File No	151043	Committee I Board Item I			4	
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Committee:	Budget and Finance		Date _	Decembe	er 2, 20	)1 <u>5</u>
Board of Su	pervisors Meeting		Date _	Decem	ber	f, 2015
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Completed by:_	Victor Young	Date	November 2	3, 2015
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# AMENDED IN COMMITTEE 12/2/15

[Contract Amendment - Progress Foundation - Behavioral Health Services - Not to Exceed

FILE NO. 151043

\$120,991,0771

RESOLUTION NO.

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

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

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

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

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

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

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

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

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and County of San Francisco to amend the contract with CONTRACTOR NAME, extending the term of the contract by two years, through December 31, 2017, and increasing the total, not-to-exceed amount of the contract by \$28,972,744 to \$120,991,077;

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

RECOMMENDED:

Barbara A. Garcia, Director of Health

APPROVED:

Mark Morewitz, Health Commission Secretary

Department of Public Health BOARD OF SUPERVISORS

Items 1 through 20

Files 15-1030, 15-1031, 15-1032, 15-1033, 15-1034, 15-1035, 15-1036, 15-1038, 15-1039, 15-1040, 15-1043, 15-1044, 15-1046, 15-1047, 15-1048, 15-1049 & 15-1050

Department:

Department of Public Health (DPH)

#### **EXECUTIVE SUMMARY**

#### **Legislative Objectives**

• In 2010, the Board of Supervisors extended 22 behavioral health contracts between DPH and 18 non-profit organizations and the Regents of the University of California at San Francisco. The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract.

# **Key Points**

- In June 2015, DPH informed the Board of Supervisors of their intention to request twoyear contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system.
- The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

#### Fiscal Impact

- The current total not-to-exceed amount of the 17 contracts is \$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271.
- The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

#### **Policy Consideration**

DPH is now in the process of determining how to best align contracted services with the
requirements of the Affordable Care Act and the State Department of Health Care Services
1115 demonstration, and plans to issue Requests for Proposals (RFP) in approximately
March 2016. DPH considers the two-year contract extension to be necessary in order to
prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of
these RFPs, and award new contracts, while preventing any break in service delivery.

#### Recommendation

Approve the proposed resolutions.

# **MANDATE STATEMENT**

City Charter Section 9.118(b) states that any contract entered into by a department, board or commission that (1) has a term of more than ten years, (2) requires expenditures of \$10 million or more, or (3) requires a modification of more than \$500,000 is subject to Board of Supervisors approval.

# **BACKGROUND**

In December 2010, the Board of Supervisors retroactively approved the extension of 22 contracts between the Department of Public Health (DPH) and 18 non-profit organizations and the Regents of the University of California at San Francisco for the provision of behavioral health services. The 22 contracts were extended for five years and six months from July 1, 2010 through December 31, 2015. Funding for the 22 contracts was a combination of (i) General Funds, (ii) State Realignment and State General Funds, (iii) Federal Medi-Cal and other Federal funds, (iv) Work Orders, grants, and other State funds, and (v) 12 percent contingencies on the total combined not-to-exceed amount, which did not have a designated funding source.

In June 2015, DPH informed the Board of Supervisors of their intention to request two-year contract extensions for their behavioral health services contracts in order to meet the requirements of the Affordable Care Act. DPH has been involved in a planning process to optimize and integrate contracted community based services into DPH's San Francisco Health Network, an integrated service delivery system. The extension period would allow DPH to have sufficient time to complete the planning process, issue new RFPs, and award new contracts for behavioral health services.

# **DETAILS OF PROPOSED LEGISLATION**

The proposed resolutions would amend 17 of the 22 behavioral health services contracts between DPH and 14 non-profit organizations (15 contracts) and the Regents of the University of California at San Francisco (2 contracts) to (i) extend the contract terms for two years from December 31, 2015 to December 31, 2017, and (ii) increase the not-to-exceed amount of each contract, as shown in the Table 1 below.

The 14 non-profit organizations include Alternative Family Services, HealthRight360 (formerly Walden House), Baker Places, Central City Hospitality House, Community Awareness and Treatment Services, Conard House, Edgewood Center for Children and Families, Family Service Agency of San Francisco, Hyde Street Community Service, Instituto Familiar de la Raza, Progress

SAN FRANCISCO BOARD OF SUPERVISORS

<sup>&</sup>lt;sup>1</sup> The 18 non-profit organizations included Alternative Family Services, Asian American Recovery Services (now HealthRight360), Baker Places, Bayview Hunters Point Foundation for Community Improvement, Central City Hospitality House, Community Awareness and Treatment Services, Community Vocational Enterprises, Conard House, Edgewood Center for Children and Families, Family Service Agency, Hyde Street Community Service, Instituto Familiar de la Raza, Progress Foundation, Richmond Area Multi-Services (two contracts), San Francisco Study Center, Seneca Center, Walden House (now HealthRight360), and Westside Community Mental Health Center.

Foundation, Richmond Area Multi-Services (two contracts), Seneca Center, and Westside Community Mental Health Center.<sup>2</sup>

In addition to meeting new requirements for the Affordable Care Act, DPH must also comply with the State Department of Health Care Services 1115 demonstration waiver regarding Medi-Cal organized drug delivery system, which was approved by the State in August 2015. Ms. Michelle Ruggels, Director of the DPH Business Office, explained that DPH will need to make significant changes to the current substance abuse delivery system and in some cases, create new service models. DPH is now in the process of determining how to best align contracted services with the requirements of the Affordable Care Act and the State Department of Health Care Services 1115 demonstration waiver.

# **FISCAL IMPACT**

The current total not-to-exceed amount of the 17 contracts is \$\$651,283,455. DPH is requesting a total increase in these contracts of \$225,289,816 for total contract not-to-exceed amounts of \$876,573,271, as shown in the Table below.

<sup>&</sup>lt;sup>2</sup> There are five outstanding contracts that were extended in 2010 but are not included in the proposed resolution. The Bayview Hunters Point Foundation for Community Improvement contract was approved for a two-year extension by the Board of Supervisors in October 2015. The San Francisco Study Center, Asian American Recovery Services (now HealthRight360), and Community Vocational Enterprises no longer have contracts with DPH. One additional Regents of the University of California at San Francisco contract will be submitted for review at a later date.

Table. Current and Proposed Contract Not-to-Exceed Amounts<sup>3</sup>

Contractor	Item No.	Current Not-to- Exceed Amount	Requested Increase	Revised Not-to- Exceed Amount
Alternative Family Services	15-1030	\$11,057,200	\$7,674,939	# \$18, <u>7</u> 32,139
Baker Places	15-1031	69,445,722	15,981,652	85,427,374
Central City Hospitality	15-1032	15,923,347	3,636,666	19,560,013
Community Awareness and Treatment Services	15-1033	35,699,175	6,454,201	42,153,376
Conard House	15-1034	37,192,197	16,867,780	54,059,977
Edgewood Center for Children and Families	15-1035	36,958,528	19,276,057	56,234,585
Family Service Agency of San Francisco	15-1036	45,483,140	14,976,909	60,460,049
HealthRight360 (former Walden contract)	15-1038	69,451,787	22,073,719	91,525,506
Hyde Street Community Services	15-1039	17,162,210	5,968,409	23,130,619
Instituto Familiar de la Raza	15-1040	14,219,161	11,917,749	26,136,910
Progress Foundation	15-1043	92,018,333	28,972,744	120,991,077
The Regents of the University of California San Francisco (CCM) <sup>1</sup>	15-1044	24,962,815	9,380,507	34,343,322
The Regents of the University of California San Francisco (CCM-SPR) <sup>2</sup>	15-1046	32,024,839	22,521,671	54,546,510
Richmond Area Multi-Services, Inc. (RAMS - Children)	15-1047	19,904,452	9,721,109	29,625,561
Richmond Area Multi-Services, Inc. (RAMS - Adults)	15-1048	22,602,062	10,989,524	33,591,586
Seneca Center	15-1049	63,495,327	6,134,854	69,630,181
Westwide Community Mental Health Center	15-1050	43,683,160	12,741,326	56,424,486
Total		\$651,283,455	\$225,289,816	\$876,573,271

Source: Department of Public Health staff.

The Budget and Legislative Analyst found the requested increase for each of the 17 contracts to be reasonable, based on actual and projected contract expenditures.

<sup>&</sup>lt;sup>3</sup> DPH will submit specific revised resolutions to the December 2, 2015 Budget and Finance Committee with corrected language or amounts. The Table above is based on the revised resolutions.

# Five Contracts have Significant Expenditure Increases

Alternative Family Services (increase of \$7,674,939). According to Ms. Michelle Ruggels, DPH Director of Business Office, DPH costs for this contract have increased because the Department is required to serve an increasing number of foster care children who are San Francisco residents but who are placed outside of the county. DPH contracted with Alternative Family Services to ensure that DPH complies with State mandates to complete assessments for all out-of-county placements. Previously 30-40 percent of foster care youth received an assessment. DPH now completes assessments for all foster care youth placements, and has budgeted for the associated cost increases.

Edgewood Center for Children and Families (increase of \$19,276,057). In 2014, DPH received a State grant in the amount of \$1,751,827 funded with Mental Health Services Act funding, which will fund two new DPH programs including the Youth Crisis Stabilization Center and the Mobile Crisis Team (File 14-0511). According to Ms. Ruggels, the remaining portion of these program costs will be reimbursed by Medi-Cal for those clients with Medi-Cal eligibility.

The Regents of the University of California at San Francisco: Citywide Case Management – Single Point of Responsibility (CCM-SPR; increase of 22,521,671). DPH has expanded all intensive care management programs. In FY 2012-13, DPH transferred the Citywide Forensics program from the Citywide Case Management program to Citywide Case Management program for Single Point of Responsibility (CCM-SPR) as the CCM-SPR contract uses a capitation model rather than fee-for-service. During this time, DPH also expanded the Citywide Focus program, which provides outpatient mental health services to reduce unnecessary institutional care for high risk and mentally ill transitional aged youth, adults, and older adults. Both of these programs are funded through the federal Mental Health Services Act.

Richmond Area Multi-Services, Inc. for Children (RAMS Children; increase of \$9,721,109). DPH costs for implementing Wellness Centers in high schools increased as the Wellness programs have been gradually expanded to additional high schools. DPH will receive reimbursements for program costs from Medi-Cal.

Richmond Area Multi-Services, Inc. for Adults (increase of \$10,989,524). Program costs will increase mainly because of four programs, including the I-Ability Vocational IT program, Asian Pacific Islander Mental Health Collaborative, the Peer Specialist Mental Health Certificate program, and the Broderick Street Adult Residential Facility. All of these programs will be funded by the State Mental Health Services Act.

# POLICY CONSIDERATION

Ms. Ruggels advised that the purpose of extending the current contract period by two years until December 31, 2017 is to allow the Department to:

<sup>&</sup>lt;sup>4</sup> DPH received this grant to participate in a program entitled Mental Health Triage Personnel Grant for the period from April 1, 2014 through June 30, 2014.

<sup>&</sup>lt;sup>5</sup> Under a capitation model, the contractor is paid a flat fee for each client rather than a fee for each service.

- (a) Complete its planning process to identify any service model changes necessary to better meet the needs of the Department's integrated service delivery system, the San Francisco Health Network, in response to the implementation of the Affordable Care Act;
- (b) Finalize its plan for addressing the new requirements of the State Department of Health Care Services 1115 demonstration waiver (Drug Medi-Cal Organized Delivery System) approved by the State in August 2015, which will require significant changes to the current substance abuse delivery system, including entirely new service models; and
- (c) Prepare multiple RFPs for behavioral health services, stagger the timing of the issuance of these RFPs, and award new contracts, while preventing any break in service delivery.

DPH will finalize its RFP schedule, which is estimated to be completed by March 2016, pending the completion of an evaluation of community-based services that meet the requirements of the Affordable Care Act and the State's 1115 demonstration waiver.

According to Ms. Ruggels, DPH will prepare a schedule for the issuance of the multiple RFPs for behavioral health services that includes the timeline of the issuance of the RFPs, as well as the effective date of the new services. DPH will submit the new contracts to the Board of Supervisors for approval in accordance with Charter Section 9.118(b).

# **RECOMMENDATION**

Approve the proposed resolutions.

# San Francisco Department of Public Health



Barbara A. Garcia, MPA Director of Health

October 5, 2015

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

Dear Ms. Calvillo:

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

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

The following is a list of accompanying documents:

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

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

Thank you for your time and consideration.

