPH Rate (I Cost Per Unit - Contract Rate (DPH &				 	 	 	 	 	
		Cal Providers Only)			 -	 	 	 	Total UDC:
1 (10)(5) (6)		cated Clients (UDC)		 	 	 	 	 	(Colat ODC:

Contractor Name:	HealthRIGHT 360 (Fiscal Intermediary)
	CBHS CYF Fostercare Migration
Document Date:	

Appendix #:	B-3

		TOTAL	HSA FO	ostercare WO ICHFOSTWÖ								
	Terrn:	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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									1			
Totals	4.20	165,175	4,20	165,175	<u> </u>	 						
	بالتكاري وما	lesson and the lesson	<u> </u>				ran lington	Literatura de la composición del composición de la composición de	,	, T. (1997)		<u> </u>
		•				•						
Employee Fringe Benefits	28.2%	46,579	28.2%	46,579	T	1	<u> </u>	<u> </u>	T	T		
Endroller Childe Bending	.,	1 10,019	1 20.276	-10,578								· · ·
•												
TOTAL SALABIES & BENESITS		244 754	3	244.754	٦.		$\overline{}$		٦ .			Ţ

	p		 ·		
TOTAL SALARIES & BENEFITS	211,754	211,754	The state of the s	-	

DPH 4: Operating Expenses Detail

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

Appendix	#:	B-3
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Expenditure Category	TOTAL	HSA Fostercare WO HMHMCHFOSTWO				
	Term: 7/1/14-8/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term:	Term:
Occupancy:					_	
Rent						
Utilities (Telephone, Electricity, Water, Gas)						
Bullding Repair/Maintenance	1					·
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:						
		,				

FOTAL OPERATING EXPENSE	14,452 14,452	 <u> </u>		

	DPH	2: Department	of Public Heatl	Cost Reporting	g/Data Collectio	n (CRDC)			
DMH Legal Entity Na	me (MH)/Con	tractor Name (SA):	HealthRIGHT 36	30 (Fiscal Interm	ediary)		C	ontract Appendix #;	B-4
	Provid	ler/Program Name:	CBHS CYF SPA	/IP Fostercare				Document Date:	7/1/14
•		Províder Number:	00038					Fiscal Year.	14-15
					,			,	
•		D	CBHS CYF SPMP		. '				
Program	n Codo (forme	Program Name erly Reporting Unit)	Fostercare 8997	Fostercare	-m				
		H) or Modality (SA)	6997 60/78	8997 60/78			WA		
	WOODSTC (W)	ri) or woodanty (SA)	Other Non-	Other Non-					
			MediCal Client	MediCal Client			•		i
100	:	Service Description		Support Exp	<u>. </u>				TOTAL
		FUNDING TERM		7/1/14-6/30/15					7/1/14-6/30/15
FUNDING USES	物等的代码的	(files and select)		CONTRACTOR OF THE	等等等。1917年	SERVICE PROPERTY.		第二次,因此是一种	
	Salaries &	Employee Benefits	466,751	115,365					582,11
		Operating Expenses				400			5,40
Capite		reater than \$5,000)						<u> </u>	
· · · · · · · · · · · · · · · · · · ·	Subto	tal Direct Expenses		115,365				<u> </u>	587,51
	TOTA	Indirect Expenses		12,689			<u> </u>		64,62 852,14
CHHS:MENTAL/HEALTH FUNDING SOURCES?					- And Company of the	TO SECOND PROPERTY AND AREA OF A SECOND	- Translind revolunts (2007)	7.00	
MH WORK ORDER - HSA SPMP Fostercare		HMHMCHSPMPWO		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
MH WORK ORDER - HSA GF Match	 		·}						524,08 128,08
IMIT WORK ORDER - H3A GF Watch		НМНМСНМТСНМО		128,054	 	 			120,00
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	<u></u> 5		524,088	128,054	 		_		652,14
CBHS SUBSTANCE/ABUSE/FUNDING/SOURCES!		THE STATE OF THE S				Serve District Control	TOTAL STREET		
	de la constant de participations	(10) Street 10 10 10 10 10 10 10 1		er to the restored on the property of	in the state of th	1.00			130044010000000000000000000000000000000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES			-	-	-		-	
OTHER DEHIRUNDING/SOURCES				a managangan pangganggan			SEASON SERVICE AND	o creation and the Laborat	
TOTAL OTHER DFH FUNDING SOURCES					-			-	
TOTAL DPH FUNDING SOURCES			524,088					-	652,14
NON-DEHIEUNDING/SOURCES	A SHIPPING			Programme and the	中的特別的	a supplement and in the same	建筑地位的		
								1	
TOTAL NON-DPH FUNDING SOURCES				-				-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1		524,088					-	652,14
CHIS UNITS OF SERVICE AND UNIT COST					4 28 215 2 18 2 2 2				The last of the last
		chased (if applicable				 			Market Company Company
Substance Abuse Only - Non-Res 33 - 0									geographic designation of the control of the contro
SA Only - Licensed Capacity for Medi-Cal						 	 		25 (4) (4) (4) (4) (4) (4) (4) (4) (4) (4)
Cost Reimbursem	ent (CK) of Fe	e-For-Service (FFS	· · · · · · · · · · · · · · · · · · ·	CR		 	-		
		Units of Servic	······································		4			_	256,402,500,000
Cost Per Unit - DPH Rate	(DPH ELIXIDI	Unit Typ		Staff Hour 4 139.19	1	+	 		12 100 2
Cost Per Unit - Contract Rate (DPH						- 			
		i-Cal Providers Onl		138,18		··	1		Total UDC:
		licated Clients (UD)		0	5	1			1

DPH 3: Salaries & Benefits Detail

Contractor Name:	HealthRIGHT 360 (Fiscal Intermediary)
	CBHS CYF SPMP Fostercare
Document Date	7/1/14

Appendix #:	B-4
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		TOTAL .	N	PMP Fostercare lork Order ICHSPMPWO	W	hildren's Match Jork Order ACHMTCHWO						
	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								
Ollnician	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								
											ļ	
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							<u> </u>					ı
Totals	7.00	454,068	6.00	364,080	1.00	89,988	<u> </u>			-		
Employee Fringe Benefits	28.2%	128,048	28.2%	102,671	28.2%	25,377						
.,									.•			•
TOTAL SALARIES & BENEFITS	•	582,116	. !	466,751	1	115,365	1		7].	·
		1	i l				ď	Language of the second	and.	Land to the second	ė .	

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS CYF SPMP Fostercare

Document Date: 7/1/14

Appendix #:	B-4
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	7	······			····	
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	Тепп:	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 Travél	1,200	1,200				
Out-of-Town Travel						
Field Expenses		-				
Consultant/Subcontractor:	•					
Other:						

TOTAL OPERATING EXPENSE

5.400

DMH Legal Entity Nag	ne (MH)/Contractor Name (SA):	epartment of Pu HealthRIGHT 36		-11	· · · · · · · · · · · · · · · · · · ·		100	Co	ontract Appendix #;	B-5
	Provider/Program Name;							······································	Document Date:	7/1/14
	Provider Number:		1			·····			Fiscal Year:	14-15
	Program Name	MH Administration	Co	unnydale immunity Facility	Medi-Cal Billing Clerks	DPH HSA Health Worker Pilot Project	MH Administration	Information Tachnology	SF Community Response. Network	17 18
Program	Code (formerly Reporting Unit)	n/a		n/a	n/a	n/a	n/a	n/a	n/a	
N	lode/SFC (MH) or Modelity (SA)	60/78	l.i_	60/78	60/78	60/78	40/00	40/00	40/00	
	Service Description		Med Su	her Non- liCal Client pport Exp	Other Non- MediCal Client Support Exp	Other Non- MediCal Client Support Exp	MHSA Administration	MHSA Administration	MHSA Administration	TOTAL
	FUNDING TERM			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-G/30/15
EUNDING USES	A SECTION AND DESCRIPTION OF THE PROPERTY OF T		199				- Committee of the comm		100-21	
·	Salaries & Employee Benefits	124,607		83,293	298,770	36,278	110,655	27,027	22,522	703,152
	Operating Expenses					-	<u>-</u> -			3,600
	Expenses (greater than \$5,000)		 				440.055			
	Subtotal Direct Expenses Indirect Expenses	128,207 14,103		83,293 9,163	298,770 32,864	36,27B 3,990	110,655 12,173	27,027 2,973	22,522 2,478	706,752 77,744
	TOTAL FUNDING USES		┉┼╌	92,458	331,634	40.268	122,828	30,000	25,000	784,496
CEHSMENTAL MEATITHEUNDING SOURCES			7334498	32,433	331,034		Annual Control of the		20,000	
		12.11	20/07/92/92	111111111111111111111111111111111111111		10.00			Carlo Ca	
MH COUNTY - General Fund	- HMHMCC730515	142,310		92,456	331,634	40,268	400 000	~~~		606,668
MH STATE - MHSA CSS Project	- PMHS63-1507		┝	•		 	122,828	30,000	DF 000	152,828
MH STATE - MHSA WDET Project	- PMHS63-1508	<u> </u>	ļ			<u> </u>		· · · · · · · · · · · · · · · · · · ·	25,000	25,000
TOTAL CBHS MENTAL HEALTH FUNDING SOL	Ibcee	142.310	╂┉┼╌	92,456	331,634	40,268	122,828	30,000	25,000	784,496
CEHSSUBSTANCE/ABUSEHUNDING/SOURCE										
GREEN CONTRACTOR CONTR		10.010.000.000.000.000.000.000.000.000.	1188815	CANCEL PRINCIPLE			2.50			
TOTAL CBHS SUBSTANCE ABUSE FUNDING S	CURCES		 							
OTHER DRIEUNDING SOURCES TO THE		i sinikidhai matik lakayyada	3300000	Salate Diskusion	1873 mar 250 and 250 a		PROBLEM STEATURES OF STREET	Echosomoakoni se Grean al Prime	Bishasions/angaran	ACTION ACTION AND ACTION AND ACTION A
			130000000	n'i an francesia di como	A Control of the Cont	Total and the state of the stat	to a management of the second	escentististico de la como	Brown State Constitution of Constitution	aranan karan kan aran karan kara
TOTAL OTHER DPH FUNDING SOURCES			╀┷┼╌	·		 				
TOTAL DPH FUNDING SOURCES		142,310	 -	92,456	331,634	40,268	122,828	30,000	25,000	784,496
NGN DRHIEUNDING BOURCES AND TO SEE A PARTY OF THE PARTY O		AND THE PERSON OF THE PERSON O	US 2017/19							
	received executing properties and a second	Cont. Economic State (1989) 76 (1989)	1 STON 12/1	The Part of Control of the Control	of conference and an arrangement	and the state of t	ALESS CO. MARCH. SCHOOL STATE	1901 (M. 1905) (M. 1907) (M. 1907) 	THE STATE OF THE S	2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/01/2016/0
TOTAL NON-DPH FUNDING SOURCES		 	 							
TOTAL FUNDING SOURCES (DPH AND NON-D	PH)	142,310	+	92,456	331,634	40,268	122,828	30,000	25,000	784.496
CHESTANTE OF SERVICE AND UNIT COST					average street state					
	of Beds Purchased (if applicable)		100 4 100 121	CHAPTER TON THE PROPERTY.	A STATE OF THE PROPERTY OF THE PARTY OF THE	A CONTRACTOR OF THE PARTY OF TH	The married in magnetic florida II facility	The Assessment of the State of the	1. 12. 12. 12. 12. 12. 12. 12. 12. 12. 1	
Substance Abuse Only - Non-Res 33 - OD			1-1-							
SA Only - Licensed Capacity for Medi-Cal Pr			┿┼╴							100000
	it (CR) or Fee-For-Service (FFS)		11	CR	CR	CR	CR	CR	CR	
2332 (137)(137)	Units of Service	· · · · · · · · · · · · · · · · · · ·	1+	920	5,520	· · · · · · · · · · · · · · · · · · ·	920	460	230	
	Unit Type			Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	and the standard of
Cost Per Unit - DPH Rate (I	OPH FUNDING SOURCES Only		-	100.50	60,08		133,51	65.22	108.70	
Cost Per Unit - Contract Rate (DPH &				100,50	60,08		133,51	65.22	198.70	71.72
	Rate (Medi-Cal Providers Only)		1:				-		744.70	Total UDC:
	Unduplicated Clients (UDC)	4	1-+	Ö	0				0	0

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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS MH FI Services

Document Date: 7/1/14

Appendix #:	B-5	

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		TOTAL	Ger	dministration neral Fund MCC730515	Gr	tale Comm Facility eneral Fund IMCC7305		Ge	al Billing Clerks neral Fund IMCC730515	P Ge	A Health Worker ilot Project eneral Fund HMCC730515	M	dministration HSA CSS HS63-1507	M	tion Technology HSA CSS HS63-1507	WH	nunity Response Network ISA WDET IHS63-1508
	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	Termi	7/1/14-6/30/19
Position Title	FTE	Salaries	FTE	Salaries	FTE	Sala	les	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
lealth Information Technician	1.80	97,197	1,80	97,197			,										
ommunity Facility Manager	1.00	64,971			1.00		64,971										
onsumer Employment Manager	1.00	86,314]									1,00	86,314				
rogrammer Analyst	1.00	21,082												1.00	21,082		
vledi-Cal Billing Clerks	6.00	233,050		····			<u> </u>	6.00	233,050								<u>.</u>
Public Service Aide/Program Coordinator	0.80	28,298								0,80	28,298						
SPI Staff	0.25	17,568				ļ	1									0.25	17,5
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	<u> </u>	-			ļ	<u> </u>	1					ļ					<u> </u>
		<u> </u>				<u> </u>			<u> </u>					<u></u>		<u> </u>	
	<u> </u>	<u> </u>			<u> </u>		1			<u> </u>							
Totals	11,85	548,480	1,80	97,197	1,00	<u></u>	64,971	6.00	233,050	0.80	28,298	1.00	86,314	1.00	21,082	0,25	17,0
	٠						1	•									
Employee Fringe Benefits	28.29	6 154,672	28.2%	27,410	28.29	6	18,322	28.2%	65,720	28.29	7,980	28.2%	24,341	28.2%	5,945	28.2%	4,
							[· · · · · · · · · · · · · · · · · · ·						
TOTAL SALARIES & BENEFITS		703,152	1	124,607	7	[83,293	1	298,770		36,278	1	110,655	7	27,027	7	22,
			=	Maria Contraction of the Contrac				4	The state of the s		(100 per 100 p	ei	Harrist Hills Street, Square,	11	The second lives of the least o	व्य(***************************************

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Contractor Name: HealthR G fT 360 (Fiscal Intermediary)		•			4
Program Name: CBHS MH FI Services					
Document Date: 7/1/14	•				

Expenditure Calegory	TOTAL	- MH Administration General Fund HMHMCC730515	Sunnydate Community Facility General Fund HMHMCC730515	Medi-Cal Billing Clarks 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: 7/1/14-5/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15
Occupancy:			<u> </u>					
Rent								
Utilities (Telephone, Electricity, Water, Gas)			<u> </u>					· · · · · · · · · · · · · · · · · · ·
Building RepainMaintenance			<u></u>					
Materials & Supplies:	-		1					
Office Supplies								
Photocopying			· · · · · · · · · · · · · · · · · · ·					
Printing			1					
Program Supplies	1,200	1,200	<u> </u>					
Computer Hardware/Software			<u> </u>					
General Operating:							•	
Training/Staff Development	1,200	1,200	1					
Insurance								
Professional License								
Permits								
Equipment Lease & Maintenance	_							
Staff Travel:	_				,			
Local Trayel	1,200	1,200	[
Out-of-Town Travel	_							
Field Expenses	-							
Consultant/Subconfractor;	_				·			
Other:								
		,,,,,	 	 				

TOTAL OPERATING EXPENSE	2.222						
IOTAL OPERATING EXPENSE	3,600	3,600	-	i i	 _	_	

DMH Legal Entity Name (ctor Name (SA):					odor (orrow)	Con	tract Appendix #:	B-6
		Program Name: (· · · · · · · · · · · · · · · · · · ·						Document Date:	7/1/14
		rovider Number:					· · · · · · · · · · · · · · · · · · ·		Fiscal Year:	14-15
	Program Name			ie .	OBOT Services	Quality Mgmt - Consumer Specialist	Quality Mgmt - Data Manager	Training	Children's Program	
Program Co	de (formerl	y Reporting Unit)	Van Parkir n/a	-	n/a	n/a	n/a	n/a	n/a	
		or Modality (SA)	Supt-00		Supt-00	Supt-01	Supt-01	Supt-00	Supt-00	
		rvice Description	SA-Coun Support	ty	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
FUNDING USES	Page Sylvery		SAME TO THE	NEW P		A CONTRACTOR OF THE STATE OF TH				
S	alaries & E	mployee Benefits				101,890	98,292		57,528	257,710
		erating Expenses	55,	034	32,384	31,800	-	209,533	11,400	340,151
Capital Exp		ater than \$5,000)	i_		N					
		Direct Expenses		,034	32,384	133,690	98,292	209,533	68,928	597,861
		ndirect Expenses		,054	3,562	14,706	10,812	23,049	7,582	65,765
		FUNDING USES		,088	35,946	148,396	109,104	232,582	76,510	663,626
CBHS MENTALHEALTH FUNDING SOURCES		200 March 200 Ma	trae von Autom	**************************************						
TOTAL CBHS MENTAL HEALTH FUNDING SOU	IRCES		<u> </u>				<u> </u>	<u> </u>		
CBHS SUBSTANCE ABUSE EUNDING SOURCE		FAMIS	VERTEN ERE	800000				See a see a see a see a see a se		
SA COUNTY - General Fund		HMHSCCRES227		.088	35,946	148,396	109.104	232,582		587,116
SA WORK ORDER - HSA Children's Program		HMHSDIFFERWO	<u></u>	,000		1,40,000	100,104	202,002	76,510	76,510
		, , , , , , , , , , , , , , , , , , , ,					†			
TOTAL CBHS SUBSTANCE ABUSE FUNDING				,088	35,946	148,396	109,104	232,582	76,510	663,626
OTHER DPH RUNDING SOURCES			的計學學院	翻起於			STATE OF THE STATE			
								·		-
TOTAL OTHER DPH FUNDING SOURCES		<u> </u>		-	-	_	-		-	
TOTAL DPH FUNDING SOURCES	Least-Margin are por			,088	35,946	100			The second second second	A
NON-DRH/EUNDING SOURCES	277757-148		A SHE CHARGO	经数据	Fall Control					
TOTAL NON-DPH FUNDING SOURCES	 	<u> </u>	 					 		-
TOTAL FUNDING SOURCES	I DHI	 		1,088	35,946	148,396	109,104	232,582	76,510	663,626
CHESUNITS OF SERVICE AND UNIT COST		i Osisinsiforesisemetres			35,946	140,396	109,104		76,510	
		sed (if applicable		1.62(0)(2)			artisa ny vonesa ara-ara-ara-ara-ara-ara-ara-ara-ara-ar	y programme and the second		# 1000 Page 100 Page
Substance Abuse Only - Non-Res 33 - ODF				<u> </u>			<u> </u>	 	-	The second second
	6A Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program		·		 	1	1			Service Constitution
	Cost Reimbursement (CR) or Fee-For-Service (FFS				CR	CR	CR	CR	CR	
Units of Service				6	138	920	920	1,380	920	
Unit Type			Month	is	Staff Hour	Staff Hour	Staff Hour	Staff Hour	Staff Hour	and the first state of the stat
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)) 10,1	81.33	260,48	161.30	118.59	168.54	83.16	طحب المراجع والمناطق المراجع والمناطق المراجع والمناطق والمراجع وا
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)				81.33	260.48	161.30	118.59	168.54	83,16	85.7516165.75G
Published R		Cal Providers Only ated Clients (UDC		[i -	-	1	-	_		Total UDC:
)	<u> </u>	C) () () ()0	460		

DPH 3: Salarles & Benefits Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS SA FI Services

Document Date: 7/1/14

Appendix#: B-6

		TOTAL	G	done Van Parking eneral Fund HSCCRES227	d	BOT Services Seneral Fund HSCCRES227	Cons G	y Management - umer Specialist eneral Fund HSCCRES227	Da G	y Management - nta Manager eneral Fund HSCCRES227	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	FTÉ	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				<u> </u>		·
Domestic Violence Specialist	1.00	44,874											1.00	44,8
								· · · · · · · · · · · · · · · · · · ·		·	<u> </u>			
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Totals		201,022	<u> </u>			 	1.00	79,477	1.00	76,671	1		1.00	44,8
			<u> </u>		· · · · · · · · · · · · · · · · · · ·								1 (.00)	7710
Employee Fringe Benefits	84.6%	56,688	<u> </u>	<u> </u>	<u> </u>	<u> </u>	28.2%	22,413	28.2%	21,621	<u> </u>	<u></u>	28.2%	12,6
	,					•					٠.			
TOTAL SALARIES & BENEFITS		257,710	7		7] [101,890] [98,292	1]	. 57,5