Sincerely,

Jacquie Hale Director

DPH Office of Contracts Management and Compliance

SWOOT -5 Milling

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

# First Amendment

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

#### RECITALS

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

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

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 4153-09/10 dated June 21, 2010;

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

- 1. **Definitions.** The following definitions shall apply to this Amendment:
- **1a. Agreement.** The term "Agreement" shall mean the Agreement dated July 1, 2010 between Contractor and City, as amended by the:

# First amendment this amendment

- 1b. Contract Monitoring Division. Contract Monitoring Division. Effective July 28, 2012, with the exception of Sections 14B.9(D) and 14B.17(F), all of the duties and functions of the Human Rights Commission under Chapter 14B of the Administrative Code (LBE Ordinance) were transferred to the City Administrator, Contract Monitoring Division ("CMD"). Wherever "Human Rights Commission" or "HRC" appears in the Agreement in reference to Chapter 14B of the Administrative Code or its implementing Rules and Regulations, it shall be construed to mean "Contract Monitoring Division" or "CMD" respectively.
- 1c. Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.
- 2. Modifications to the Agreement. The Agreement is hereby modified as follows:

- **2a.** Section 2. of the Agreement currently reads as follows:
- 2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2015.

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

- 2. Terms of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 through December 31, 2017.
  - **2b.** Section 5. of the Agreement currently reads as follows:
- 5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Ninety Two Million Eighteen Thousand Three Hundred Thirty Three Dollars (\$92,018,333). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

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

- 5. Compensation. Compensation shall be made in monthly payments on or before the 15th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed One Hundred Twenty Million Nine Hundred Ninety One Thousand Seventy Seven Dollars (\$120,991,077). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
  - 2c. Insurance. Section 15. is hereby replaced in its entirety to read as follows:

#### 15. Insurance

- a. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:
- 1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence and \$2,000,000 general aggregate for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
- 5) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with the Services.
- b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- c. All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in the Section entitled "Notices to the Parties."
- d. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- e. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

- f. Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.
- g. The Workers' Compensation policy(ies) shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.
- h. If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.
- i. Notwithstanding the foregoing, the following insurance requirements are waived or modified in accordance with the terms and conditions stated in Appendix C. Insurance.
- 2d. Replacing "Earned Income Credit (EIC) Forms" Section with "Consideration of Criminal History in Hiring and Employment Decisions" Section. Section 32. "Earned Income Credit (EIC) Forms" is hereby replaced in its entirety to read as follows:

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

- a. Contractor agrees to comply fully with and be bound by all of the provisions of Chapter 12T "City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions," of the San Francisco Administrative Code (Chapter 12T), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Chapter 12T are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the Chapter 12T is available on the web at www.sfgov.org/olse/fco. A partial listing of some of Contractor's obligations under Chapter 12T is set forth in this Section. Contractor is required to comply with all of the applicable provisions of 12T, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12T.
- b. The requirements of Chapter 12T shall only apply to a Contractor's or Subcontractor's operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, shall apply only when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco, and shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.
- c. Contractor shall incorporate by reference in all subcontracts the provisions of Chapter 12T, and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

- d. Contractor or Subcontractor shall not inquire about, require disclosure of, or if such information is received, base an Adverse Action on an applicant's or potential applicant for employment's, or employee's: (1) Arrest not leading to a Conviction, unless the Arrest is undergoing an active pending criminal investigation or trial that has not yet been resolved; (2) participation in or completion of a diversion or a deferral of judgment program; (3) a Conviction that has been judicially dismissed, expunged, voided, invalidated, or otherwise rendered inoperative; (4) a Conviction or any other adjudication in the juvenile justice system; (5) a Conviction that is more than seven years old, from the date of sentencing; or (6) information pertaining to an offense other than a felony or misdemeanor, such as an infraction.
- e. Contractor or Subcontractor shall not inquire about or require applicants, potential applicants for employment, or employees to disclose on any employment application the facts or details of any conviction history, unresolved arrest, or any matter identified in subsection 32.(d), above. Contractor or Subcontractor shall not require such disclosure or make such inquiry until either after the first live interview with the person, or after a conditional offer of employment.
- f. Contractor or Subcontractor shall state in all solicitations or advertisements for employees that are reasonably likely to reach persons who are reasonably likely to seek employment to be performed under this Agreement, that the Contractor or Subcontractor will consider for employment qualified applicants with criminal histories in a manner consistent with the requirements of Chapter 12T.
- g. Contractor and Subcontractors shall post the notice prepared by the Office of Labor Standards Enforcement (OLSE), available on OLSE's website, in a conspicuous place at every workplace, job site, or other location under the Contractor or Subcontractor's control at which work is being done or will be done in furtherance of the performance of this Agreement. The notice shall be posted in English, Spanish, Chinese, and any language spoken by at least 5% of the employees at the workplace, job site, or other location at which it is posted.
- h. Contractor understands and agrees that if it fails to comply with the requirements of Chapter 12T, the City shall have the right to pursue any rights or remedies available under Chapter 12T, including but not limited to, a penalty of \$50 for a second violation and \$100 for a subsequent violation for each employee, applicant or other person as to whom a violation occurred or continued, termination or suspension in whole or in part of this Agreement.
- **2e.** Protected Health Information. Section 64 is hereby replaced in its entirety to read as follows:
- 64. Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contactor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages,

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

- 2f. Add Appendices A-1a through A-1d, A-2a through A-2f, A-3a through A-3b, A-4 and A-5 dated 7/1/15.
- 2g. Add Appendices B (Calculation of Charges), B-1a through B-1d, B-2a through B-2f, B-3a through B-3b, B-4 and B-5-5 dated 7/1/15.
- 2h. Delete Appendix D and replace in its entirety with Appendix D dated 7/1/15, to Agreement as amended.
- 2i. Delete Appendix E and replace in its entirety with Appendix E dated 5/7/14, to Agreement as amended.
  - 2j. Add Appendix F.
  - 2i. Add Appendix J.
- 3. Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the date of this Amendment.
- 4. Legal Effect. Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

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

# **CITY**

Recommended by:

Barbara Garcia, MPA Director of Health

Department of Public Health

# CONTRACTOR

Progress Foundation

Steve Fields
Executive Director
368 Fell Street

San Francisco, CA 94102

City vendor number: 15017

Approved as to Form:

Dennis J. Herrera City Attorney

<u>Authbewill unfly</u> 6/15/15
Kathy Murphy
Deputy City Attorney

Approved:

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

#### Appendix A

#### COMMUNITY BEHAVIORAL HEALTH SERVICES

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

#### A. Contract Administrator:

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

#### · B. Reports:

- (1) CONTRACTOR shall submit written reports as requested by the CITY. The format for the content of such reports shall be determined by the CITY. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.
- (2) CONTRACTOR agrees to submit to the Director of Public Health or his designated agent (hereinafter referred to as "DIRECTOR") the following reports: Annual County Plan Data; Utilization Review Data and Quarterly Reports of De-certifications; Peer Review Plan, Quarterly Reports, and relevant Peer Review data; Medication Monitoring Plan and relevant Medication Monitoring data; Charting Requirements, Client Satisfaction Data, Program Outcome Data, and Data necessary for producing bills and/or claims in conformance with the State of California Uniform Method for Determining Ability to Pay (UMDAP; the state's sliding fee scale) procedures.

#### C. Evaluation:

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

# D. <u>Possession of Licenses/Permits</u>:

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

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

# E. Adequate Resources:

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

#### F. Admission Policy:

Admission policies for the SERVICES shall be in writing and available to the public. Such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status, except to the extent that the SERVICES are to be rendered to a specific population as described in Appendix A. CONTRACTOR shall adhere to Title XIX of the Social Security Act and shall conform to all applicable Federal and State statues and regulations. CONTRACTOR shall ensure that all clients will receive the same level of care regardless of client status or source of reimbursement when SERVICES are to be rendered.

# G. San Francisco Residents Only:

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

#### H. <u>Grievance Procedure</u>:

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

#### I. Infection Control, Health and Safety:

- (1) CONTRACTOR must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, §5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and record keeping.
- (2) CONTRACTOR must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) CONTRACTOR must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) CONTRACTOR is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.
- (5) CONTRACTOR shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) CONTRACTOR shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) CONTRACTOR assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) CONTRACTOR shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

#### J. Acknowledgment of Funding:

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

# K. <u>Client Fees and Third Party Revenue</u>:

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

- (2) CONTRACTOR agrees that revenues or fees received by CONTRACTOR related to SERVICES performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive SERVICES. Accordingly, these revenues and fees shall not be deducted by CONTRACTOR from its billing to the CITY.
- (3) CONTRACTOR agrees that funds received by CONTRACTOR from a source other than the CITY to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the CITY and deducted by CONTRACTOR from its billings to the CITY to ensure that no portion of the CITY'S reimbursement to CONTRACTOR is duplicated.

#### L.Billing and Information System

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

#### M. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

#### N. <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.

#### O. Quality Improvement:

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

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

# R. <u>Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures</u>

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

# S. Working Trial Balance with Year-End Cost Report

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

#### T. Harm Reduction

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

#### 2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1a La Posada

Appendix A-1b Shrader

Appendix A-1c Avenue

Appendix A-2a La Amistad

Appendix A-2b Progress House

Appendix A-2c Cortland

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

1. Program Name: La Posada (A-1a) Program Address: 810 Capp St. City, State, Zip Code: San Francisco, CA 94110 Telephone: (415) 285-0810 Facsimile: (415) 285-2110 Program Code: 38081 (La Posada Crisis Residential) 3808OP (La Posada Outpatient) Program Name: Shrader (A-1b) Program Address: 50 Shrader St. City, State, Zip Code: San Francisco, CA 94117 Telephone: (415) 668-4166 Facsimile: (415) 668-6357 Program Code: 89661 (Shrader House Crisis Residential) . 8966OP (Shrader House Outpatient) Program Name: Avenues (A-1c) Program Address: 1443 7th Ave. City, State, Zip Code: San Francisco, CA 94122 Telephone: (415) 242-8034 Facsimile: (415) 242-8039 Program Code: 38A41 (Avenues Crisis Residential) 38A43 (Avenues Outpatient) Program Name: Dore Residence (A-1d) Program Address: 52 Dore Street City, State, Zip Code: San Francisco, CA 94103 Telephone: (415) 553-3115 Facsimile: (415) 553-3119 Program Code: 38GM1 (Dore House Crisis Residential) 38GM3 (Dore House OP) Contractor Address: Progress Foundation City, State, Zip Code: 368 Fell Street San Francisco, CA 94102 Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of **Clinical Services** Telephone: (415) 861-0828 2. Nature of Document (check one) ☐ New □ Renewal - 
 **☐** Modification 3. Goal Statement

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

# 4. Target Population

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

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

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

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

# 5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of	Number of	Unduplicated
	Service	Beds/Capacity	Clients (UDC)
Acute Residential Treatment (La Posada)	3103	10	197 5
Medication Support (La Posada)	30,000		
Acute Residential Treatment (Shrader)	3500	12	249
Medication Support (Shrader)	30,000		
Acute Residential Treatment (Avenues)	3723	12	249
Medication Support (Avenues)	30,000		
Residential Treatment (Dore Residence)	4344	14	275 ***
Medication Support (Dore Residence)	39,780		
	144,450		
Total UOS Delivered			
•			970
Total UDC Served			

# 6. Methodology

- a. The ADUs are listed in the BHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bilingual, bi-cultural and/or gay/lesbian or transgender, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups that which we serve.
- b. Clients are referred directly from SFGH PES with consultation and consent from Progress Foundation Diversion Evaluation Team (DET) in most cases. Referrals from local inpatient units are approved by the BHS Placement Team and referred to the Progress Foundation DET for review. Urgent referrals from community programs are referred directly to DET. DET reviews charts and may do face-to-face interviews with clients in PES, and inpatient units or at a client's current program. DET tracks open beds in the agency and schedules intake interviews with each program. Referrals will also come directly from Progress Foundation's Dore Urgent Care Clinic. Clients go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the ADU for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, and deemed at-risk for inpatient admission if the ADU does not admit the client, and have a health screen and PPD in the last 6 months. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs, which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. After completing the intake interview and being accepted into the program,

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# 7. Objectives and Measurements

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

# 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

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

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

Program Name: La Amistad (A-2a) Program Address: 2481 Harrison St.

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415)-285-8100 Facsimile: (415)285-2448

Program Code: 38091(La Amistad Residential Adult)

38092 (La Amistad Day Treatment)

Program Name: Progress House (A-2b)

Program Address: 25 Beulah St.