TOTAL OPERATING EXPENSE

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

340,151

Program Name: CBHS SA FI Services

Document Date: 7/1/14

B-6

11,400

209,533

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
Occupancy:	-	1					
Rent	-						
Utilities (Telephone, Electricity, Water, Gas)							
Building Repair/Maintenance							
Materials & Supplies:	-						
Office Supplies	6,000	i		6,000			
,Photocopying	_						
Printing	_	i					
Program Supplies	9,000		,	6,000			3,000
Computer Hardware/Software							
General Operating:	_	1					•
Training/Staff Development	7,800			6,000			1,800
Insurance							
Professional License	<u> </u>			1			
Permits							·
Equipment Lease & Maintenance							
Staff Travel:	· .		•				
Local Travel	2,400	i		1,800)		. 600
Out-of-Town Travel		-					
Field Expenses							
Consultant/Subcontractor:							
Harm Reduction Therapy Center	32,384		32,38	4			
Training Consultants	209,533	3				209,533	
Other:		_					
Vehicle Expense	55,034	55,03	4				1
Client Expense	18,000		<u> </u>	12,00	0		6,000

55,034

32,384

DMILL and Falls Name (MINO) and and a Name						<u> </u>			0.7
DMH Legal Entity Name (MH)/Contractor Nam	ne (SA):	realthrigh	C 200	Tractment Co	eter		С	ontract Appendix #	B-7
			Cour	t Treatment Cer	nter			Document Date:	7/1/14
Provider N	Number:	383804	· · · · ·	———Т	·			Fiscal Year:	14-15
		1		. [,	
		Drug Cour	rt						
		Treatment Ce	nter						·
Program Code (formerly Reporti	38044			·					
Mode/SFC (MH) or Moda	lity (SA)	Anc-87						 	
	ł	Drug Court-O	ther						
Service Des	Tx Related S		·					TOTAL	
FUNDÍNO					•				7/1/14-6/30/15
FUNDING USES		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			Mark Strain				
Salaries & Employee		816,			<u> </u>			ļ	816,858
Operating Ex		342,	000	~~~~				ļ	342,000
Capital Expenses (greater than Subtotal Direct E)		1,158,	950				 	ļ	1,158,858
Subjoin Direct E		1,156,							1,150,656
. TOTAL FUNDING	1,2\$6,		-	-		-		1,286,332	
GERS MENTAL REACTH REINDING SOURGES OF A STATE OF THE STA			No service			EARTH PROPERTY.		194-3464	
							·		-
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	amadan kanasa	ant mazive sorred to said a	-	-	_				
				14					
SA STATE - PSR Drug Court - HMHSCCI SA COUNTY - General Fund - HMHSCCI		688,	850		<u> </u>		 	· · · · · · · · · · · · · · · · · · ·	688,482
SA COUNTY - General Fund - IMMHSCCI	KE8221	597	1850					<u> </u>	597,850
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		1,256,	.332				-	 	1,286,332
OTHER BRANCHOINGISOURCESES AND	Walter St				rooksii laariis	CONTRACTOR OF STREET	120000000000000000000000000000000000000	Total Constitution of the	
THE PROPERTY OF THE PROPERTY O				111111111111111111111111111111111111111					-
TOTAL OTHER OPH FUNDING SOURCES				-	-	-	-	-	-
TOTAL DPH FUNDING SOURCES		1,286			4	-	-	•	1,286,332
NION DEHIEUNDING SOURCES MONTH MANAGEMENT OF THE PROPERTY OF T	精練數	AND THE STREET						Section of the second	
TOTAL MOUNTE OF THE PROPERTY O		<u> </u>					<u> </u>		-
TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1 742			-			 	
CHARLY FORDING SOURCES (DPA AND NON-DPA)	WAR BERT	1,286		eireeileese (senerenenene		-	-	s programme posteriorista	1,286,332
Number of Beds Purchased (if ap			1000 at 100	AND STREET, ST		A STATE OF THE PARTY OF THE PAR	and the second second second		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (100
SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx	i.							TO THE PARTY OF	
Cost Reimbursement (CR) or Fee-For-Service	CRI								
Units of		,512							
	Jnit Type				ļ	<u> </u>		<u> </u>	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCE			5,23			ļ			Property of
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SO		 	5.23			<u> </u>	ļ	ļ	Service and the service of the servi
Published Rate (Medi-Cal Provide Unduplicated Client			180		 			 	Total UDC:
Onduplicated Citeri	(OUC)	<u> </u>	100		<u></u>	<u> </u>	<u></u>	.1	180

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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, 15								
Asst Program Coordinator	1.00	65,926	1,00	65,926								
Counselor/Case Manager	6,00	354,736	6.00	354,736						<u></u>		
Senior Administrative Assistant	1,00	53,241	1.00	53,241								:
Administrative Assistant	1.00	47,582	1,00	47,582				-				- Landard Company
Senior implementation Engineer	.0.34	33,575	0.34	33,575								
		_										
,			l =									
	-			·								
	-											
									<u> </u>		l'	
	_								<u> </u>			
		-		<u></u> j								
	_	-					•			<u></u>		
		-		· ;								
·	<u>-</u>			1.								
Totals:	10.34	637,175	10.34	637,175								
	,										•	
Employee Fringe Benefits	28.2%	179,683	28.2%	179,683		1						
TOTAL SALARIES & BENEFITS		816,858		816,858	1 .			[.]	

TOTAL OPERATING EXPENSE

DPH 4: Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)	_
Program Name: CBHS Drug Court Treatment Center	
Descriptions Date: 7/4/44	

342,000

Expenditure Category	TOTAL	PSR Drug Court General Fund HMHSCCRES2:	&			
	Term; 7/1/14-6/30/15	Term: 7/1/14-6/30	/15 Term:	Term:	Term:	Term:
Occupancy:						
Rent	102,000	10	2,000			
Utilities (Telephone, Electricity, Water, Gas)	42,000	<u> </u>	2,000			
Building Repair/Maintenance	21,000	2	1,000			
Materials & Supplies:		<u>_</u>				
Office Supplies	24,000		4,000	<u>:</u>		
Photocopying						
Printing		·			······································	
Program Supplies	24,000		4,000			<u> </u>
Computer Hardware/Software						
General Operating:		}				
Training/Staff Development	12,000	i 1	2,000			
Insurance	3,000		3,000		·	
Professional License		l				
Permits		i .				
Equipment Lease & Maintenance	.24,000	<u> </u>	4,000			
Staff Travel:		.	·			
Local Travel	3,000	. !	3,000			
Out-of-Town Travel	3,000		3,000			
Field Expenses	-					
Consultant/Subcontractor:	-	!				
	-					
Other:						
Client Drug Testing	42,000	1.	2,000			
Client Expenses	36,000	:	6,000			
Vehicle Expenses	6,000	· · · · · · · · · · · · · · · · · · ·	6,000			

		***************************************			Cost Reporting		on (CRDC)			
DMH Legal Entity Na							· · · · · · · · · · · · · · · · · · ·	<u>c</u>	ontract Appendix #:	B-8
	Provid			haviora	al Health Access	Center		··	Document Date:	7/1/14
		Provider Number,	<u> 383800</u>	: 				· · · · · · · · · · · · · · · · · · ·	Fiscal Year	14-15
				1						
•••		Program Name	ВНА	c c	BHAC SACPA			-		
Prograi	n Code (forme	erly Reporting Unit)	9908		99089		I	······································		***
		H) or Modality (SA)	SecPre	v-21	SecPrev-21					
			SA-Sec		SA-Sec Prev					
				Screeni	Referrals/Screeni					
		Service Description FUNDING TERM	`ng/int: 7/1/14-6		ng/Intake 7/1/14-6/30/15				ļ	7/1/14-6/30/15
EUNDINGIUSES	เป็นสายเราะส์เกียรณ์เลยสาย					official designation of the contract of the co	DOMESTICAL CONTRACTORS	Historia i su		771714-0/30/13
		Employee Benefits		85,993	207,997	_	Market State Committee	And the second second second second	* 00 C 200 C C 00 C 00 C 00 C 00 C 00 C	693,990
		perating Expenses		7,700	20,800					38,500
Capita		reater than \$5,000)			22,000	~				
-		tal Direct Expenses		03,693	228,797	-	-	-		732,490
		Indirect Expenses		55,407	25,167	-				80,574
		L FUNDING USES		559,100	253,964			-	-	813,064
GBHS MENTAL HEALTH FUNDING SOURCES	Professional Control	ATTAMINATE STATE YES	400	新聞的影響	ASSESSED FOR STANK	Description of the second	Y-700 S.W. 1990 P.W.	and the second	2 W. 17, 7 - 1972 - 19	
A CONTRACTOR OF THE CONTRACTOR			<u> </u>			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			<u> </u>
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE		Disco non-responde la contra constituire de la constituire della c	allegerator current	-	No. The second s	Trement with triumal out one and	T Sales research and its entitle street and	Section of the Parish transmission of the Parish Company		e tovitetore april (alla Unidenti)
CEHS SUBSTANCE ABUSE FUNDING SOURCES	_						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
SA COUNTY - General Fund		HMHSCCRES227	 	<u>559,100</u>	050 004	 	 	ļ		559,100 253,964
SA STATE - SACPA Project		HMHSPROP36	 		253,964	 			 	253,904
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUP	CES		-	559,100	253,964					813,064
OTHER DPHIEUNDING/SOURCES		000000000000000000000000000000000000000						77.5300 (35.00)		TWO CHILD
			1	i i	1		2			-
TOTAL OTHER DPH FUNDING SOURCES							-			-
TOTAL DPH FUNDING SOURCES				5\$9,100						813,064
NON-DRH FUNDING SOURCES		Property of the	開始的教育	程序的	The second second	"我们的人			ger an same	
				.						
TOTAL NON-DPH FUNDING SOURCES							-		-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	- Constant	The second secon		559,100			•		-	813,064
CEHS UNITS/OF SERVICE AND UNIT COST				950×5445	Property Commencer	E NEW YEAR PROPERTY.				Activity by the
		hased (if applicable		-				ļ		
Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program				- !	+				-	
SA Uniy - Licensed Capacity for Medi-Cat Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS)				R	CR	 		 		27.5
Units of Service				7,047		<u>, </u>			1	25
		Unit Typ		f Hour	Staff Hour	· · · · · · · · · · · · · · · · · · ·	- 		-	100000000000000000000000000000000000000
Cost Per Unit - DPH Rate	(DPH FUNDI			79.3			<u> </u>			1000
Cost Per Unit - Contract Rate (DPH	& Non-DPH F	INDING SOURCES	3)	79.3	69.0	1				it absence in the west for the IRR sales of the sales
Publish	ed Rate (Med	l-Cal Providers Only	0							Total UDC:
	>)	54	465	5				1,005		

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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: CBHS Behavioral Health Access Center

Document Date: 7/1/14

Appendix #:	B-8
Appendix n.	

				<u> </u>								·
		TOTAL	Ge	BHAC neral Fund . SCCRES227	SAC	BHAC CPA Project HSPROP36	-					
	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
ssistant Program Coordinator	1.00	58,177	1.00	58,17	7							
Counselor/Case Manager	8.00	324,488	4.00	162,24	4.00	162,244				·		
Administrative Assistant	2.00	93,494	2.00	93,49	1					· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Senior Implementation Engineer	0,66	65,175	0.66	65,17	5							
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	-											
					<u> </u>		ļ.					
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	-										ļ <u> </u>	
							<u> </u>					
	-	***************************************		· ·		· · · · · · · · · · · · · · · · · · ·	ļ		<u></u>		ļ	<u></u>
	-			}								
							<u>]</u>		<u> </u>		 	
	· ·-			·			<u> </u>		ļ .			
									-			
Totals:	11.66	541,334	7.66	379,09	0 4.00	162,244	-		<u> </u>	_		
					•						,	
Employee Fringe Benefits:	28.2%	152,656	28.2%	108,90	3 28.2%	45,753				<u> </u>	T	
Corproyes cands deficito,	20.276	132,030	20.276		, 20.278	40,700	-l		<u> </u>	L		
			•							•		
TOTAL SALARIES & BENEFITS		693,990] !	485,98	3	207,997	1		7		7	·

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:
Оссирансу:		·				•
Rent						
Utilities (Telephone, Electricity, Water, Gas)						
Building Repair/Maintenance	·					
Materials & Supplies:	-					
Office Supplies	6,000	3,000	3,000			,
Photocopying	_					
Printing	-	į.				
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:	_	<u> </u>		·		
Local Travel	600	300	300			
Out-of-Town Travel	4,800	2,400	2,400			
Field Expenses	_					
Consultant/Subcontractor:						
	_	1				
Other:						
Client Expenses	15,100	6,000	9,100			
TOTAL OPERATING EXPENSE	28,500	17,700	20,800)	-	

		····		th Cost Reportir		ou (ound)			
DMH Legal Enlity Na					lediary)		C	ontract Appendix #:	B-9
·	Provid	der/Program Name:		ess Connect				Document Date:	7/1/14
		Provider Number:	383800			I		Fiscal Year.	14-15
,			Project Homeles						
		Program Name	Connect	Everyday Connect			,		
Propres	n Code (form	erly Reporting Unit)	n/a	n/a	` \			 	·
		IH) or Modality (SA)	SecPrev-21	SecPrev-21	 	 		 	
	VIOGE/SI & (IV	in you would you	SA-Sec Prev	SA-Sec Prev					
. •			Referrals/Screen			1			
·		Service Description		ng/Intake					TOTAL
		FUNDING TERM		7/1/14-6/30/15					7/1/14-6/30/15
EUNDING/03E9			Branch Street, Street		Property of the second	第二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十	HOW SEEL STREET	Selection of the select	The state of the s
	Salaries &	Employee Benefits	388,18						859,648
		Operating Expenses	4,99	12,425	<u> </u>		ļ		17,420
Capita		reater than \$5,000)		-			ļ	 	
	Subto	tal Direct Expenses				ļ	<u> </u>	<u> </u>	877,068
	TOTA	Indirect Expenses				<u> </u>			96,478
CEHS/MENTAL/HEALTH/FUNDING/SOURGES***	TOTAL Demonstrations	AL FUNDING USES	486,43			1 82 Hagamaring pinih Varans	SECTION CONTRACTOR CON	O nakhtivnen naradna na mananina.	973,546
GERES MENTAL HEALTH HE HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH HEALTH	AND COMMENTS		PARTY OF THE STATE	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT		A REAL PROPERTY OF THE PROPERTY OF	SALES SERVICES		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	<u> </u>								
GHESSUBSTANCE ABUSERUNDING SOURCES		CAME CAME	500000000000000000000000000000000000000				APANTS PERMITS STREET VEHICLE	0.757453345454545454	USAN STOLENS CHOOSE A 1923
SA COUNTY - General Fund		HMHSCCRES227	436,43			225555000000000000000000000000000000000	0.9500.000.000.000.000.000.000		973,546
OA COUNTY - Gallelai runu	 	1101110001100227	400,40	201,114					310,040
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES		436,43	2 537,114	-	-	-	_	973,546
OTHER OPERUNDING SOURCESS STORY OF THE		CALL THE STATE OF	CONTRACTOR OF THE STREET			CHENTON STAN	27 20 20 20 20 20 20 20 20 20 20 20 20 20	ni rancasan ang	
1857 The Action of the State of									-
TOTAL OTHER DPH FUNDING SOURCES	† <u>-</u>			-	-	-	-		-
TOTAL DPH FUNDING SOURCES			436,43				-	-	973,546
NONSDEHEUNDING/SQUEGES OF THE STREET									S. Daniel Marie Marie (1971)
									-
TOTAL NON-DPH FUNDING SOURCES						-	-		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		<u> </u>	436,43			-	-	· · -	973,546
GBHSWILLISIGHUSSKY/GEVANDAURIDICIOS (ARVINANA)	ar a lette isse and issue in the	Name and Address of the Party o	The second secon	A Charles Annual Carl	a and the second				
The state of the s		hased (if applicable			<u> </u>				PART CONTRACTOR
Substance Abuse Only - Non-Res 33 - O				ļ		<u> </u>			
SA Only - Licensed Capacity for Medi-Cal F			1	 					
Cost Reimburseme		CR			ļ				
		Units of Service			· · · · · · · · · · · · · · · · · · ·	ļ	<u> </u>		
		Unit Type		Staff Hour		<u> </u>			
Cost Per Unit - DPH Rate						ļ	ļ	ļ	AVERAGE PERSON
Cost Per Unit - Contract Rate (DPH &				2 89.88	3-	 	ļ	 	MATERIAL PROPERTY.
Publishe		-Cal Providers Only					 	<u> </u>	Total UDC:
	Undupli	cated Cilents (UDC) 54	0 465	<u> </u>		<u> </u>		1,005

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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)			Appendix #* B-
Program Name: Project Homeless Connect	1	•	
Document Date: 7/1/14	ì		

		TOTAL	Ge	omeless Connect Ineral Fund SCCRES227	Ge	rday Connect neral Fund SCCRES227							
	Term:	7/1/14-6/30/15	Term:	7/1/14-6/30/15	Term:	7/1/14-8/30/15	Term:		Term:		Term:		
Position Title	FTE:	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Director	1.00	110,000	0.57	82,846	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					ļ	<u> </u>	
Director of Housing Resources	1.00	67,500	0.56	37,500	0.44	30,000			·		\		
Provider/Resource Coordinator	1.00	45,000	D.44	20,000	0.56	25,000			<u> </u>			·	
Voluniser Coordinator	1.00	50,000	0.90	45,000	0,10	5,000							
Senior Case Manager	1.00	48,212			1.00	48,212					<u> </u>		
Floating Case Manager	0.80	36,608			0.80	36,608	<u> </u>					 	
Events Assistant	0.80	33,280		i <u>.</u>	0.80	33,280		ļ		<u> </u>			
Case Manager	1.00	45,000			1.00	45,000				<u> </u>		ļ	
Program Associate	0.80	29,952	0,80	29,952			<u> </u>		\			·	
						***************************************			<u> </u>		<u> </u>		
	-											<u> </u>	
	·										ļ		
					<u> </u>		<u> </u>		-				
				1	<u> </u>		<u> </u>	-					
		-								<u> </u>			
Total	11.40	670,552	4.90	302 798	6.50	367,754					-		
				İ	-				,	, .			
Employee Fringe Benefit	s: 28.2%	189,096	28,2%	85,389	28.2%	103,707							
Employee Pringe Benefit	s: 28.2%	189,096	28,2%	5) 85,389	28.2%	103,707	<u>-</u>						

		•	•	A .		
•			•			
		[1	
TOTAL SALARIES & BENEFITS	859,648	388/187	471,461		- 1	1 .
		70-71-01		Market and the second s	THE RESIDENCE OF THE PERSON OF	MATERIAL PROPERTY AND ADDRESS OF THE PERSON NAMED IN COLUMN 1997 AND ADD

DPH 4 Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: Project Homeless Connect
Document Date: 7/1/14

Appendix #:	B-9
1 475-577-411	

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:						
Reni	-					
Utilities (Telephone, Electricity, Water, Gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	1,200		1,200			
Photocopying						
Printing	<u> </u>	: 				
Program Supplies	9,870	2,995	6,875	<u> </u>		
Computer Hardware/Software	-	<u> </u>				
General Operating:						
Training/Staff Development	5,000	2,000	3,000			
Ineurance	750		750			
Professional License	<u> </u>					
Permits .	<u></u>					
Equipment Lease & Maintenance	-					
Staff Travel:	<u>:</u>				<u> </u>	
Local Travel	008		600			
Out-of-Town Travel	<u>-</u>	<u> </u>				
Field Expenses	<u> </u>	<u> </u>		·	<u>.</u>	
Consultant/Subcontractor:						
	<u></u>				1	<u> </u>
Other:						
	_					

			1			· ·
TOTAL OPERATING EXPENSE		17,420	4.995	40 405		
TO THE OFERMING EXPERGE		17,420	4,950	12,425	•	<u>-</u>
	The second secon	Feet Committee C				والمراجع والمراجع والمنافذ والمراجع فيجودها والمتابع المراجع والمتابع والمتابع