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415)668-1511 Facsimile: (415)668-1300

Program Code: 38371/38371MH (Progress House Residential Adult)

38372 (Progress House Day Treatment)

Program Name: Cortland House (A-2c) Program Address: 77 Cortland Avenue

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415)550-1881 Facsimile: (415)550-1791

Program Code: 38631 (Cortland House Residential Program)

3863DT (Cortland House Day Treatment)

Program Name: Clay Street (A-2d)
Program Address: 2210 Clay Street

City, State, Zip Code: San Francisco, CA 94115

Telephone: (415) 776-4647 Facsimile: (415) 776-1018

Program Code: 89851 (Clay Street Residential)

89852 (Clay Street Day Treatment)

Program Name: Dorine Loso House (A-2e)

Program Address: 405 Baker Street

City, State, Zip Code: San Francisco, CA 94117

Telephone: (415)346-7775 Facsimile: (415)346-7555

Program Code: 38GH1 (Dorine Loso House Residential)

38GH2 (Dorine Loso House Day Treatment)

Program Name: Ashbury House (A-2f) Program Address: 212 Ashbury St. City, State, Zip Code: San Francisco, CA 94117

Telephone: (415) 775-6194 Facsimile: (415) 775-1120

Program Code: 89841 (Progress Ashbury House)

89842 (Ashbury House Day Treatment)

Contractor Address: Progress Foundation

City, State, Zip Code: 368 Fell Street San Francisco, CA 94102

Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of

**Clinical Services** 

Telephone: (415) 861-0828

1.	Nature	of D	ocument	(check	one)	
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	New	$\boxtimes$	Renewal	Modification
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#### 2. Goal Statement

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

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

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

# 3. Target Population

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

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

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

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

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

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

4. Modality(ies)/Interventions

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

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

# 5. Methodology

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# 6. Objectives and Measurements

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

# 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

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

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

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

1.

Program Name: Seniors Program - Carroll House (A-3a)

Program Address: 73 Anderson St.

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415)821-1610 Facsimile: (415)821-3568

Program Code: 38541 (Carroll House Residential Geriatric)

Program Name: Seniors Program-Rypins House & Rypins House Day Treatment (A-3b)

Program Address: 1405 Guerrero St.

City, State, Zip Code: San Francisco, CA 94110

Telephone: (415)821-0697 Facsimile: (415)821-3568

Program Code: 38531/38531MH (Rypins House Residential Geriatric)

38532 (Rypins House PD Geriatric)

**Contractor Address: Progress Foundation** 

City, State, Zip Code: 368 Fell Street San Francisco, CA 94102

Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of

Clinical Services

Telephone: (415) 861-0828

## 2. Nature of Document (check one)

☐ New	M	Renewal	П	Modification
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# 3. Goal Statement

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

# 4. Target Population

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

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

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

# 5. Modality(ies)/Interventions

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

# 6. Methodology

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

# 7. Objectives and Measurements

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

# 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

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

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

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

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

1.

Program Name: Supported Living Program (A-4)

Program Address: 711 Taraval St.

City, State, Zip Code: San Francisco, CA 94116

Telephone: (415)752-3416 Facsimile: (415)752-3483

Program Code: 3838OP (Cooperative Apartments Outpatient)

**Contractor Address: Progress Foundation** 

City, State, Zip Code: 368 Fell Street San Francisco, CA 94102

Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of

Clinical Services

Telephone: (415) 861-0828

<ol><li>Nature of Document (cl</li></ol>	heck one)
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## 3. Goal Statement

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

# Specific goals include:

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

#### 4. Target Population

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

# 5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of	Number of	Unduplicated
	Service	Beds/Capacity	Clients (UDC)
Case Management	268,396	116	73
Total UOS Delivered	268,750		
Total UDC Served	Z3C		

# 6. Methodology

- a. The Supported Living Program is listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff positions involves posting the open position internally, and on various job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or Transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.
- b. The program provided is the Supported Living Program, a system of leased apartments and permanent housing sites where residents receive mental health, case management and crisis intervention services from the Supported Living Program staff. The Supported Living Program consists of two elements: (a) the Cooperative Apartments Program; (b) the Permanent Housing Program/Independent Living program. Clients for the Cooperative Apartments Program are referred by their case managers or other providers and must be approved by the CBHS Placement Team, and meet some of the same requirements as the Residential Treatment

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

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

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

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

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

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

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

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

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

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

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

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

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

# 7. Objectives and Measurements

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

8. Continuous Quality Assurance and Improvement

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

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

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

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

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

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

Based on the data yielded from the daily/weekly review of client charts, leadership staff will meet monthly, by levels of care, and determine possible in-service training necessary to provide better culturally competent services for clients. Cultural competency at Progress Foundation is being able to provide the best service to the current clients of the system. Cultural competency

at Progress Foundation is beyond ethnicity and race. It is about the response and service delivery of every client that comes to the programs. Example: If there is a growing trend of clients with a criminal justice history, the program leadership will design and provide in-service about client safety, risk assessment and the use of the environment in maintaining safety in the program. The training will be provided in a timely manner through on-shift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.

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

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

1.

Program Name: Dore Street Clinic (A-5)

Program Address: 52 Dore St.

City, State, Zip Code: San Francisco, CA 94103

Telephone: (415) 553-3100 Facsimile: (415) 553-3119

Program Code: 38I12 (PF Dore Clinic)

**Contractor Address: Progress Foundation** 

City, State, Zip Code: 368 Fell Street San Francisco, CA 94102

Name of Person Completing this Narrative: Bernadette Navarro-Simeon, Ph.D. Director of

Clinical Services

Telephone: (415) 861-0828

# 2. Nature of Document (check one)

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#### 3. Goal Statement

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

# 4. Target Population

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

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

# 5. Modality(ies)/Interventions

Units of Service (UOS) Description	Units of	Number of	Unduplicated
	Service	Clients	Clients (UDC)
Urgent Care	35,000		1000 4
Total UOS Delivered	35,000		
Total UDC Served			1000

# 6. Methodology

- a. Progress Foundation programs are listed in the BHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. New programs will be added as new editions of the publications are printed. Recruitment for staff positions involves posting the open position internally, and on various internet job listing websites, as well as on our website and sending notices to other non-profit mental health providers. Progress Foundation will recruit a representative percentage of staff who are bilingual, bi-cultural and/or gay/lesbian or transgendered, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups.
- b. Dore Urgent Care Clinic will serve clients referred by San Francisco Police Department, SFGH Psychiatric Emergency Services, community psychiatric crisis services designated by Community Behavioral Health Services (for example: BHS Mobile Crisis, Westside Community Crisis Center, and SFPD Psychiatric Liaison). Referrals may also be made to the Dore Urgent Care Clinic by selected Intensive Case Management Teams and Outpatient Clinics. Clients come to the program for an intake, which serves as an assessment tool for the program to determine the appropriateness of the Dore Urgent Care Clinic for this client. Selection criteria for full admission to the Dore Clinic are based on the severity of the existing crisis and the acute nature of the current episode and the client's presentation. In addition the client must be deemed at risk for an inpatient admission if not admitted to the Dore Clinic.

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

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

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

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

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

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

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

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

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

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

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

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

# 7. Objectives and Measurements

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

# 8. Continuous Quality Assurance and Improvement

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

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

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

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

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

Progress Foundation Appendix A-5 7/1/15

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

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

# Appendix B Calculation of Charges

# 1. Method of Payment

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

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

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

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

#### B. Final Closing Invoice

#### (1) <u>Fee For Service Reimbursement:</u>

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

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

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

#### 2. Program Budgets and Final Invoice

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

**Budget Summary** 

Appendix B-1a La Posada Appendix B-1b Shrader Appendix B-1c Avenues

Appendix B-1d Dore Residence

Appendix B-2a La Amistad

Appendix B-2b Progress House

Appendix B-2c Cortland

Appendix B-2d Clay

Appendix B-2e Loso

Appendix B-2f Ashbury

Appendix B-3a Seniors-Carroll

Appendix B-3b Seniors-Rypins

Appendix B-4 Supported Living Program (SLP)

Appendix B-5 Dore Urgent Care Clinic (DUCC) (PF Dove Clinic)

#### B. COMPENSATION

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

CONTRACTOR understands that, of this maximum dollar obligation, \$3,953,122 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

- (1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.
- (2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, 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.

July 1, 2010 through June 30, 2011	\$14,938,041
July 1, 2011 through June 30, 2012	\$14,938,041
July 1, 2012 through June 30, 2013	\$15,223,357
July 1, 2013 through June 30, 2014	\$15,465,354
July 1, 2014 through June 30, 2015	\$15,686,989

	Appendix B 7/1/15
July 1, 2015 through June 30, 2016	\$15,686,989
July 1, 2016 through June 30, 2017	\$16,863,514
July 1, 2017 through December 31, 2017	\$8,235,670
Contingency	\$3,953,122
Total July 1, 2010 through December 31, 2017	\$120,991,077

**Progress Foundation** 

- (3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.
- (4) CONTRACTOR further understands that, \$7,469,021 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000031 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000031 for the Fiscal Year 2010-11.
- C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.
- D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.
  - E. In no event shall the CITY be liable for interest or late charges for any late payments.
- F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH	): 00271		ared By/Phone #:		os 415-861-0828	Fiscal Year	2015-16
DHCS Legal Entity Name (MH)/Contractor Name (SA)	Progress Founds	tion	area by/r floric #.	Document Date:		Appendix B	Page 4
DHCS Legal Entity Name (MH)/Contractor Name (SA Contract CMS # (CDTA use only	): 1 Togroso i Canaa ):		<del></del>	. Doodinon Dato.	77 172010	.Appondix B	r ago 4
Contract Appendix Number		B-1b	B-1c	B-1d		<del></del>	<del> </del>
Appendix A/Provider Name		Shrader	Avenues	Dore Residence		<u> </u>	<del> </del>
				38GM			<del> </del>
Provider Numbe		8966 89661/OP	38A4 38A41/2	38GM1/3			<del>}</del>
Program Code(s	71						Sub TOTAL
FUNDING TERM		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Cambos of the contract of		Sub IOIAL
EUNDING USES WEST TO SEE THE SECOND S		978,570	1,076,995	1,127,143			4,128,230
Salaries & Employee Benefits		209,745	226,927	203,457		<del></del>	842,848
Operating Expenses		209,745	220,921	203,407			042,040
Capital Expenses Subtotal Direct Expenses		1,188,315	1,303,922	1,330,600			4,971,078
		159,076	147,710	182,024	<del></del>		605,202
Indirect Expenses Indirect %					0%	0%	
TOTAL FUNDING USES	1,264,633	1,347,391	1,451,632	1,512,624	U%	\	5,576,280
IOTAL FORDING USES		1,347,331	1,451,032	1,512,024			0,0,0,000
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	200.004	404 470	454.004	470.000			SELSING THE STATE OF THE STATE
MH FED - SDMC Regular FFP (50%)	396,294	421,176	454,924	472,966		<u> </u>	1,745,360
MH COUNTY - General Fund	451,105	483,538	519,521	544,025			1,998,189
MH COUNTY - Work Order CODB	<u> </u>	<u> </u>					
MH STATE - 1991 MH Realignment	405,234	430,677	465,187	483,633	<u> </u>		1,784,731
MH WORK ORDER - HSA CALWORKS		-	-	-	<u> </u>		
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		1,335,391	1,439,632	1,500,624		-	5,528,280
				BUSINESSEE		NEW YORK	
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					·		
							-
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TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCE		-	-	_	-		-
•							-
							-
TOTAL OTHER DPH FUNDING SOURCES		-		·-	<b>-</b>		
TOTAL DPH FUNDING SOURCES	1,252,633	1,335,391	1,439,632	1,500,624			5,528,280
Nondergebraingebouwes a sambayan barabayan		PERSONAL PROPERTY.					
	12,000						
TOTAL NON-DPH FUNDING SOURCES			12,000		<del> </del>		48,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,264,633		<b>L</b>				5,576,280
NONIDEREDINGUICES  TOTAL NON-DPH FUNDING SOURCES	12,000 12,000	12,000 12,000	12,000	12,000			48,00