·	DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DMH Legal Entity Name (MH)/Contractor Name (SA): HealthRIGHT 360 (Fiscal Intermediary) Contract Appendix #:									
DMH-Legal Entity Nah						ediary)	C	ontract Appendix #:	B-10	
	Provide	er/Program Name:	Minority A	AIDS In	itiative		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Document Date:	7/1/14
		Provider Number.	383800			7:			Fiscal Year.	14-15
							,			'
			1461		34AL DA	Mail Draw	,		. [
	Cad- (5	Program Name	MAI - I		MAI - SA	MAI ∼ Prev n/a				
	Program Code (formerly Reporting Unit) Mode/SFC (MH) or Modality (SA)				n/a					
14	loue/SFC (IVII	1) bi wodality (SA)	Supt-	00	Supt-00	Supt-00		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
			SA-Co	intv	SA-County	SA-County				
		Service Description	Supp		Support	Support			1	TOTAL
		FUNDING TERM	9/30/14-9		9/30/14-9/29/15	9/30/14-9/29/15				9/30/14-9/29/15
EUNDING USES	种种类型	同學可能與關係的		指對於	的问题是特别的解释		yer permit or the second	Service Control		
Company of the Compan	Salaries &	Employee Benefits		13,692	122,860	48,148				884,700
		perating Expenses		<u> </u>						
Capital		reater than \$5,000)	ļ. <u></u> .				ļ	<u> </u>	<u> </u>	-
	Subto	tal Direct Expenses		13,692	122,860	48,148	<u></u>	ļ	<u> </u>	884,700
	****	Indirect Expenses	<u> </u>	78,506 92,198	13,515	5,296	· · · · · · · · · · · · · · · · · · ·		- социяния	97,317
	TOTAL FUNDING USES				136,375	53,444	Hise Alderman lecturing on	antestaranes verstra d'Arrica ación	Authorizational Specification (Co.)	982,017
APPENDED IN THE PROPERTY OF TH	44.5		SISSAMORE	HEARTH CON		segminarenskrier				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	<u> </u>	***************************************		ļ						
CBHS/SUBSTANCE/ABUSE/FUNDING/SGURGES		CANALCAUISAGA	THE THE PARTY OF	i illi illi kara	ione Porte a Responsibilità	leirden einenstammen m	Tempelatus fatigaren eta en la co	Surveysors and feels		18/45/2012/00/2016/00/2018
SA GRANT - Fed SAMHSA MAI		HCSA10-1500		792,198	100000000000000000000000000000000000000				and the second	792,198
SA GRANT - Fed SAMHSA MAI	93,243	HCSA10-1501	 	7 52,150	136,375	1	 	<u> </u>		136,375
SA GRANT - Fed SAMHSA MAI	93,243	HCSA10-1502	 		100,010	53,444			-	53,444
			 	 		1	1	·		-
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES			792,198	136,375	53,444	-		-	982,017
OTHER DPHRUNGING SOURCES	NAME OF STREET	2009 新疆 亚纳亚	10%但如你	de la	CONTROL DESCRIPTION		S SUCCESSION OF THE SECOND	(17925-1970) (571) (871)	i yangawa wasanine	Control of the State of the Sta
				1						-
TOTAL OTHER DPH FUNDING SOURCES]	-		-			_
TOTAL DPH FUNDING SOURCES				792,198						982,017
NON-DPH FUNDING SOURCES			用即有學樣的	學等	的過程學是一樣的	" 在我们是一个	a sample programme and	avenue With the land		
	ļ		1	<u> </u>						-
TOTAL NON-DPH FUNDING SOURCES	 				<u> </u>		-	\	-	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	Military Military and Anna	Contractive contraction of the contraction	m ne sanakatina	792,198	136,375	53,444	Se produce a secondo cambro. Vers and	18 reknasi kanganan mengangan	- move in the masses and the decision in	982,017
OBHS UNITS OF SERVICE AND UNIT COST				BRASINA AN		Charles A. Janes Vin Char	V. (4)			
Number of Beds Purchased (If applicable) Substance Abuse Only - Non-Res 33 - QDF # of Group Sessions (classes)					 	-			· 	201908-2018-2019-2018-2
Substance Abuse Only - Non-Res 33 - OUF # of Group Sessions (classes) SA Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program							 		_	
SA Unity - Licensed Capacity for Medi-Cal Provider with Narcotic 1x Program Cost Reimbursement (CR) or Fee-For-Service (FFS)				R		CR				Transport State Control
				11,193	CR 1,87		.+			8 1.07 (1.08
Units of Services				11,193 Hour	Staff Hour	Staff Hour	<u> </u>	 		2/12/25/25/25/25/25/25/25/25/25/25/25/25/25
Cosl Per Unit - DPH Rate	Unit Type Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)									100 april 10 10 10 10 10 10 10 10 10 10 10 10 10
Cost Per Unit - Contract Rate (DPH 8				70.77				1		
		i-Cal Providers Only		1 -	- 12.00	-	 			Total UDC;
	>)	. [3	3	2	*		13		

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

884,700

TOTAL SALARIES & BENEFITS

Appendix #:	B-10

	,	TOTAL		MAI - MH SA10-1500		MAI - SA SA10-1501		1AI - Prev SA10-1502				·	
	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:	, 	
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Program Manager	1,00	90,658	1.00	90,658	-						ļ		
Behavloral Health Specialist	4.00	323,694	3,50	283,232	0.50	40 ₄ 462					<u> </u>		
Community Health Worker	1.00	41,410	1.00	41,410	-						ļ	j	
Evaluation Analyst	1.00	97,677	0.60	58,941	0.24	23,081	0.16	15,655	· 			ļ	
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			·	ļ	
				i	<u> </u>								
				<u> </u>									
		<u> </u>											
	·										<u> </u>		
	_												
	,	_											
				i							T		
	_	-											
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					

713,692

122,860

DPH 4 Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Appendix #: B-10

Program Name: Minority AIDS Initiative

Document Date: 7/1/14

Expenditure Category	· TOTAL	MAI - MH HCSA10-1500	MAI - SA HCSA10-1501	MAI - Prev . HCSA10-1502			
		Tigoritie 1000	1,00,110	(100)(10-10-2	-	• .	
	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:	1
Occupancy:							
Rent	-			,			
Utilities (Telephone, Electricity, Water, Gas)	-						
Building Repair/Maintenance	-						
Materials & Supplies:					-		
Office Supplies	-		•	·			
Photocopying	-						
Prinling							
Program Supplies							_
Computer Hardware/Software							4
General Operating:							4
Training/Staff Development							_
Insurance	-						_
Professional License	_						_
Permits	·						
Equipment Lease & Maintenance	_						_
Staff Travel:							_
Local Travel							
Out-of-Town Travel					1		
Field Expenses			·				
Consultant/Subcontractor:							
	-						
Other							
	-						

TOTAL OPERATING EXPENSE

		12: Department				· · · · · · · · · · · · · · · · · · ·	ion (CKDC)			
DMH Legal Entity Na				+			Contract Appendix #:	B-11		
	Provid	der/Program Name:		& Beha	vioral Helath Car	re Integration			Document Date:	7/1/14
<u>,</u>		Provider Number:	00038		P			,	Fiscal Year:	14-15
									. [
		Program Name	PBH	<u>ا</u>	·					
Progra	m Code (form	erly Reporting Unit)	n/a							
	Mode/SFC (MH) or Modality (SA)									<u> </u>
	·		60/7 Other I							
										TOT4 1
		Service Description FUNDING TERM	Suppor 9/1/14-8						 	TOTAL 9/1/14-8/31/15
EUNDING USESPAN AT THE PROPERTY OF A TOP OF THE PROPERTY OF TH							e varese salvas essantiste (6	Centaranierescore	11/1/4/2005 11/1/2019	
		Employee Benefits	***********	95,317						195.317
		Operating Expenses		59,567					 	59,56
Capita		reater than \$5,000)		-						
	Subtotal Direct Expenses						-	-		254,884
	Indirect Expenses									28,03
	TOTAL FUNDING USES				_		-	-		282,92
COHS MENTAL PEASTRICUM DING SOURCES IN 18										
MH FED - SAHMSA PBHCI Grant	93,243	HMAD03-1500		82,921		ļ			· · · · · · · · · · · · · · · · · · ·	282,92
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE	<u></u>	 	ļ	82,921						282,92
CHRISTER TANCEMENT HEALTH FONDING SOURCES						THE PERSON OF THE PERSON OF THE		NA SPECIAL SERVICES		
Section 1 March 1 and promoting 1 and 1 an	1720223020000000000000000000000000000000		SHEWACE SEE	1	the first of the f	3,000	30 10 10 10 10 10 10 10 10 10 10 10 10 10	The state of the s		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR	CES			1 -	-		-	-	-	
CHARLEM DESCRIPCES THE TRANSPORT OF THE PROPERTY OF THE PROPER			THE STREET							
				ĺ				· · · · · · · · · · · · · · · · · · ·		
TOTAL OTHER DPH FUNDING SOURCES				_	-		-			
TOTAL DPH FUNDING SOURCES		in medican in the property of		282,921	-	teriosausi ilkimeti energiistas e	·	University State Service State Service State Service S	a paratikan mananan sebesah man	282,92
NON-BRAIRUNDING SOURCES	A STATE OF THE STA						Paragraphic description of the	a new participation of the second		(2000) AND THE CANADA
TOTAL NON-DPH FUNDING SOURCES	 	 		-				}		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			<u> </u>	282,921	<u> </u>			·	 	282,92
CBHS UNITS OF SERVICE AND UNIT COST		acciones establicas de la vida			CONTRACTOR OF THE PARTY OF	Mar San Karaman	CO PRODUCTION CONTRACTOR	Parkengment Land and April 201	C 15-74-791-10-70-10-70-70-70-70-70-70-70-70-70-70-70-70-70	
		hased (If applicable)	(also (al) (as) as a	21202030303010	. Wadayanasaa, Wasana		(A Section of the Control of the Con	Lacas de contrata de contrata de la contrata del la contrata de c	11 10 10 10 10 10 10 10 10 10 10 10 10 1	STATE OF THE STATE
	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 (FF\$)				₹ :						
	Units of Service			2,699		ļ	 		<u> </u>	基本证明的
		Unit Type			ļ <u> </u>	1		 	<u> </u>	200
Cost Per Unit - DPH Rate				104.84	 	 		-	<u> </u>	A CONTRACTOR
Cost Per Unit - Contract Rate (DPH 8				104.84	 	 	 	 	 	T-1-1150
Publishe		-Cal Providers Only) icated Clients (UDC)		83	 	 				Total UDC:
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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: Primary & Behavioral Helath Care Integration

Document Date: 7/1/14

Appendix #: B-11

		TOTAL	HMA	A PBHCI Grant AD03-1500					-				
	, Term:	9/1/14-8/31/15	Term:	9/1/14-8/31/15	Term:		Tenn:		Term:		Term:	ırm:	
Position Title	FTE	Salaries	FTE	Sølaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
oject Manager	1.00	82,723	1.00	82,723									
ead Evaluator	0,60	42,630	0.60	42,630		·							
valuation Assistant	0.60	. 27,000	0.60	27,000								·	
								<u> </u>				·	
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		-			ļ <u>.</u>			·			<u> </u>		
·		·		 	<u> </u>	ļ	<u> </u>				-		
		·						:					
Totals	2.20	152,353	2.20	152,353		,	-		- \		-		
				1		•							
Employee Fringe Benefits	28.2%	42,964	28.2%	42,964									
									,,				
		195,317	1	195,317	7		\neg				٦.		