DPH 1: Department of Public Health Contract Budget Summary

		lic Health Contra					
DHCS Legal Entity Number (MH):	DHCS Legal Entity Number (MH): 00271 Prepared By/Phone #: Jay Yanos 415-861-0828 Fiscal Year						2015-16
DHCS Legal Entity Name (MH)/Contractor Name (SA):	Progress Founda	tion	•	Document Date:	7/1/2015	Appendix B	Page 5
Contract CMS # (CDTA use only):			.=				
Contract Appendix Number:	B-2a	B-2b	B-2c `	B-2d	B-2e	B-2f	
Appendix A/Provider Name:	La Amistad	Progress House	Cortland	Clay	Loso House	Ashbury	
Provider Number		3837	3863	. 8985	38GH	8984	
Program Code(s)		38371MH/2	38631/DT	89851/2	38GH1/2	89811/2	
FUNDING TERM:	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	Sub TOTAL
HINDING SEE SEE STATE OF THE SEE SEE SEE SEE							
Salaries & Employee Benefits:	622,597	592,099	568,706	876,685	882,674	671,773	4,214,534
Operating Expenses:	165,814	105,080	154,003	239,639	310,629	189,392	1,164,557
Capital Expenses:	-	-	-	-	-	-	-
Subtotal Direct Expenses:	788,411	697,179	722,709	1,116,324	1,193,303.	861,165	5,379,091
Indirect Expenses:	100,469	107,960	84,626	130,987	139,559	140,470	704,071
Indirect %:	13%		12%		12%	16%	13%
TOTAL FUNDING USES	888,880	805,139	807,335	1,247,311	1,332,862	1,001,635	6,083,162
						<del></del>	
GREENEN DE LE CONTROL DE LE CONTROL DE LA CONTROL DE L							
MH FED - SDMC Regular FFP (50%)	304,405	276,093	277,451	530,813	574,226	270,621	2,233,609
MH COUNTY - General Fund	243,203	216,725	217,375	91,712	89,457	47,410	905,882
MH COUNTY - Work Order CODB	-		=	· -		1,015	1,015
MH STATE - 1991 MH Realignment	311,272	282,321	283,709	542,786	587,179	276,724	2,283,991
MH WORK ORDER - HSA CALWORKS			-			375,865	375,865
						5.0,000	0.0,00
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	858.880	775,139	778,535	1,165,311	1,250,862	971,635	5,800,362
EHE EUREDANGE ARUBE EONOMY BOURD ES EN PRESENTATION							in manusipi
Company and the second	representative and the control of the con-	A 19th Deligion (19th of 19th property 19th design	Charles of the Parameter for the Ball	TOTAL STREET	Control and the second second second	THE RESIDENCE OF THE PARTY OF T	-
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						<del></del>	
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES						<u> </u>	
ODERENDENTENDINGSOURCESSEN SOON DE LE CONTRACTION				VIII AND COLORS VIII NO			(2000) (1000) (1000) (1000)
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	<del> </del>	<del> </del>	}	<b>}</b>		<del> </del>	
TOTAL OTHER DPH FUNDING SOURCES		<del> </del>	<del> </del>	ļ	<del> </del>		<u> </u>
TOTAL OTHER DEPT FUNDING SOURCES	858,880	775,139	778,535	1,165,311	1,250,862	971,635	5,800,362
	000,000						
Nondellerandressingssons			responsible days they be to asked to				
FORM NON DRIVE HINDING COMPANY	30,000	30,000	28,800	82,000	82,000	30,000	101 000
TOTAL NON-DPH FUNDING SOURCES	30,000	30,000	28,800	82,000	82,000	30,000	282,800
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	888,880	805,139	807,335	1,247,311	1,332,862	1,001,635	6,083,162

DPH 1: Department of Public Health Contract Budget Summary

DHCS Legal Entity Number (MH):	00271		ared Bv/Phone #:		nos 415-861-0828	Fiscal Year:	2014-15
DHCS Legal Entity Name (MH)/Contractor Name (SA):			ared by/Filone #.	Document Date:		Appendix B	page 6
Contract CMS # (CDTA use only):	Frogress Founda	u011		Document Date:	11 1120 15	Whhatiniy p	hage o
Contract Appendix Number		B-3b	B-4	B-5	<del>                                     </del>		
			SLP				
Appendix A/Provider Name		Seniors-Rypins		Dore Clinic			··········
Provider Number	3854 38541	3853 38531/2	3838 3838OP	38l1 38l12			
Program Code(s)						0.44-4-1	TOTAL
FUNDING TERM		7/1/15-6/30/16	7/1/15-6/30/16	7/1/15-6/30/16	ASSERTAGE FEMALE VALUE (AND AND AND AND AND AND AND AND AND AND	Subtotal	
FUNDINGIUSES							
Salaries & Employee Benefits:	223,674	632,006	428,101	1,874,930		8,342,764	11,501,475
Operating Expenses	85,964	191,263	169,085	317,967		2,007,405	2,771,684
Capital Expenses		-	-	-			
Subtotal Direct Expenses		823,269	597,186	2,192,897	-	10,350,169	14,273,159
Indirect Expenses	39,374	115,009	72,001	250,973		1,309,273	1,786,630
Indirect %			12%		0%	13%	13%
TOTAL FUNDING USES	349,012	938,278	669,187	2,443,870	-	11,659,442	16,059,789
EVENE VIEWERE EXECUTIVE SECRES SEES SEES SEES SEES SEES SEES S			NESSESSE VICE				<b>MARKET PARTY</b>
MH FED - SDMC Regular FFP (50%)	113,488	327,731	318,198	790,961		3,978,969	5,529,347
MH COUNTY - General Fund	116,048	335,124	25,613	844,104		2,904,071	4,224,960
MH COUNTY - Work Order CODB	98,476	254,423		-		1,015	353,914
MH STATE - 1991 MH Realignment	-		325,376	808,805		4,068,722	5,202,903
MH WORK ORDER - HSA CALWORKS	-	-	-	-		375,865	375,865
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	328,012	917,278	669,187	2,443,870		11,328,642	15,686,989
CHSISTERNAL ARUS BUNDAR SOUTHEST AND THE STATE OF THE STA		DOWN CONTRACTOR		ANY CONSTRUCTOR			AND THE PROPERTY OF THE PARTY O
THE OWNER OF THE PROPERTY OF T	C which the state of the state	C ST STREET ST CONTINUE TO THE COUNTY OF	CH COMPLESS CONTROL	) of order or the first of the	A The second sec	(100 m)	-
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	<u> </u>		1.	<del> </del>			· -
TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES	-	-		-	-		
CATUERORS BURDING SOURCE STREET, THE STREET, AND ADDRESS BURDEN OF THE STR						122	
THE RESIDENCE OF THE PROPERTY	A STATE CONTRACTOR OF THE PARTY		3.50/10/10/10/10/10/10/10/10/10/10/10/10/10		A CONTRACTOR A DESCRIPTION OF THE PROPERTY OF	ESPONENT A STANFART AND STREET	- Champion and Industrial and
				<del> </del>			
	<del>                                     </del>	<del>                                     </del>	<del> </del>	<del> </del>	<del> </del>	<u> </u>	<del> </del>
	<del>                                     </del>	<del> </del>	<del> </del>				<del>                                     </del>
TOTAL OTHER DPH FUNDING SOURCES	1	<del> </del>	<del> </del>				<del>†                </del>
TOTAL DPH FUNDING SOURCES	328,012	917,278	669,187	2,443,870	<del>                                     </del>	11,328,642	15,686,989
	J20,012	911,210	003,107				10,000,303
NOVER HEUNDING SOURGES						330.800	372.800
TOTAL MON DRIVE EUNDING SOURCES	21,000		<b> </b>	<u> </u>	<del> </del>	330,800	372,800
TOTAL FUNDING SOURCES	21,000	21,000			ļ <u> </u>		
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	349,012	938,278	669,187	2,443,870	-	11,659,442	16,059,789

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 Appendix/Page #: B-1a/page 1 Provider Name: Progress Foundation **Document Date:** 7/1/2015 Provider Number: 3808.00 3808 3808 Fiscal Year: 2015-16 Program Name: La Posada La Posada La Posada Program Code (formerly Reporting Unit): 38081 3808QP 38101.00 Mode/SFC (MH) or Modality (SA) 05/40-49 15/60-69 60/40-49 #REF! #REF! #REF! TOTAL Service Description: 0 FUNDING TERM: 7/1/15-6/30/16 7/1/15-6/30/16 7/1/15-6/30/16 Salaries & Employee Benefits: 860,425 85,097 945,522 Operating Expenses: 153,430 14,126 35,163 202,719 Capital Expenses (greater than \$5,000): Subtotal Direct Expenses: 1,013,855 99,223 35,163 1,148,241 Indirect Expenses: 116,392 116,392 **TOTAL FUNDING USES:** 1,264,633 1,130,247 99,223 35,163 Index Code/Prolect EPS MENTAGRETAUTH EUNONIC SOU Detail/CFDA#: MH FED - SDMC Regular FFP (50%) HMHMCC730515 347.690 48,604 396,294 MH STATE - 1991 MH Realignment HMHMCC730515 355,532 49,702 405,234 HMHMCC730515 MH COUNTY - General Fund 415,025 35,163 917 451,105 TOTAL BHS MENTAL HEALTH FUNDING SOURCES 1,118,247 99,223 35,163 1,252,633 Index Code/Project Marate Status Established Mainte Son Detail/CFDA#: TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES Index Code/Project OTHER DRHEUNDING SOUR Detail/CFDA#: TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES 1,118,247 99,223 35,163 1,252,633 Konader funding sourcess 12,000 12,000 NON DPH - Other (please identify) **TOTAL NON-DPH FUNDING SOURCES** 12,000 12.000 1,130,247 1,264,633 TOTAL FUNDING SOURCES (DPH AND NON-DPH) 99.223 35.163 BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS FFS FFS 29,977 DPH Units of Service: 3,103 3,103 Client Day Unit Type: #REF #REF! Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 360.38 3.31 11.33 Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 364.24 3.31 11,33 -Published Rate (Medi-Cal Providers Only): 650.00 9.00 Total UDC: Unduplicated Clients (UDC): 197 197 197

DPH 3	: Salaries	& Bene	fits Detail

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

Appendix #: B-1a 2

		<b>TOTAL</b>		neral Fund MCC730515)	-	:						
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries								
Program Director	1.00	·····	1.00									
Assistant Director	2.00		2.00									
Clinical Manager	0.00			\$ 100,012								
Counselor	11.00		11.00									
Psychiatrist	0.00			s -								,
Nurse Practitioner	0.38		0.38									
Registered Nurse	0.00			s -								
Lic Psychiatric Tech/Lic Voc Nse	0.00	s -		\$ -								
Administrative Assistant	0.00			\$ -								
Clerk	0.33	\$ 16,249	0.33	\$ 16,249								
Relief Staff	0.00	\$ -	-	s -		-						
	, 0.00	s -	,									-
	0.00	s -										
	0:00	\$ -										•
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	0.00	\$ -										
	0.00	\$ -										
	0.00	\$ -										
	0.00	s -										
Totals:	14.70	\$ 734,329	14.70	\$ 734,329	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -

								$\overline{}$
i e		2 1				1 1	1 1	
Employee Falore Donoffee	00 700/ 0	A444AA   AAMAAA   A	244 402		11	1 1	1	
Employee Fringe Benefits:	28.76%  \$	211.193   28.76%   \$	211 193 1	0.00%	0.00%	0.00%	1 0.00%1	
	441.414	=:11:55   ==:70,010	211,100	0.0070	1 0.00701	1 0.00,00	0.0070	

TOTAL SALARIES & BENEFITS

\$ 945,522

\$ 945,522

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\$0

\$0

# DPH 4: Operating Expenses Detail

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

Appendix #: B-1a
Page # 3

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

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

DHCS Legal Entity Name (MH)/C	tment of Public H	00271	orung/Data C	DIRECTION (CKD	·C)	Appendix/Page #:	B-1b/1
Drics Legal Entity Name (MH)/C		Progress Foundai	on			Document Date:	7/1/2015
•	Provider Number:	8966	8966	8966		Fiscal Year.	2015-16
	Program Name:	Shrader	Shrader	Shrader		ristai real.	2010 10
Program Code (fon	merly Reporting Unit):	89661	8966OP	89661			
	(MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
	Service Description:	#REFI	#REF!	#REF!	0	0	TOTAL
	FUNDING TERM:		7/1/15-6/30/16	7/1/15-6/30/16		· · · · · · · · · · · · · · · · · · ·	TOTAL
FUNDINGUSES	TONDING TERM.	771713-0730710	771713-0730710				
	& Employee Benefits:	870,893	107,677				978,570
	Operating Expenses:	162,749	20,117	26,879			209,745
Capital Expenses	(greater than \$5,000):						-
Subto	tal Direct Expenses:	1,033,642	127,794	26,879	•		1,188,315
	Indirect Expenses:	145,607	13,469				159,076
. 101	AL FUNDING USES:	1,179,249	141,263	26,879		•	1,347,391
	Index						
	Code/Project						
BHSIMENDAL HEALIGHTENDING SOURCES	Detall/CFDA#:				THE RESERVE OF THE PERSON NAMED IN		
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	374,767	46,409			<u></u>	421,176
MH STATE - 1991 MH Realignment MH COUNTY - General Fund	HMHMCC730515 HMHMCC730515	383,221 409,261	47,456 47,398	26,879			430,677 483,538
IMIT COOK IT - General Fund	I HIMITING C / 303 13	409,201	47,396	20,079			403,000
TOTAL BHS MENTAL HEALTH	FUNDING SOURCES	1,167,249	141,263	26,879			1,335,391
	Index	AUTOMATICA CONTRACTOR	ATTACHED TO THE				
	Code/Project						
BHE SUBSTANCE/ABUSE EUNDING MODERES	Detail/CFDA#:						
							-
					-		-
TOTAL BHS SUBSTANCE ABUSE			-		-		
	Index						
	Code/Project						Market House
OTHER DEHEDRONG SOURCES	Detail/CFDA#:						
	<u> </u>			<del> </del>	ļ:		ļ <u>-</u>
	<del> </del>			<b></b>		<del> </del>	
TOTAL OTHER DPH	FUNDING SOURCES	<del>                                     </del>	<del></del>	_	<del></del>	l	<del></del>
	FUNDING SOURCES	1,167,249	141,263	26,879	<del></del>	-	1,335,391
NOVEDELY FAMOUNG BONBOLES TO SEE STATE OF THE SECOND		SALU HANGINIA					
NON DPH - Other (please identify)		12,000					12,000
TOTAL NON-DPH FUNDING SOURCES		12,000	-	-		•	12,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH	\	1,179,249	141,263	26,879	-		1,347,391
BHS UNITS OF SERVICE AND UNIT COST							<b>新型的基础的</b>
Number of Beds Pu	rchased (if applicable)	12					
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes)						
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	n Narcotic Tx Program	ļ		ļ		ļ	
Cost Reimbursement (CR) or F		FFS	FFS			<u> </u>	
<del></del>	DPH Units of Service: Unit Type:	3,500 #REF	29,992 #REF	3,500 Client Day	<del> </del>	d	SELECTION OF THE SELECT
Cost Per Unit - DPH Rate (DPH FUND			4.71			<del></del>	
Cost Per Unit - Contract Rate (DPH & Non-DPH F		336.93	4.71	7.68	<del> </del>	<u> </u>	
	di-Cal Providers Only):	650:00	9.00		<del>                                     </del>	<del> </del>	Total UDC:
	olicated Clients (UDC):		249		<del> </del>	<del> </del>	249
		2.0					

DPH 3:	Salaries	& Benefits	Detail
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Program Code:	8966		Appendix #:	B-1b	
Program Name:	Shrader	•	Page #	2	_
Document Date:	7/1/2015				-

,				General Fund (HMHMCC730515)				·					
Position Title	·Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries									_
Program Director	1.00			\$ 69,089									-
Assistant Director		\$ 105,606	2.00										_
Clinical Manager	0.00			\$ -		····							_
Counselor	11.00		11.00	\$ 495,687									_
Psychiatrist	0.38			\$ 71,948									_
Nurse Practitioner	0.00	\$ .		\$ -		•							
Registered Nurse	0.00	s -		\$ -									
Lic Psychiatric Tech/Lic Voc Nse	0.00			: <b>s</b> -		-							
Administrative Assistant	0.00	\$ -		\$ -			•						
Clerk	0.33		0.33	\$ 10,416									_
Relief Staff	00.0	\$ -											
	0.00	\$ -											_
	0.00	\$ -											
	0.00	\$ -										,	
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	0.00	\$ <u>-</u>					<u>.</u>		L				_
,	0.00	\$ -									-		
	0.00	\$											
Totals:	14,71	\$ 752,746	14.71	.\$ 752,746	0.00	\$0	0.00	\$0	0.00	\$0	0.00		\$0
Employee Fringe Benefits:	30.00%	\$ 225,824	30.00%	\$ 225,824	0.00%		0.00%		0.00%		0.00%		_

Employee Frir	ige Benetits: 30.00%	\$ 225,824	30.00%  \$	225,824_	0.00%]	0.00%]		0.00%]
			•				•	
TOTAL SALARIES	BENEFITS	\$ 978,570	\$	978,570	\$0	\$0	\$0	\$0

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

Appendix #: B-1b Page #

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)				
	7/1/15-6/30/16	7/1/15-6/30/16				
Occupancy:						
Rent	\$ 60,145	\$ 60,145				
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 13,528	\$ 13,528				
Photocopying		\$ -			<del> </del>	
Printing		s -	<del></del>		1	
Program Supplies				<u> </u>		
Computer hardware/software		\$ -	<del> </del>	<del> </del>		
General Operating:	_ <del></del>					
Training/Staff Development	\$ 1,907	\$ 1,907				
Insurance				<del></del>		
Professional License, Dues, and Subsidies						
Permits		s -	,			
Equipment Lease & Maintenance		\$ -				
Staff Travel:						
Local Travel	\$ 3,482	\$ 3,482			7	
Out-of-Town Travel	\$ -	\$ -				
Field Expenses		\$ -				
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts)	\$ -	\$		<u> </u>		<u> </u>
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	s -	s -	1	}	1	
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants)			<del> </del>	<del> </del>		<del> </del>
various dates & rates	\$ 38,870	\$ 38,870				·
(add more Consultant lines as necessary)						
Other:			<u> </u>			
Food	\$ 26,626	\$ 26,626	<u> </u>			
Legal	\$ -	\$ -		<u> </u>	٠	<u> </u>
Accounting	\$ -	\$ -	·			
Client Expense	\$ 2,599	\$ 2,599	<u> </u>	1		
Prescriptions	\$ 361			<u> </u>		
Recreation .	\$ 253	\$ 253				<u> </u>
TOTAL OPERATING EXPENSE	\$ 209,745	\$ 209,745	_\$·		· \$	\$ -

DHCS Legal Entity Name (MH)/Co	ment of Public H	00271	orting/Data O	Onection (CIAL	· · · · · · · · · · · · · · · · · · ·	Appendix/Page #:	B-1c/page 1
biloo togai tilaty Namo (Malijot	Provider Name:	Progress Foundate	tion			Document Date:	7/1/2015
	Provider Number:	38A4	38A4	38A4		Fiscal Year.	2015-16
	Program Name:	Avenues	Avenues	Avenues		1,000,100,1	2010 10
Program Code (form	erly Reporting Unit):	38A41	38A43	38A41	•		
Mode/SFC (	MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
	Service Description:	#REFI	#REFI	#REFI	0	0	TOTAL
	FUNDING TERM:	7/1/15-6/30/16		7/1/15-6/30/16		•	
FUNDING DSES OF THE PROPERTY O			Mark Control				
	Employee Benefits: Operating Expenses:	963,487 170,627	113,508 19,002	. 37,298			1,076,995
	greater than \$5,000):	170,021	19,002	. 31,298			226,927
	al Direct Expenses:	1,134,114	132,510	37,298			1,303,922
<u> </u>	Indirect Expenses:	137.068	10,642				147,710
TOTA	AL FUNDING USES:	1,271,182	143,152	37,298			1,451,632
	Index						
	Code/Project						
BHS MENTAL HEALTH EUNDING SCURGES SEED 3002 PE	Detail/CFDA#:	NAME OF TAXABLE PARTY.		November 1999			
	HMHMCC730515 HMHMCC730515	407,522	47,402				454,924
	HMHMCC730515	416,715 434,945	48,472 47,278	37,298			465,187 519,521
IVIT COOKTT - Gerielai Pullu	FINITING C 730313	434,940	41,210	37,290			019,021
TOTAL BHS MENTAL HEALTH F	UNDING SOURCES	1,259,182	143,152	37,298			1,439,632
	index						
	Code/Project						
BI-SISTESTANCE ABUSE ETHINICS STORES IN THE SECOND STATES OF THE SECOND	Detall/CFDA#:						
						•	
			·				· · · · · · · · · · · · · · · · · · ·
TOTAL BHS SUBSTANCE ABUSE F	HINDING SOURCES			<u> </u>			- <del></del>
	Index					Mente Company of State 2 (1990)	
	Code/Project						
ODIER DRH FUNDING SOURCES AND THE STATE OF T	Detail/CFDA#:						
							-
TOTAL OTHER BOLLS	101010 0010000						
TOTAL OTHER DPH F	UNDING SOURCES	1,259,182	143,152	37,298		•	1,439,632
NONTRE TUNDING SOURCES OF VIEW PORTER TO THE PROPERTY OF THE P					Paramatan parama	-	
NON DPH - Other (please identify)		12,000					12,000
TOTAL NON-DPH FUNDING SOURCES		12,000	<del></del>	<del> </del>	<del>                                     </del>	<u> </u>	12,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	`	1,271,182	143,152	37,298	-	_	1,451,632
BHS UNITS OF SERVICE AND UNIT COST	<u> </u>	1,227 1,102	140,102	J.,230			
Number of Beds Pur	12						
. Substance Abuse Only - Non-Res 33 - ODF # of Grou						AND RESIDENCE	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							
Cost Reimbursement (CR) or Fe	FFS			<del></del>			
	OPH Units of Service:	3,722 #REFI	30,011 #REF!		<del>                                       </del>		THE REAL PROPERTY.
Cost Per Unit - DPH Rate (DPH FUND)	Unit Type:		4.77	Client Day 10.02	ļ	0	
Cost Per Unit - DPH Rate (DPH FUND)  Cost Per Unit - Contract Rate (DPH & Non-DPH FU		338.31 341.53	4.77	10.02	<del> </del>	-	
Published Rate (Med		650.00	9.00	10.02	<del>                                     </del>	<u> </u>	Total UDC:
	icated Clients (UDC):	249	249	249	<del> </del>	<del> </del>	249
O Map				270	<u> </u>	<del></del>	

### DPH 3: Salaries & Benefits Detail

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

Appendix #: B-1c
Page # 2

		OTAL	General Fund (HMHMCC730515)									
Position Title	Term: FTE	7/1/15-6/30/16 Salaries	Term: FTE	7/1/15-6/30/16 Salaries								
Program Director	1.00		1.00									
Assistant Director		\$ 102,409	2.00									
Clinical Manager	- 1.00		1.00									
Counselor		\$ 503,469	11.50	\$ 503,469								
Psychlatrist	0.38	\$ 56,505	. 0.38	\$ 56,505								
Nurse Practitioner	0.00	\$ -		\$ -								
Registered Nurse	0.00	\$ -		\$ · -								
Lic Psychlatric Tech/Lic Voc Nse	0.00	\$ -		s -								
Administrative Assistant	· 0.00	s -		s -								
Clerk	1.00	\$ 31,153	1.00	\$ 31,153				·				
Relief Staff	0.00	\$ -										
	0.00	\$ -										
•	0.00	\$ -	<u> </u>								<u> </u>	
	0.00	\$ ·				١					<u> </u>	
	0.00	s ·-										
	0.00	\$										
	/ 0.00	\$	<u> </u>					٦			ļ	
	0.00		ļ	<b></b>			<u> </u>					\- <del></del>
	0.00		<u> </u>		<u> </u>		<u> </u>		ļ		<u> </u>	<u> </u>
	0.00		<u> </u>		<u> </u>		<u> </u>		<b> </b> -		<b></b>	
	0.00		<u> </u>				<u> </u>	<u> </u>				
	0.00			<del> </del>				<u> </u>	<del></del>		1	ļ
Totais:	16.88	\$ 829,606	16.88	\$ 829,606	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	29.82%\\$	247.389 29.82% \$	247 389	0.00%	\ 0.00%\	0.00%	0.00%
			277,000	0.0070		0.0070	

**TOTAL SALARIES & BENEFITS** 

\$ 1,076,995

\$ 1,076,995

\$0

\$0

\$0

şc

Program Code: 38A4	Appendix #:	B-1c
Program Name: Avenues	Page #	
Document Date: 7/1/15		

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)				· .
	7/1/15-6/30/16	7/1/15-6/30/16				
Occupancy:		•				
Rent	\$ 41,760	\$ 41,760				
Utilities(telephone, electricity, water, gas)	\$ 28,775	\$ 28,775				
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 13,397	\$ 13,397	, , , , , , , , , , , , , , , , , , , ,			
Photocopying		\$ -		<del></del>		
Printing		\$ .			<del> </del>	
Program Supplies	\$ 13,099			<del> </del>		
Program Supplies  Computer hardware/software		\$ 13,099	<u> </u>			
	-	<u>*                                      </u>		<u> </u>		<del></del>
General Operating:			<u> </u>	<del></del>	<del></del>	<del></del>
Training/Staff Development		·		<del> </del>	<del></del>	<del> </del>
Insurance		\$ 17,428				
Professional License, Dues, and Subsidies					`	<u> </u>
Permits		\$ -		<u> </u>	<u> </u>	
Equipment Lease & Maintenance	\$ -	\$ -			<u> </u>	ļ
Staff Travel:				<u> </u>		-
Local Travel	\$ 7,426	\$ 7,426				
Out-of-Town Travel	\$ -	\$				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail	\$ -	\$ -		<u> </u>	<del> </del>	
w/Dates, Hourly Rate and Amounts)	s -	s -	į	ļ	į	,
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants)		<del>-</del>		<del></del>	†	<del> </del>
various dates & rates (add more Consultant lines as necessary)	\$ 44,226	\$ 44,226				
(add more Consultant lines as necessary)				<u> </u>		
Other:		3		<u> </u>	<u> </u>	<u> </u>
Food	\$ 36,703	\$ 36,703				
Accounting	\$	\$ -				
Client Expense	\$ 2,556	\$ 2,556		1	1	<del> </del>
Prescriptions	\$ 504			<b> </b>	1	<b> </b>
Legal	s -	\$ -		<del> </del>		<del> </del>
Recreation	\$ 595			<del> </del>		<del> </del>