DPH 4 Operating Expenses Detail

Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: Primary & Behavioral Helath 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)						<u> </u>
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				i i		
Equipment Lease & Maintenance	_					
Staff Travel:						
Local Travel						Ì
Oul-of-Town Travel	13,567	13,567				
Field Expenses		1				
Consultant/Subcontractor:	_					
Peer Counselors, \$15/hr x 520 hrs each x 4 Peer Counselors	31,200	31,200				<u> </u>
Other:						<u> </u>
		:	1			

TOTAL OPERATING EXPENSE

59,567

	DPH	2: Department	of Public f	<u>leath</u>	Cost Reporting	g/Data Collection	in (CRDC)			,
DMH Legal Entity Na	me (MH)/Cont	ractor Name (SA):	HealthRIGH	1T 36	io (Fiscal Interme		Contract Appendix #:	B-12		
	Provide	er/Program Name:	COPC FI S	ervic	es				Document Date:	7/1/14
		Provider Number:	n/a '						Fiscal Year:	14-15
			1							•
		D No	Primary Care		TWHC	SEHC				
Dec	- Code #	Program Name	Encounter n/a	rs	Shelter Nutritionist	Salesforce n/a				
		rly Reporting Unit)	n/a		n/a n/a	n/a		······		
	Mode/SFC (MH) or Modallty (SA)		1 IV CIT		1810	11/4				
							,			1
	Service Description				п/а	n/a				TOTAL
		FUNDING TERM		0/15	7/1/14-6/30/15	7/1/14-6/30/15				7/1/14-6/30/15
EUNDING USES	AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN		200		的一种,不是一种的一种。	A TANKS OF THE PARTY OF THE PAR	are a second second	A Company of the Comp		The second
		Employee Benefits				179,403	·	w.u.		179,403
		perating Expenses	270	0,270	31,532	-	ļ <u>.</u>	ļ 		301,802
Capita		reater than \$5,000)	رجاد	0,270	31,532	179,403	 		_	481,205
	Subtotal Direct Expenses Indirect Expenses				3,468	19,733	 		 -	52,931
	TOTA	L FUNDING USES		9,730 0,000		199,136				534,136
CHESMENTAL HEALTH FUNDING SOURCES (1999)								reidi i semente de		6/05/26/25/25/25/25/25/
			1	<u> </u>		7003 3750 - 7 11 27 38 35 35 35				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCE				*	_	-				
CHASISUBSTANCE A EDISEREUNDING SOURCES			(A. 1977) (A.) (A.)	S. Sales	THE WAY TO SEE THE		AMERICAN PROPERTY.	(A) 27 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	<u> </u>		ļ.,,,,,,,,,			<u> </u>				<u> </u>
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOUR		danille has a simple control advance from	Scarce and a	andi same	a Delegione de como de servicio de servicio	-	Continued have an air health and	passer suares suggest to a	and southern Jeneral to Unionary	- Swarziska wijerze naśrie
OTHER DPHICUNDING SOURCES	OFDA		-		, , , , , , , , , , , , , , , , , , , 					
COPC - Central Admin General Fund	 	HCHAPADMINGF	30	0,000	·		 	 		300,000
COPC - Tom Waddell General Fund		HCHAPTWCGF	 		35,000		 	 		199,13
COPC - Salesforce.com Grant	 	HCGSAL-1500	ļ			199,136		 		199,100
TOTAL OTHER DPH FUNDING SOURCES		 	30	0,000	35,000	199,136				534,130
TOTAL DPH FUNDING SOURCES			ماد جور پرونده او در	000,00				1		534,13
NON-DPH-PUNDING SOURCES		1907 NO. 10 10 10 10 10 10 10 10 10 10 10 10 10					297-5900 (000000)	THE PERSON NAMED IN	ATT 5000 1000 747 C	
			1							
TOTAL NON-DPH FUNDING SOURCES										
TOTAL FUNDING SOURCES (DPH AND NON-DPH)				00,000					-	534,13
GBHS UNITS OF SERVICE AND UNIT COST	646年18月1日	作种的 类似的 (1994年1966年)	k jalen per men	第26 0	的學問的學術學的	是然為學術學可能與				
		hased (If applicable					ļ			
Substance Abuse Only - Non-Res 33 - 0					<u> </u>	·				
SA Only - Licensed Capacity for Medi-Cal		L				 		100 St. 100 St		
Cost Reimbursement (CR) or Fee-For-Service (FFS)					CR -/a	CR				
·		Units of Servic Unit Typ			n/a	n/a		+		7.00
Cost Per Unit - DPH Rate	(DPH ELIMINI							 		7.50 0 7.50 8.0 9.0 C
Cost Per Unit - Confract Rate (DPH	*********					+		1		1
		i-Cal Providers Only		 			T	1.		Total UDC:
		licated Clients (UDC		!	n/a	n/a		<u> </u>		п/а

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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)	l	•	•	Appendix #:
Program Name: COPC FI Services				
Designant Date: 7/3/1/4	:			

B-12

		TOTAL	Ge	Primary Care Encounters General Fund HCHAPADMINGF		TWHC Shelter NutrifionIsI General Fund HCHAPTWCGF		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	Salarles	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
ediatric Primary Care Behaviorist	1.00	94,264		3			1,00	94,264				
edlatric Primary Care Behaviorist Assistant	1,00	45,676					1,00	45,676				
		_										
		_										
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					<u> </u>							<u> </u>
· Totals:	2.00	139,940		<u> </u>		_	2.00	139,940	-	-		
		•		1						•		
Employee Fringe Benefits:	28.2%	39,483					28.2%	39,463				
		<u> </u>		<u> </u>							•	
TOTAL SALARIES & BENEFITS	ļ	179,403	[1 1		1 Г	179,403	[

DPH 4: Operating Expenses Detail

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

Appendix #:	B-12

Expanditure Category	TOTAL	Primary Care Encounters General Fund HCHAPADMINGF	TWHC Shelter Nutritionist General Fund HCHAPTWCGF	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:	<u> </u>					
Rent		1				
Utilities (Telephone, Electricity, Water, Gas)						
Bullding Repair/Maintenance	-			•		
Materials & Supplies:	-					
Office Supplies						
Photocopying	_	<u> </u>	.			
Printing	_					
Program Supplies						
Computer Hardware/Software						
General Operating:						
Training/Staff Development						'
Insurance	_	·				
Professional License			·			
Permits						
Equipment Lease & Maintenance					<u> </u>	
Staff Travel:				* .	<u> </u>	
Local Travel						
Out-of-Yown Travel						
Field Expenses		-				
Consultant/Subcontractor:		-				
COPC Staff Care	270,270	270,270				
TWHC Sheller Nutritionist	31,53		31,532			
Other:						
		-				

TOTAL OPERATING EXPENSE 301,802 270,270 31,532 - -

		2: Department			<u> </u>	on (CRDC)			
DMH Legal Entity Na							C	ontract Appendix #:	B-13
	Provid	ler/Program Name:	SF Street Violer	ce Intervention	Program	· .	······	Document Date:	7/1/14
		Provider Number.	n/a					Fiscal Year.	14-15
	,	Program Name	Violence Intervention Program						-
Program	n.Code (forme	erly Reporting Unit)	n/a						
	Mode/SFC (MH) or Modality (SA)								
	n/a			į .			TOTAL		
	7/1/14-6/30/15						7/1/14-6/30/15		
hunding uses		FUNDING TERM		Manaka da sa	100 200 ST 100 PG	Professional States	272.5	encuses store exces	
		Employee Benefits	1,747,515						1,747,515
		perating Expenses	584,955						584,955
Capital	Capital Expenses (greater than \$5,000)								
	Subto	tal Direct Expenses	2,332,470	-	_		-	_	2,332,470
	256,570						256,570		
		L FUNDING USES	2,589,040	-	-	Total also as a supplied to the supplied of th	And a comment of the comment of the comment	-	2,589,040
OBHS MENDALUHEAUTH TEUNDING SIGURGES					4.00				
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES				 	 	 			
GBHS/SUBSTANCE ABUSE FUNDING SOURCES		TEVANSKA SERVENJE SE	TOPOLOGICAL STREET, ST	Karlender der mer setzene	O SOUSSIANDE DE PRACTICIONE	Percent Castrolini Villandi	120024 (1012) (2012)	20002550005	
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TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCE	CES		-			-		-	-
GTHER DRYIE ON THE STORES WAS A SAFETY	CEDA (SEE THE SEE		1777 1975 1775 1775	2001 ACC	properties and the	STOLEN STOLEN	100000000000000000000000000000000000000	serve de la region de la company
Community Health - CRN Work Order		HCHCCHCCRNWO	2,589,040					·	2,589,040
TOTAL OTHER DPH FUNDING SOURCES			2,589,040		-	-	~		2,589,040
TOTAL DPH FUNDING SOURCES	200-00-0		2,589,040	_	-	-	-		2,589,040
NORIBERTUNDINGSOURCESTSTATES									
TOTAL NON-DPH FUNDING SOURCES				 			 		
TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH)	ļ	 	2,589,040		 	 	 	 	2,589,040
DERSUNITS OF SERVICE AND UNITS OF SERVICE	THE PROPERTY OF THE PARTY OF TH					200 (C. 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10		A MAINTAN TO THE CONTROL	
		hased (if applicable)				2 1974 OCTO 4 S 2015 (1975)	TANK TANKS TANKS TANKS	CONTRACTOR OF THE STATE OF THE	Process Newscond and Admir and Street Street
Substance Abuse Only - Non-Res 33 - Ol				 	-				
SA Only - Licensed Capacity for Medi-Cal P				 		1	 	<u> </u>	
Cost Reimburseme									
		Units of Service							
		Unit Type							
Cost Per Unit - DPH Rate (
Cost Per Unit - Contract Rate (DPH &							<u> </u>	<u> </u>	100
Publishe		Cal Providers Only) cated Clients (UDC)		ļ <u>.</u>	 		 	<u> </u>	Total UDC:
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Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)
Program Name: SF Street Violence Intervention Program
Document Date: 7/1/14

Appendix #:	B-13

		TOTAL	CH CRI	F SVIP ·				•		•			
		-	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	
rogram Manager	1.00	80,000	1.00	80,000									
dministrative Assistant	1.00	40,000	1.00	. 40,000									
treet Oulreach Associate Manager	1.00	75,000	1,00	75,000	·								
risis Response Associate Manager	1.00	60,000	1.00	60,000					<u> </u>				
listrict Coordinators	4,00	220,000	4.00	220,000							-	· · · · · · · · · · · · · · · · · · ·	
ine Staff	17.00	888,115	17.00	888,115			<u> </u>					ļ	
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Totals:	25.00	1,363,115	25.00	1,363,115		<u> </u>						<u> L</u>	
										· .			
Employee Fringe Benefits	28.2%	384,400	28.2%	384,400									
TOTAL SALARIES & BENEFITS		1,747,515	7	1,747,515	7			Ţ	٦				

DPH 4: Operating Expenses Detail
Contractor Name: HealthRIGHT 360 (Fiscal Intermediary)

Program Name: SF Street Violence Intervention Program

Document Date: 7/1/14

Expenditure Category	TOTAL	SF SVIP CH CRN Work Order HCHCCHCGRNWO				
	Term: 7/1/14-6/30/15	Term: 7/1/14-6/30/15	Term:	Term:	Term;	Тегти:
Occupancy:	·					
Rent	116,000	, 116,000				
Utilities (Telephone, Electricity, Water, Gas)	38,125	38,125	· <u>············</u>			
Building Repair/Maintenance		1				
Materials & Supplies;						
Office Supplies		·				
Photocopying						
Printing						
Program Supplies	21,430	21,430			<u> </u>	
Computer Hardware/Software	11,200	11,200			-	
General Operating:						
Training/Staff Development	20,000	20,000				
Insurance						
Professional Ligense						
Permits						
Equipment Lease & Maintenance						
Staff Travel:						
Local Travel	-					
Out-of-Town Travel						
Fleid 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				

TOTAL OPERATING EXPENSE

584,955

584,955

DPH 6: Contract-Wide Indirect Detail

Contractor Name HealthRIGHT 360 (Fiscal Intermediary)

Document Date: 7/1/14

Position Title	FTE	Salaries
hief Executive Officer	0.18	56,881
blef Financial Officer	0.19	51,351
hief Information Officer	0,19	40,817
hief Operating Officer	0,09	10,271
P of Quality and Compliance	0.19	15,010
P of Development	0.13	13,168
Research and Evaluation Director	0.13	13,280
Vorkforce Development Director	0,02	1,840
Controller	0.19	29,847
Grants Director	.0.19	20,541
Budget Manager	0.09	10,191
iscal Projects Director	0.19	15,802
Budget/Fiscel 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
Auman Resources Director	0,09	9,05
Human Resources Analyst	0,19	13,166
Human Resources Coordinator .	0.19	10,648
Electronic Medical Records Manager	0.19	13,031
EMR OPs Software Development Director	0.19	23,70
EMR Training and Data Analyst	0,13	7,314
Client Programmer II	0.06	4,40
rf Manager - Data Control	0.19	14,10
Senior IT Systems Analyst	0.12	9,29
IT Analyst	0,19	12,77 12,77
PC Support Analyst	0.19	12,77 8,70
IT Specialist - Data Specialist IT Specialist - Data Entry	0.19	8,70
IT Specialist - Data Control	0.19	8,70
IT Data Analyst	0.19	3.19
Donations Manager	0.08	14,48
Travel Coordinator	0.09	7,05
Administrative Assistant	0,05	6,74
Procurement Manager	0.13	13.16
Driver/Procurement Assistant	0.19	
Facility Operations Director	0.04	1,61 1,27
Transportation and Facility Manager	0,02	79
Maintenance Staff	0.02	1.93
INIGHTO GUILLO GUILL	U,D4	1,93
EMPLOYEE FRINGE BENEFITS		182,55
TOTAL SALARIES & BENEFITS		771,42

2. OPERATING COSTS

Expenditure Category	Amount
Rent	50,102
Utilities (Telophone, 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
TOTAL OPERATING COSTS	292.278

TOTAL INDIRECT COSTS (Salaries & Benefils + 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 Fuli 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 hall 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
15/01-09	MH Svcs	Staff Minute
15/58	TBS	Staff Minute
15/60-69	.)	Staff Minute
	Medication Support	
15/70-79	Crisis Intervention-OP	Staff Minute
20/00	MH Administration	Staff Hour Staff Hour
25/00	Research & Evaluation	
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
Crimt O.A	SA-Support Research/Eval	Staff Hour
Supt-04		
Supt-05	SA-Support Planning/Coord/Need Assess	. Staff Hour
Supt-05 Supt-06.	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs	Staff Hour Staff Hour
Supt-05 Supt-06. Supt-09	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation	Staff Hour Staff Hour Staff Hour
Supt-05 Supt-06. Supt-09 PriPrev-12	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination	Staff Hour Staff Hour Staff Hour Staff Hour Staff Hour
Supt-05 Supt-06. Supt-09	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education	Staff Hour Staff Hour Staff Hour Staff Hour Staff Hour Staff Hour
Supt-05 Supt-06 Supt-09 PriPrev-12 PriPrev-13 PriPrev-14	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives	Staff Hour
Supt-05 Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals	Staff Hour
Supt-05 Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives	Staff Hour
Supt-05 Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17 SecPrev-18	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based SA-PriPrevention Environmental SA-Sec Prev Early Intervention	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17 SecPrev-18 SecPrev-19	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based SA-PriPrevention Environmental SA-Sec Prev Early Intervention SA-Sec Prev Outreach	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17 SecPrev-18 SecPrev-19 SecPrev-20	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based SA-PriPrevention Environmental SA-Sec Prev Early Intervention SA-Sec Prev Outreach SA-Sec Prev IDU or IVDU	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17 SecPrev-18 SecPrev-19 SecPrev-20 SecPrev-21	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based SA-PriPrevention Environmental SA-Sec Prev Early Intervention SA-Sec Prev Outreach SA-Sec Prev IDU or IVDU SA-Sec Prev Referrals/Screening/Intake	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17 SecPrev-18 SecPrev-19 SecPrev-20 SecPrev-21 Nonres-30	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based SA-PriPrevention Environmental SA-Sec Prev Early Intervention SA-Sec Prev Outreach SA-Sec Prev IDU or IVDU SA-Sec Prev Referrals/Screening/Intake SA-Nonresidntl IO Day Care Rehab	Staff Hour
Supt-05- Supt-06. Supt-09 PriPrev-12 PriPrev-13 PriPrev-14 PriPrev-15 PriPrev-16 PriPrev-17 SecPrev-18 SecPrev-19 SecPrev-20 SecPrev-21 Nonres-30 Nonres-32	SA-Support Planning/Coord/Need Assess SA-Support Start-Up Costs SA-Support Alteration/Renovation SA-PriPrevention Info Dissemination SA-PriPrevention Education SA-PriPrevention Alternatives SA-PriPrevention Problem Id's/Referrals SA-PriPrevention Cmmty Based SA-PriPrevention Environmental SA-Sec Prev Early Intervention SA-Sec Prev Outreach SA-Sec Prev IDU or IVDU SA-Sec Prev Referrals/Screening/Intake SA-Nonresidntl IO Day Care Rehab	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
	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
		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 8	SA-Ancillary Svcs SACPA Vocational Training	Staff Hour
Anc-83	SA-Ancillary Svcs SACPA Case Mgmt	Staff Hour
Anc-84 : \$		Staff Hour
Anc-85 S		Staff Hour
		Staff Hour
DUI-90 [Driving Under the Influence	Persons Served

MH FED - SDMC Regular FFP (50%) MH FED - Health Families/Enhanced Children FFP (at 65%) MH FED - Refugee FFP (at 100%) MH FED - SAHMSA PBHCI Grant MH STATE - CTF Fund (Cmmty Tx Facility) MH STATE - MH Realignment MH STATE - EPSDT Realignment MH STATE - Family Mosaic Capitated MH STATE - IDEA Fund MH STATE - MAA MH STATE - MHSA Project MH STATE - Managed Care MH STATE - Minor Consent MH STATE - SAMHSA FMP Grant MH STATE - RWJ MH STATE - PSR Managed Care MH STATE - PSR EPSDT MH PRIOR YEAR - SEP-Special Assessment Program MH PRIOR YEAR - SB 163 - Children's Wrap-Around/Foster Care MH PRIOR YEAR - SB 90 MH PRIOR YEAR - MH Managed Care MH STATE - MHSA CSS Project MH STATE - MHSA PEI Project MH STATE - MHSA INN Project MH STATE - MHSA CF Project MH STATE - MHSA Tech Project MH STATE - MHSA WDET Project MH STATE - MHSA WET Project MH PRIOR YEAR - Other (please identify) MH WORK ORDER - County Work Order Fund MH WORK ORDER - City Attorney MH WORK ORDER - District Attorney MH WORK ORDER - DCYF MH WORK ORDER - Fire Department MH WORK ORDER - HSA Childcare MH WORK ORDER - HSA Fostercare MH WORK ORDER - HSA SPMP Fostercare MH WORK ORDER - HSA GF Match MH WORK ORDER - Human Services Agency MH WORK ORDER - Human Services Agency (Match) MH WORK ORDER - Library MH WORK ORDER - Juvenile Probation MH WORK ORDER - Mayor's Office MH WORK ORDER - Police Department MH WORK ORDER - Sherrif's Department MH WORK ORDER - SFCFC First Five MH WORK ORDER - CALWORKS MH 3RD PARTY - Insurance Fees MH 3RD PARTY - Medicare MH 3RD PARTY - Patient/Client Fees MH COUNTY - General Fund MH COUNTY - General Fund WO CODB MH COUNTY - General Fund CYF MH COUNTY - General Fund CYF WO CODB MH COUNTY - Managed Care Match NON DPH - MH Conservatorship Admin Fees NON DPH - Provider's Fund NON DPH - Provider's Grants NON DPH - In-Kind NON DPH - Fund Raising

NON DPH - Other (please identify)

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

ACORD ™ CERTIFICATE OF LIABILITY INSURANCE

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

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Policy Number: NTPKG0068202 Named Insured: HealthRIGHT360

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

				•							
City and	County	pf San F	rancl	sco, It's o	officers, a	gents & E	mployees,	Office of 0	Contract Ma	nagement & C	ompliance
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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.

POLICY NUMBER: NTAUT0026002

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ULTRA AUTO PLUS ENDORSEMENT

This endorsement modifies insurance provided under the following:

BUSINESS AUTO COVERAGE FORM

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

EXTENDED CANCELLATION CONDITION

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

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

TEMPORARY SUBSTITUTE AUTO - PHYSICAL DAMAGE COVERAGE

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

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

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

BROAD FORM NAMED INSURED

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

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

BLANKET ADDITIONAL INSURED

SECTION II - LIABILITY COVERAGE - A.1. WHO

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

- 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

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COMMERCIAL AUTO CA 71 10 09 05

- (b) the coverage and/or limits required by the "insured contract".
- (7) A person's or organization's status as an "insured" under this subparagraph d ends when your operations for that "insured" are completed.