DHCS Legal Entity Name (MH)/Co	ment of Public H	00271	Jor ang/Data C	Olicottoli (Olico	<del>''''</del>	Appendix/Page #:	B-1d/ page 1
DITIOS Legal Entity Name (with) Ot		Progress Founda	tion			Document Date:	7/1/2015
	Provider Number:	38GM	38GM	38GM		Fiscal Year:	2015-16
			Dore Residence			. Tudar reas	2010 10
Program Code (form	nerly Reporting Unit):	38GM1	38GM3	38GM1			
	MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
·	with or woodality (Ort)	00,40 40	10/00 00	1 00/10 10			
	Service Description:	#REF!	#REFI	#REF!	o	0	TOTAL
	FUNDING TERM:	7/1/14-6/30/15	·7/1/14-6/30/15	7/1/14-6/30/15	-		
EUNDING DISESSES					A DESCRIPTION OF THE PERSON OF		AND THE STOLEN
	L Employee Benefits:	995,550	131,593		The state of the s		1,127,143
	Operating Expenses:	150,989	18,373	34,095			203,457
	greater than \$5,000):						-
Subtot	al Direct Expenses:	1,146,539	149,966	34,095		-	1,330,600
	Indirect Expenses:	164,282	17,742				182,024
ТОТА	AL FUNDING USES:	1,310,821	167,708	34,095	-	-	1,512,624
	· Index						
	Code/Project						
BHB MENIAL REALITHEINDING BOORGES	Detail/CFDA#:			MANAGEMENT OF THE PROPERTY OF			THE REPORT OF THE PERSON NAMED IN
	HMHMCC730515	417,756	55,210				472,966
MH STATE - 1991 MH Realignment	HMHMCC730515	427,178	56,455				483,633
MH COUNTY - General Fund	HMHMCC730515	453,887	56,043	34,095			544,025
TOTAL BHS MENTAL HEALTH F		1,298,821	167,708	34,095	And the Call and the Late of the late of the	Walter and Market and Advance	1,500,624
	index						
	Code/Project						
BHS SUBSIVANCE ABUSE FUNDING ADUROES	Detail/CFDA#:	<b>州村市市市市市市市市市市市市</b>			THE RESIDENCE OF THE PERSON OF		
		ļ		ļ			
				<u></u>	ļ. <u> </u>		
		ļ					<u> </u>
TOTAL BHS SUBSTANCE ABUSE F	UNDING COURCES		<u> </u>	<del> </del>			<u> </u>
TOTAL BIS SUBSTANCE ABUSE I		The residence of the second second	A SAN MARKATAN KANSARAN KANSAR	Market Company Company	Medication straight and some	SASSAMINA SANDRANGE AND WEIGHT AND	nasaansilaanidahiraisi
	Index Code/Project						
OTHER DPH FUNDING SOURCES	Detail/CFDA#:						
To Manufacture (A.C.) The control of the standard of the control o	Detail CruA.	CONTRACTOR	A STREET, STRE	STATE OF THE PARTY	The survey of th	200000000000000000000000000000000000000	-
		<del></del>			<u> </u>		<u> </u>
							-
TOTAL OTHER DPH I							-
	UNDING SOURCES		167,708		-	•	1,500,624
NOW DESTRUCTION OF SOURCESTED FOR THE PROPERTY OF THE PROPERTY	<b>的特別的資金的</b>	<b>医外侧侧侧</b>		THE RESERVE OF THE	<b>研究的基础的</b>		<b>然為特別的關係的</b>
NON DPH - Other (please identify)		12,000					12,000
TOTAL NON-DPH FUNDING SOURCES		12,000		-		<u> </u>	12,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		1,310,821	167,708	34,095		-	1,512,624
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Pu	14	4				HAND THE PARTY OF	
Substance Abuse Only - Non-Res 33 - ODF # of Grou						The second second	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with						<b>国际企业</b>	
Cost Reimbursement (CR) or Fe						<b>网络大型</b>	
					-	20.00000000000000000000000000000000000	
	#REF				0	<b>李建成的类型</b>	
Cost Per Unit - DPH Rate (DPH FUND							<b>经过来还有的的</b>
Cost Per Unit - Contract Rate (DPH & Non-DPH F					-		<b>以图解的图像</b>
	i-Cal Providers Only):		9.00				Total UDC:
Undup	licated Clients (UDC):	275	275	275			278

### DPH 3: Salaries & Benefits Detail

	•
Program Code: 38GM	Appendix #: B-1d
Program Name: Dore Residence	Page# 2
Document Date: 7/1/2015	

	. 1	FOTAL		General Fund (HMHMCC730515)								
Position Title	Term:	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries								
Program Director	1.00		1.00									
Assistant Director	2.00		2.00									· · · · · · · · · · · · · · · · · · ·
Clinical Manager	0.00			\$ -								
Counselor	12.00		12.00	\$ 519,680								
Psychlatrist	0.50		0.50				_					1
Nurse Practitioner	0.50		0.50									
Registered Nurse	0.00	\$ -		\$ -								
Lic Psychlatric Tech/Lic Voc Nse	0.00	\$	_	\$ -								1
Administrative Assistant	0.00	\$ .		\$ -								
Clerk	0.33	\$10,384	0.33	\$ 10,384								
Relief Staff	0.00	\$										_
	0.00	\$										
	0.00	\$										
	0.00	s -										
	0.00	s										
	0.00	s										
	0.00	s							•			
	0.00	s -								l		
	0.00	\$										
)	0.00	s <u>-</u>										<u> </u>
	0.00	\$										
	0.00		<u> </u>									
Totals:	16,33	\$ 867,033	16.33	\$ 867,033	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
•	-											
Employee Fringe Benefits:	30.00%	\$ 260,110	30.00%	\$ 260,110	0.00%		0.00%		0.00%		0.00%	

Į	Employee Fringe Benefits:	30.00% \$	260,110-[	30.00%  \$	260,110	0.00%			_0.00%{	( 0.00	%[
										•	
		Ţ.		<u> </u>	4 427 442						
	TOTAL SALARIES & BENEFITS	\$	1,127,143	<u>_\$</u>	1,127,143		\$0	\$0	L	\$0	\$0

Program Code: 38GM	Appendix #: B-10
Program Name: Dore Residence	Page #
Document Date: 7/1/15	•

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)			·	
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:						
Rent	\$ 81,275	\$ 81,275				
Utilities(telephone, electricity, water, gas)	\$ 22,511	\$ 22,511				<u> </u>
Bullding Repair/Maintenance	\$ 15,819	\$ 15,819				
Materials & Supplies:						·
Office Supplies	\$ 16,917	\$ 16,917				<u> </u>
Photocopying	\$ -	\$ -				
Printing	\$					
Program Supplies					<u> </u>	
Computer hardware/software	\$ -	s -				
General Operating:	<u> </u>					
Training/Staff Development						
Insurance	\$ 12,419	\$ 12,419				1
Professional License, Dues, and Subsidies	\$ 1,880	\$ 1,880				
Permits	\$	\$ -		•		·
Equipment Lease & Maintenance	\$	\$ -				
Staff Travel:						
Local Travel	\$ 1,938	\$ 1,938				
Out-of-Town Travel		s -				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:					1	
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail	<u> </u>					
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail	\$	<u> </u>	<u> </u>	<u> </u>	<u> </u>	
w/Dates, Hourly Rate and Amounts)	s -	\s · -				
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail		<del> </del>		T		
w/Dates, Hourly Rate and Amounts) (add more Consultant lines as necessary)	\$ -	\$	<u> </u>		ļ	<del> </del>
	<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>	1
Other:	1 20 20 20 20 20 20 20 20 20 20 20 20 20	<del> </del>	<del> </del>	<del>                                     </del>	<del> </del>	
Food	\$ 34,019		<del> </del>	<del> </del>	<del> </del>	<del> </del>
Accounting	\$ -	\$ -	<del> </del>	<del> </del>	<del> </del>	<del> </del>
Client Expense	\$ 2,098	<del></del>	<del></del>	<del> </del>	<del> </del>	<del> </del>
Prescriptions	\$ 464	<del>                                     </del>	ļ	<del> </del>	<del> </del>	
Legal	<u> \$</u>	\$ .	<del> </del>	<del> </del>	<del> </del>	<del></del>
Recreation	\$ 76	\$ 76	<u> </u>		<u>l</u>	

203,457 \$

203,457 \$

TOTAL OPERATING EXPENSE

DPH 2: Depar  DHCS Legal Entity Name (MH)/C	tment of Public H	eath Cost Rep	oorting/Data C	ollection (CRD	(C)	Appendix/Page #:	B-2a/ page 1
. Di 100 Logai Ellaty Maille (Mari) 0		Progress Founda	tion			Document Date:	7/1/2015
	Provider Number:	3809	3809	3809		Fiscal Year:	2015-16
	Program Name:	La Amistad	La Amistad	La Amistad		riscai real.	2015-10
Programm Code (for	nerly Reporting Unit):	38091	38092	38091			
· Mode/SFC (	MH) or Modality (SA)	05/65-79	10/95-99	60/40-49			
•	Service Description:	#REFI	#REFI	#REFI	0	0	TOTAL
,	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15		. •	
FUNDING USES THE SECRETARY AND							AND DESCRIPTION OF THE PERSON
Salaries d	& Employee Benefits:	411.867	210,730				622,597
	Operating Expenses:	89,748	44,976	31,090			165,814
	greater than \$5,000):						
	al Direct Expenses:	501,615	255,706	31,090	-		788,411
	Indirect Expenses:	75,205	25,264	0.,,000			100,469
	AL FUNDING USES:	576,820	280,970	31,090			888,880
	Index	MESSAGE STATE OF THE STATE OF T	ZWOWNERSON WAR	Vaccinity of the Control of the Cont	PALESCALING STREET, ST	PERSONALISANA OSAILIANI	TO STATE OF THE PARTY OF THE PA
BHS MENTAL HEALTHEUNDING SOURCES 14 2 2 2 2 1 1 1 1 1	Code/Project						
	Detail/CFDA#:		STREET,	ACTUAL TO SERVICE STATE OF THE	Constitution of the Consti		<b>建筑的地址的图像的地址</b>
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	199,392	105,013				304,405
MH STATE - 1991 MH Realignment	HMHMCC730515	203,890	107,382	7.54.555			311,272
MH COUNTY - General Fund	HMHMCC730515	143,538	68,575	31,090			243,203
							050.000
TOTAL BHS MENTAL HEALTH F		546,820	280,970	31,090	-	•	858,880
	Index						
	Code/Project						
BUSISTEED AND EABLEST AND INC. SOURCES WAS ASSESSED.	Detail/CFDA#:						
			•				_
·					,		<u> </u>
					•		
TOTAL BHS SUBSTANCE ABUSE I	FUNDING SOURCES	•			-		-
	Index					Keranja a en	
	Code/Project						
OTHER DPH FUNDING SOURCES WITH THE TANK OF THE PARTY OF T	Detail/CFDA#:						
						3,10,000,000,000,000,000,000,000,000,000	-
		· · · · · · · · · · · · · · · · · · ·	<del> </del>				
TOTAL OTHER DPH I	UNDING SOURCES	-	-		-		-
	UNDING SOURCES	546,820	280,970	31,090			858,880
NONTHELE TANDING SOURCES WERE SELECTIVE TO SELECTIVE TO SELECTIVE TO SELECTIVE TO SELECTIVE TO SELECTIVE TO SE					<b>然和自己的</b>	POLICE AND	
NON DPH - Other (please identify)		30,000	CAR CARESTON THE WAR CONTROL	CANCEL CONTROL OF THE PARTY OF	A CONTRACTOR OF THE PARTY OF TH		30,000
TOTAL NON-DPH FUNDING SOURCES		30,000	<del> </del>	<u>-</u>		•	30,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		576,820	280,970	31,090			888,880
	I	370,020	200,970	31,090			
BHS UNITS OF SERVICE AND UNIT COST	robaned (if and line)		ļ				
	rchased (if applicable)	13	<b> </b>		<u> </u>		
Substance Abuse Only - Non-Res 33 - ODF # of Grou				ļ		<del></del>	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with				ļ			erem depute film
Cost Reimbursement (CR) or Fe		FFS		FFS			
	DPH Units of Service:	4,032	2,520	4,032			CHARACTER PROPERTY OF
	Unit Type:		<del></del>	Client Day	0	0	<b>出版的编辑</b>
Cost Per Unit - DPH Rate (DPH FUND		135.62	111.50	7.71			
Cost Per Unit - Contract Rate (DPH & Non-DPH FI		143.06	111.50	7.71		-	极而被解析的
	li-Cal Providers Only):	450.00	400.00				Total UDC:
Undup	licated Clients (UDC):	75	75	75			75