FELLOW EMPLOYEE COVERAGE - EXECUTIVE OFFICES

Exclusion 5. FELLOW EMPLOYEE of SECTION II

- LIABILTY COVERAG - B. EXCLUDIONS is amended by the addition of the following:

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

PHYSICAL DAMAGE - ADDITIONAL TRANSPORTATION EXPENSE COVERAGE

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

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

AIRBAG COVERAGE

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

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

LEASE GAP COVERAGE

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

- the most we will pay for a total "loss" in any on "accident" is the greater of the following, subject to a \$1,500 maximum limit:
- a. Actual cash value of the damaged or stolen property as of the time of the "loss", less an adjustment for depreciation and physical condition; or
- 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;

- Overdue payment and financial penalties associated with those payments as of the date of the "loss".
- Financial penalties imposed under a lease due to high mileage, excessive use or abnormal wear and tear.
- Costs for extended warrantles, Credit Life Insurance, Health, Accident or Disability Insurance purchased with the loan or lease.
- Transfer or rollover balances from previous loans or leases.
- Final payment dle under a "Balloon Loan".
- 6) The dollar amount of any unrepaired damage that occurred prior to the total loss" of a covered "auto".
- Security deposits not refunded by a lessor.
- 8) All refunds payable or paid to yeu 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:

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

UNINTENTIONAL FAILURE TO DISCLOSE HAZARDS

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

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

RESULTANT MENTAL ANGUISH COVERAGE

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

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

HIRED AUTO PHYSICAL DAMAGE COVERAGE

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

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

HIRED AUTO PHYSICAL DAMAGE COVERAGE - LOSS OF USE

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

apply.

Subject to a maximum of \$1,000 per accident, we will cover loss of use of a hired "auto" if it results from an accident, you are legally 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 of light truck (10,000 lobs. Or less gross vehicle weight) type.
- B. We will pay for rental reimbursement expenses incurred by you for the rental of an "auto" because of a covered "loss" to a covered "auto." Payment applies in addition to the otherwise applicable amount of each coverage you have on a covered "auto." No deductible apply to this coverage.
- C. We will pay only for those expenses incurred during the policy period beginning 24 hours after the "loss" and ending, regardless of the policy's expiration, with the lesser of the following number of days:
- 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

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EQUIPMENT COVERAGE

A.Coverage

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

B.Exclusions

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

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

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

2. Both:

 an integral part of the same unit housing any sound reproducing equipment designed solely for the reproduction of sound if the sound reproducing equipment is permanently

installed in the covered "auto"; and

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

C. Limit of Insurance

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

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

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

D. Deductible

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

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"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 "ioss", we will pay up to \$500 for "personal effects" that are lost or damaged as a result of the covered "ioss", 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, lewelry, 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 $\frac{5.00}{}$ % of the total policy premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of $\frac{5.00}{}$ % of total policy premium.

The minimum premium for this endorsement is \$ 350.00

Schedule

Person or Organization

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

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

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

Endorsement Effective 07/01/2013

Policy No. 3300064772-131

Endorsement No.

Premium \$

Insured HEALTHRIGHT360

Insurance Company

Cypress Insurance Company

WC 89 04 02B (Ed 7-07) Countersigned b

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

City Elective Officer Information (Please print clearly.)	1
Name of City elective officer(s):	City elective office(s) held:
Members, San Francisco Board of Supervisors	Members, San Francisco Board of Supervisors
Contractor Information (Blaces wint closely)	
Contractor Information (Please print clearly.) Name of contractor:	
HealthRIGHT360	
Please list the names of (1) members of the contractor's board of dir financial officer and chief operating officer; (3) any person who has any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary. 1 – 2 See attached documents 3 – 5 Not applicable	an ownership of 20 percent or more in the contractor; (4)
Contractor address: 1735 Mission Street, Suite 2050, San Francisco, CA 94103	
Date that contract was approved:	Amount of contract: \$71,260,913
Describe the nature of the contract that was approved:	
Fiscal intermediary services for Community Behavioral Health and F	rimary Care programs
Comments:	
Comments.	·
This contract was approved by (check applicable):	
the City elective officer(s) identified on this form	D 1 00
\square a board on which the City elective officer(s) serves \underline{S}	an Francisco Board of Supervisors Print Name of Board
☐ the board of a state agency (Health Authority, Housing Autho	
Board, Parking Authority, Redevelopment Agency Commission	· ·
Development Authority) on which an appointee of the City elec	
	· ·
Print Name of Board	
Filer Information (Please print clearly.)	
Name of filer: Clerk of the San Francisco Board of Supervisors	Contact telephone number: (415) 554-5184
Address: City Hall, Room 244. 1 Dr. Carlton B. Goodlett Pl., San Francisco, C	E-mail: A 94102 Bos.legislation@sfgov.org
Signature of City Elective Officer (if submitted by City elective office	er) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary	y or Clerk) Date Signed

Item 12 File 14-0748 **Department:**

Department of Public Health

EXECUTIVE SUMMARY

Legislative Objective

• The proposed resolution would authorize the first amendment to the contract between DPH and HealthRIGHT 360 for fiscal intermediary services to (1) extend the term by four years from the original one-year term from January 1, 2014 through December 31, 2014 to the proposed five-year term from January 1, 2014 through December 31, 2018; and (2) increase the contract not-to-exceed amount by \$61,560,418, from \$9,700,495 to \$71, 260,913.

Key Points

- On January 1, 2014, the Department of Public Health (DPH) entered into a contract with HealthRIGHT 360 to provide fiscal intermediary services on a fee-for-service basis to DPH health service contractors that are not able to directly receive payments for services from third party payers, such as MediCal, Medicare, and private insurance companies. Under the contract, HealthRIGHT 360 serves as the fiscal intermediary to several community based organizations providing behavioral health and other services to DPH, including Family Mosaic, Drug Court, Homeless Connect, and other programs. DPH selected HealthRIGHT 360 through a competitive Request for Proposals (RFP) process.
- DPH selected HealthRIGHT 360 following a competitive Request for Proposals (RFP), issued in June 2013. These fiscal intermediary services were previously provided by Asian American Recovery Services under a seven-year contract from July 1, 2009 through June 30, 2016. DPH solicited a new fiscal intermediary services contract in 2013, rather than completing the existing contract with Asian American Recovery Services because Asian American Recovery Services merged with HealthRIGHT 360 as of January 20145.

Fiscal Impact

- Actual contract expenditures for the first six months from January 1, 2014, through June 30, 2014 are \$4,493,413, and the contract budget from July 1, 2014 through December 31, 2018, including a 12 percent contingency, is \$58,304,383. Therefore, the total required amount for the contract is \$62,797,796, which is \$8,463,117 less than the requested amount.
- DPH will pay for the contract with HealthRIGHT 360 through a combination of DPH General Funds, City department work orders, and State and Federal grants.

Recommendations

- Amend the proposed resolution to reduce the contract not-to-exceed amount by \$8,463,117, from the requested \$71,260,913 to the recommended \$62,797,796.
- Approve the proposed resolution as amended.



MANDATE STATEMENT

City Charter Section 9.118(b) states that contracts or agreements entered into by a department, board or commission having a term in excess of ten years, or requiring anticipated expenditures by the City and County of ten million dollars, or the modification or amendments to such contract or agreement having an impact of more than \$500,000 shall be subject to approval of the Board of Supervisors by resolution.

BACKGROUND

On January 1, 2014, the Department of Public Health (DPH) entered into a contract with HealthRIGHT 360 to provide fiscal intermediary services on a fee-for-service basis to DPH health service contractors that are not able to directly receive payments for services from third party payers, such as MediCal, Medicare, and private insurance companies. Under the contract, HealthRIGHT 360 serves as the fiscal intermediary to several community based organizations providing behavioral health and other services to DPH, including Family Mosaic, Drug Court, Homeless Connect, and other programs.

The original contract was for one-year from January 1, 2014 through December 31, 2014 for a total contract amount of \$9,700,495.

DPH selected HealthRIGHT 360 following a competitive Request for Proposals (RFP), issued in June 2013. These fiscal intermediary services were previously provided by Asian American Recovery Services under a seven-year contract from July 1, 2009 through June 30, 2016. DPH solicited a new fiscal intermediary services contract in 2013, rather than completing the existing contract with Asian American Recovery Services because Asian American Recovery Services merged with HealthRIGHT 360 as of January 2014.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would authorize the first amendment to the contract between DPH and HealthRIGHT 360 for fiscal intermediary services to (1) extend the term from January 1, 2014 through December 31, 2018, resulting in a five-year term; and (2) increase the contract not-to-exceed amount by \$61,560,418, from \$9,700,495 to \$71, 260,913.

FISCAL IMPACT

Under the proposed resolution, the DPH contract not-to-exceed amount with HealthRIGHT 360 would increase by \$61,560,418, from \$9,700,495 to \$71,260,913 for the five-year term of the contract term from January 1, 2014 through December 31, 2018. DPH will pay for the contract through a combination of DPH General Funds, City department work orders, and State and Federal grants.

DPH has spent \$4,493,413 on the contract from January 1, 2014 through June 30, 2014. Based on the budget submitted by DPH, the Budget and Legislative Analyst recommends reducing the contract not-to-exceed amount by \$8,463,117, from the requested \$71,260,913 to the recommended \$62,797,796, as shown in the Table below.

Table: Budget and Legislative Analyst's Recommendation

	Amount
Budgeted Expenditures	
FY 2014-15	\$11,568,330
FY 2015-16	11,568,330
FY 2016-17	11,568,330
FY 2017-18	11,568,330
July 1, 2018 - December 31, 2018	5,784,165
Budgeted expenditures July 1, 2014 – December 31, 2018	52,057,485
12% contingency July 1, 2014 through December 31, 2018	6,246,898
Total contract budget and contingency	58,304,383
Actual expenditures January 1, 2014 – June 30, 2014	4,493,413
Total required contract amount	62,797,796
Total requested amount	71,260,913
Budget and Legislative Analyst's recommended reduction	(\$8,463,117)

RECOMMENDATIONS

- 1. Amend the proposed resolution to reduce the contract not-to-exceed amount by \$8,463,117, from the requested \$71,260,913 to \$62,797,796.
- 2. Approve the proposed resolution as amended.