	DPH	3:	<b>Salaries</b>	&	Benefits	Detail
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Program Code:	3809	•	
Program Name:	La Amistad		
Document Date:	7/1/2015		

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Page # 2

Position Title			(HMF	neral Fund IMCC730515)				· -				
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/1 Salaries	·							
ogram Director	1.00				,							
sistant Director	1.00	<del></del>	1.00			·						
nical Manager	0.00		1.00	\$ 40,18			-					
ounselor	7.50		7.50		<del>-</del>							
cychiatrist	0.00		7.50	\$ 352,76			<b></b>					
rse Practitioner	0.00		0.13	<del> </del>	<u>-</u>	<del>_</del>					<del> </del>	· · · · · · · · · · · · · · · · · · ·
gistered Nurse	0.13		0.13		-	· · · · · · · · · · · · · · · · · · ·	<del> </del>				<del> </del>	
, , , , , , , , , , , , , , , , , , , ,		<del> </del>	<del>                                     </del>	\$							<u> </u>	
c Psychiatric Tech/Lic Voc Nse	0.00	<del> </del>	+	\$		<u> </u>	<b></b>				<del> </del>	-
iministrative Assistant erk	0.00			\$	-		<del> </del>			ļ	<del> </del>	
erk ellef Staff	0.00		<del>                                     </del>	\$ .	<del>-</del>		<b></b>				<del> </del>	<del> </del>
- Statt	0.00		<del> </del>	<del>*</del>							<del> </del>	<del></del>
	0.00			<del> </del>	<del>                                     </del>		<del></del>				<u> </u>	
	0.00		<del>                                     </del>	<u> </u>								
	0.00		1 -				1				<del> </del>	
	0.00		<del>                                     </del>				<del> </del>				<del> </del>	
	0.00											
	0.00		$\vdash$				1					
	0.00		<u> </u>	<del> </del>	<del>                                     </del>	· · · · · · · · · · · · · · · · · · ·	1				1	<u> </u>
	0.00	·	.1				1				<b>T</b>	<del> </del>
	0.00	<del>                                     </del>		<u> </u>	_		1		<del> </del>		1	
	0.00		.1				1				1	
Totals:			9.63	\$ 478,9	21 0.00	· \$0	0.00	· \$0.	0.00	\$0	0.00	\$0

Employee Fringe Benefits:	30.00% \$	143,676 30.0	00% \$ 143,676	0.00%	0.00	%	0.00%	0.00%	
					***			•	
TOTAL CALABITA - DELIVERA	r			۱ ۱			. г	 ſ	

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

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

Appendix #: B-2a
Page #

Expenditure Categories & Line items	TOTAL	General Fund (HMHMCC730515)				
	7/1/14-6/30/15	7/1/14-6/30/15			٠.	
Occupancy:						<u> </u>
Rent	\$ 60,060	\$ 60,060				:
Utilities(telephone, electricity, water, gas)	\$ 23,089					
Building Repair/Maintenance						
Materials & Supplies:		•	X			
Office Supplies	\$ 10,523	\$ 10,523				
Photocopying	\$	<b>`</b> \$				
· Printing		\$ -				
Program Supplies		\$ 9,493				
Computer hardware/software	\$ -	s -				
General Operating:						
Training/Staff Development	\$ 1,248	\$ 1,248				
Insurance	\$ 5,859	\$ 5,859				
Professional License, Dues, and Subsidies	\$ 1,443	\$ 1,443				
Permits	<b>š</b> -	\$				
Equipment Lease & Maintenance	\$ -	\$ -				
Staff Travel:						
Local Travel	\$ 3,354	\$ 3,354				
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$ -	\$ -				
Consultant/Subcontractor:		`				
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	s -		-		
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail			<del></del>	l		
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants)	\$ -	-	`	<u> </u>		<u> </u>
various dates & rates	\$ 9,459	\$ 9,459				
(add more Consultant lines as necessary)	0,100	<b>V</b> 0,100			<u> </u>	
Other:						
Food	\$ 30,679	\$ 30,679				
Accounting	\$ -	\$				
Client Expense	\$ 2,497	\$ 2,497				
Prescriptions	\$ 245	\$ 245				
Legal	\$ -	\$ -	·			
Recreation :	\$ 411	\$ 411				•
TOTAL OPERATING EXPENSE	\$ 165,814	\$ 165,814	\$ -	`\$	\$ -	\$

	tment of Public H		oorting/Data C	ollection (CRD	(C)		
DHCS Legal Entity Name (MH)/Co						Appendix/Page #:	B-2b/ page 1
	Provider Name:	Progress Founda	tion			Document Date:	7/1/2015
	Provider Number:	3837	3837	3837		Fiscal Year:	2015-16
			Progress House				
	nerly Reporting Unit):	38371MH	38372	38371MH			
Mode/SFC (	MH) or Modality (SA)	05/65-79	10/95-99	60/40-49			
• •	Service Description:	#REFI	#REFI	#REFI	0	0	TOTAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	-	-	
FUNDING USES					SEASON AND TOXABLE		
Salaries 8	& Employee Benefits:	375,157	216,942				592,099
	Operating Expenses:	43,555	24,072	37,453			105,080
	greater than \$5,000):	440 = 40					
Subtol	al Direct Expenses:	418,712 72,337	241,014 35,623	37,453	-	-	697,179 107,960
TOT	Indirect Expenses: AL FUNDING USES:	491,049	276,637	37,453			805,139
	Index	431,048	ENERGY ACCOUNTS	100070000000000000000000000000000000000	PERENGUAL SANCTON STATE SANCTON SANCTO		COSCO AND DESCRIPTION OF THE PERSON OF THE P
	Code/Project						
EHS MENTAL HEALTH FUNDING SOURCES	Detail/CFDA#:						
	HMHMCC730515	171,978	104,115	A THE PROPERTY OF THE PARTY OF	The state of the s	ACCUPATION AND AND AND AND ASSOCIATION ASS	276,093
	HMHMCC730515	175,857	106,464				. 282,321
MH COUNTY - General Fund	HMHMCC730515	113,214	66,058	37,453			216,725
TOTAL BHS MENTAL HEALTH F		461,049	276,637	37,453		-	775,139
	Index				No. 2 Contract		
BHS SUBSTANCE ABUSE FUNDING SOURCES	Code/Project						
DISCOURSEMENT AND DESCRIPTION OF THE PROPERTY	Detail/CFDA#:		THE PERSON NAMED IN COLUMN				
				<del> </del>		l	
				<del>  `                                   </del>			-
TOTAL BHS SUBSTANCE ABUSE I	UNDING SOURCES				-		-
	Index						
	Code/Project						
OTHER DPHEUNDING SOURCES	Detail/CFDA#:						
			· · · · · · · · · · · · · · · · · · ·	<u> </u>			•
				<u> </u>			ļ
TOTAL OTHER DPH I	I INDING SOURCES	<b> </b>	<u> </u>	<b></b>		<b> </b>	-
	FUNDING SOURCES		276,637	37.453	-		775,139
NONED BELLEUNDING ROURGES TO THE PROPERTY OF T						SS SEASON STANKENSON	Mark Charles Plan
NON DPH - Other (please identify)		30,000	The state of the s			The state of the s	30,000
TOTAL NON-DPH FUNDING SOURCES		30,000	<u> </u>			-	30,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		491,049	276,637	37,453	·	-	805,139
BHS UNITS OF SERVICE AND UNIT COST							
	rchased (if applicable)						
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes)	<u> </u>		ļ <u>.</u>		<b></b>	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with			J	J	<u> </u>	ļ	
Cost Reimbursement (CR) or F							
	DPH Units of Service:		2,210 ! #REF			<u> </u>	Control of the Contro
Cost Per Unit - DPH Rate (DPH FUND	Unit Type:				1	1	
Cost Per Unit - DPH Rate (DPH FUND					·	<del></del>	
	il-Cal Providers Only):				·	<del></del>	Total UDC:
	licated Clients (UDC):				<del> </del>	<del> </del>	40
	(430)	1 70			1		

## DPH 3: Salaries & Benefits Detail

Program Code: 38371MH	l.	Appendix #: _	B-2b
Program Name: Progress House		Page #	2
Document Date: 7/1/2015		-	

		TOTAL		neral Fund IMCC730515)									
	Term:	7/1/14-6/30/15	Term:										
Position Title	PTE	Salaries	FTE	Salaries									
Program Director	1.00			\$ 69,452								ļ	
Assistant Director	1.00		1.00									ļ	
Clinical Manager	0.00			\$ -								<del></del>	
Counselor	7.00	\$ 313,253	7.00	\$ 313,253									
Psychiatrist	0.00	<u> </u>		\$ -				<u>,                                      </u>	<del> </del>				
lurse Practitioner	0.13	\$ 16,456	0.13	\$ 16,456								ļ <u>.</u>	
Registered Nurse	0.00	\$ -		·									
ic Psychiatric Tech/Lic Voc Nse	0.00	\$ -									]		
Administrative Assistant	0.00	s -											
Clerk	0.00	\$ -											
Relief Staff	0,00	\$ -											
	0.00	\$ .											
	0.00	\$ -									Ĺ	L	
	0.00	\$ -								<u> </u>			
	0.00	\$ -										<u> </u>	
	0.00	s -										L	
	0.00	s -											
	0.00	\$ -											
	0.00	\$ -											
	0.00	\$											_
	0.00	s											
	0.00	\$ -											
Totals:	9,13	\$ 455,461	9.13	\$ 455,461	0.00	\$0	0.00	\$0	0.00	\$0	0.00		3
												,	
Employee Fringe Benefits:	30.00%	\$ 136,638	30.00%	\$ 136,638	0.00%		0.00%		0.00%	T	0.00%	I	_

Program Code: 38371MH	Appendix #: B
Program Name: Progress House	Page #
Document Date: 7/1/5	· - <b>U</b> · ·

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)		·		
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:						
Rent	\$ -	\$				
Utilities(telephone, electricity, water, gas)	\$ 17,264	\$ 17,264				
Building Repair/Maintenance	\$ 5,860	\$ 5,860				
Materials & Supplies:						
Office Supplies	\$ 9,167	\$ 9,167				
Photocopying	\$ -	\$ -				
Printing	\$ -	\$ -				
Program Supplies	\$ 6,437	\$ 6,437				
Computer hardware/software		\$ -				
General Operating:						
Training/Staff Development	\$ 1,345	\$ 1,345				
Insurance	\$ 7,242	\$ 7,242				
Professional License, Dues, and Subsidies						
Permits		s -				
. Equipment Lease & Maintenance	\$ -	·\$ -				
Staff Travel:	7					
Local Travel	\$ 3.078	\$ 3,078				
Out-of-Town Travel		s -				
. Field Expenses		s -	'			
Consultant/Subcontractor:			<u> </u>			
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	s -	s				
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	s -	·			
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary)	\$ 12,485	\$ 12,485				
		<u> </u>				
Other:	ļ <u>.</u>		·	<u> </u>	1	
Food	\$ 37,453		<del> </del>		1	
Accounting Client Expense	\$ - \$ 2.160	\$ -	<del>                                     </del>	<del> </del>	<del> </del>	
		<del> </del>	<del></del>	<del> </del>	<u> </u>	
Prescriptions	\$ 262				<del> </del>	<del> </del>
Legal	\$ -	\$ -	ļ		<del>                                     </del>	<del> </del>
Recreation	\$ 1,115	\$ 1,115	.l	l		

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

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 Appendix/Page #: B-2c/page 1 Provider Name: Progress Foundation **Document Date:** 7/1/2015 Provider Number: 3863 3863 3863 Fiscal Year: 2015-16 Cortland Program Name: Cortland Cortland Program Code (formerly Reporting Unit): 38631.00 3863DT 38631 Mode/SFC (MH) or Modality (SA) 60/40-49 05/65-79 10/95-99 Service Description: #REF! TOTAL FUNDING TERM: 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 EUNDINGTUSEE CASE ET CENTRE PROPERTY DE L'ANDRE DE L'AN Salaries & Employee Benefits: 362,906 205,800 568,706 91,905 Operating Expenses: 36,320 25,778 154,003 Capital Expenses (greater than \$5,000): 454,811 Subtotal Direct Expenses: 242,120 25,778 722,709 62,522 Indirect Expenses: 22,104 84.626 TOTAL FUNDING USES: 517,333 264,224 25,778 807.335 Index Code/Prolect EHS NENTALHEALTH FLINDING SOURCES ..... Detail/CFDA#: MH FED - SDMC Regular FFP (50%) HMHMCC730515 102,619 174,832 277,451 MH STATE - 1991 MH Realignment HMHMCC730515 178,776 104.933 283,709 HMHMCC730515 MH COUNTY - General Fund 56,672 25,778 134,925 217,375 TOTAL BHS MENTAL HEALTH FUNDING SOURCES 488,533 264.224 25.778 778,535 Index Code/Project ENS SUBSTANCE ABUSE FUNDING SOUR Detail/CFDA#: TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES Index Code/Project OTHERIDPH FUNDING BOURCES Detail/CFDA#: TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES 488,533 264.224 25.778 778.535 IONEDRALFUNDING SOURCES NON DPH - Other (please identify) 28,800 28,800 **TOTAL NON-DPH FUNDING SOURCES** 28,800 28,800 TOTAL FUNDING SOURCES (DPH AND NON-DPH) 807,335 264,224 25,778 517,333 BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 10 Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): **FFS** FFS FFS DPH Units of Service: 3,103 2,151 3,103 Client Day Unit Type: #REF! #REFI OS ALL RANGE Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 157.44 122.84 8.31 Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 166.72 122.84 8.31 -Published Rate (Medi-Cal Providers Only): 450.00 400.00 Total UDC:

40

40

Unduplicated Clients (UDC):

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

Appendix #: B-2c
Page # 2

	7	rotal		General Fund (HMHMCC730515)						•		
	Term:	7/1/14-6/30/15	Term:									
Position Title	FTE	Salaries	FTE	Salaries			·					i <del> </del>
Program Director	1.00		1.00									
Assistant Director	1.00		1.00									
Clinical Manager	0.00		<b></b>	\$ -							<del>                                     </del>	
Counselor			7.00								<del> </del>	
Psychiatrist	. 0.00		<b> </b>	\$ -							<del> </del>	<b> </b>
Nurse Practitioner	0.13	\$ 18,835	0.13	\$ 18,835		·						
Registered Nurse	0.00	<u> </u>										
Lic Psychiatric Tech/Lic Voc Nse	0.00	<u>s</u> -									<del> </del>	
Administrative Assistant	0.00	\$ -									<u> </u>	
Clerk	0.00	s									<u> </u>	<u> </u>
Relief Staff	0.00	\$									<u> </u>	
	0.00	\$	<u> </u>								ļ	·
	0.00								· · · · ·		<b></b>	
	0.00		ļ							·	<u> </u>	ļ <u>-</u>
	0.00	\$ -									ļ	<u> </u>
-	0.00	\$	ļ									
	0.00	\$									<u> </u>	
	0.00	s									<u> </u>	
	0.00	s <u>-</u>										
	0.00	\$										
	0.00	s -										
	0.00	s -										
Totals:			9.13	\$ 437,466	0.00	. \$0	0.00	\$0	0.00	. \$0	0.00	\$0

P <sup>1</sup>				
· · · · · · · · · · · · · · · · · · ·	i i i		i i	1 1
Employee Fringe Benefits: 30,00% \$	131.240 30.00% \$ 131.240	0.00%	\ n.no%} :	0.00%1
Employee Frage Designes: 30.00%   5	131.240   30.00%  \$ 131.240	0.00%1	1 0.00%1	0.0070

TOTAL SALARIES & BENEFITS

\$ 568,706

\$ 568,706

• ;

\$0

\$0

\$0

3		
Program Code: 3863	Appendix #:B-	-2c
Program Name: Cortland	Page #	
Document Date: 7/1/15		

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

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DHCS Legal Entity Name (MH)/Contractor Name (SA): Appendix/Page #: B-2d/page 1 00271 **Document Date:** 7/1/2015 Provider Name: Progress Foundation Provider Number: 8985 8985 8985 Fiscal Year: 2015-16 Program Name: Clay Clav Clay Program Code (formerly Reporting Unit): 89851 89852 89851 Mode/SFC (MH) or Modality (SA) 05/65-79 10/95-99 60/40-49 TOTAL Service Description: #REF! #REF! FUNDING TERM:\ 7/1/14-6/30/15\ 7/1/14-6/30/15\ 7/1/14-6/30/15 561,924 314,761 876.685 Salaries & Employee Benefits: 55,728 239,639 Operating Expenses: 119,545 64,366 Capital Expenses (greater than \$5,000): 379,127 55,728 1,116,324 681,469 **Subtotal Direct Expenses:** Indirect Expenses 91,840 39,147 130,987 TOTAL FUNDING USES: 1,247,311 773,309 418,274 55,728 Index Code/Project BH9 MENTAL HEALTH FUNDING SOURCE Detail/CFDA#: MH FED - SDMC Regular FFP (50%) HMHMCC730515 329,538 201,275 530,813 MH STATE - 1991 MH Realignment HMHMCC730515 336,971 205,815 542,786 91,712 MH COUNTY - General Fund HMHMCC730515 24,800 11,184 55,728 TOTAL BHS MENTAL HEALTH FUNDING SOURCES 691,309 1.165.311 418,274 55,728 Code/Project BHS BUBS/ANGE ABUSE FUNDING SOURCES Detail/CFDA#: TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES Index Code/Project OTHER DPHIEUNDING SOURCES Detail/CFDA#: TOTAL OTHER DPH FUNDING SOURCES **TOTAL DPH FUNDING SOURCES** 691,309 418,274 55,728 1,165,311 NON-OPPLIEUNDING/SOURCES - FEBRUARY - FEBRUAR NON DPH - Other (please identify) 82.000 82,000 TOTAL NON-DPH FUNDING SOURCES 82,000 82,000 TOTAL FUNDING SOURCES (DPH AND NON-DPH) 1,247,311 418.274 55,728 773.309 BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS **FFS** FFS DPH Units of Service: 4,751 3,250 4,751 #REFI #REF Client Day Unit Type: Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 145.51 128.70 11.73 Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 162.77 128.70 11.73 Published Rate (Medi-Cal Providers Only): Total UDC: 450.00 400.00 Unduplicated Clients (UDC): 20 20

20

D	PΗ	3:	Sa	laries	æ	Ber	efits	Det	ail

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

Appendix #: B-2d
Page # 2

		TOTAL	Gei (HMH	neral Fund MCC730515)					:		•		
Position Title	Term:	7/1/14-6/30/15 Salaries	Term: FTE	7/1/14-6/30/15 Salaries									
Program Director	1,00		1.00										_
Assistant Director	1.00	\$ 49,924	1.00										
Clinical Manager	0.00			s -									_
Counselor	11.50		11.50	\$ 527,091									
Psychiatrist	0.00			\$ :	-								
Vurse Practitioner	0.25		0.25										
Registered Nurse	0.00			\$ -									_
lic Psychiatric Tech/Lic Voc Nse	0.00	\$ -		\$ -						'			
Administrative Assistant	0.00	\$ -		\$ -									_
Clerk	0.00	\$ -		\$ -									
Relief Staff	0.00	\$ -		\$ -					L			:	
	0.00	\$ -											
	0.00	\$										<b></b>	
	0.00	\$ -											
	0.00	\$ -								<u> </u>			_
	0.00	\$ -							<u> </u>	<u> </u>			_
	0.00	\$	İ					<u></u>		<u> </u>			
	0.00	\$ -							<u> </u>	<u> </u>	<u> </u>	ļ	
	0.00	<u>s -</u>						ļ			<b></b>		
	0.00	\$			ļ	L		<b> </b>	ļ	<u> </u>	<u> </u>	<b></b>	
	0.00				ļ			Į	ļ	ļ	<u> </u>	ļ	_
	0.00						<u> </u>		ļ	<u> </u>	<u> </u>		
Totals:	13.75	\$ 674,373	13.75	\$ 674,373	0.00	\$0	0.00	\$0	0.00	\$0	0.00	<u> </u>	\$0
	1												
Employee Fringe Benefits:	30.00%	\$ 202,312	30.00%	\$ 202,312	0.00%		0.00%		0.00%		0.00%		_

876,685

876,685

**TOTAL SALARIES & BENEFITS** 

\$0

\$0

Program Code:	8985	 
Program Name:	Clay	 
Dogument Date:	714146	

Appendix #: B-2d
Page #

Expenditure Categories & Line Items	TOTAL .	General Fund (HMHMCC730515)				
	7/1/14-6/30/15	7/1/14-6/30/15				
ccupancy:	\					
Rent \$	53,263	\$ 53,263				
Utilities(telephone, electricity, water, gas) \$	27,386	\$ 27,386				
Building Repair/Maintenance \$	20,412	\$ 20,412				
aterials & Supplies:						
Office Supplies \$	11,252	\$ 11,252				
Photocopying \$	-	\$ -				•
Printing \$		\$ -				
Program Supplies \$	10,174	\$ 10,174				
Computer hardware/software \$		\$		<u> </u>		
eneral Operating:						
Training/Staff Development \$	1,459	\$ 1.459				
Insurance \$		\$ 14,345			,	
Professional License, Dues, and Subsidies \$		\$ 1,767				
Permits 5		s -			<del></del>	
Equipment Lease & Maintenance \$		\$ -	· · · · · · · · · · · · · · · · · · ·			
taff Travel:	· · · · · · · · · · · · · · · · · · ·				<del> </del>	
Local Travel \$	3,087	\$ 3,087			† — — — · · · · · · · · · · · · · · · ·	
Out-of-Town Travel S		s -	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
Field Expenses \$	-	\$ -		·	1	
onsultant/Subcontractor:	•					
ONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail /Dates, Hourly Rate and Amounts)	· ·	\$ -				
ONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail //Dates, Hourly Rate and Amounts)	\$ -	s -				
ONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants)						<del>                                     </del>
arious dates & rates add more Consultant lines as necessary)	\$ 36,402	\$ 36,402			<del> </del>	<del> </del>
ther:						
ood . s	\$ 55,728	\$ 55.728			<del> </del>	<del> </del>
	\$ -	s				<u> </u>
	\$ 2,568	\$ 2,568				
	\$	\$ -		<del> </del>		
	\$ 336	\$ 336		<u> </u>	<del> </del>	
	· · · · · · · · · · · · · · · · · · ·	\$ 1,460			<del> </del>	<del> </del>
ecreation	·	\$ 1,460	\$ -	· s	s -	

DHCS Legal Entity Name (MH)/C	untractor Name (SA):	00271	Joi ting/Data O	Ollection (CIVE	,,,,	Appendix/Page #:	B-2e/page 1
· · · · · · · · · · · · · · · · · · ·		Progress Founda	tion			Document Date:	7/1/2015
	Provider Number:	38GH	38GH	38GH		Fiscal Year:	2015-16
	Program Name:	Loso House	Loso House	Loso House		i iodai rodi,	2010-10
Program Code (for	nerly Reporting Unit):	38GH1	38GH2	38GH1			
	MH) or Modality (SA)	05/65-79	10/95-99	60/40-49			
	Service Description:	#REFI	#REF!	#REFI	0	0	TOTAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15	-	-	
FUNDING/USES TRANSPORTED TO A CONTROL OF THE PROPERTY OF THE P						AND THE RESERVE AND ADDRESS OF THE RESERVE AND A	Refer to the second
	Employee Benefits:	546,908	335,766				882,674
	Operating Expenses:	168,192	97,971	44,466			310,629
	greater than \$5,000):						-
Subtot	al Direct Expenses:	715,100	433,737	44,466		-	1,193,303
TOT	Indirect Expenses: AL FUNDING USES:	98,812 <b>813,912</b>	40,747 <b>474,484</b>	44,466			139,559 1,332,862
	Index	013,912	4/4,404	44,400	Name and Applications of the Control	Programment and suppression of	1,332,002
	Code/Project						
BHS MENTATHEAL THE UNDING SOURCES A SECOND	Detail/CFDA#:						
	HMHMCC730515	347.160	227,066	APPLICATION OF THE PROPERTY OF THE	Cornella (Friedrich Control of Strate)	CONTRACTOR	574,226
	HMHMCC730515	354,991	232,188				587,179
	HMHMCC730515	29,761	15,230	44,466			89,457
TOTAL BHS MENTAL HEALTH F	UNDING SOURCES	731,912	474,484	44,466		-	1,250,862
	Index						
	Code/Project						
BESSUBSTANCE ABOSE FUNDING SOURCES PARTY 1	Detall/CFDA#:						
			<u> </u>				<u> </u>
					<u> </u>		
			<del></del>			<del></del>	<u></u>
TOTAL BHS SUBSTANCE ABUSE F	UNDING SOURCES						
	Index	ZORGO MILITARIA	TO BE SEED OF THE SECOND			1976-2019-04-05-05-05-05-05-05-05-05-05-05-05-05-05-	
	Code/Project						
OTHER DRIFFUNDING SOURCES - CO.	Detall/CFDA#:						
				3,000,000,000			-
							-
TOTAL OTHER DPH I					-	-	
	UNDING SOURCES	731,912	474,484	44,466	•		1,250,862
NON-DPH-EUNDING SQURGES LANGUAGE AND							
NON DPH - Other (please identify)  TOTAL NON-DPH FUNDING SOURCES		82,000 82,000	<del> </del>	<del> </del>	<del> </del>	<del> </del>	82,000 82,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			474 404	44 400		<del> </del>	1,332,862
BHS UNITS OF SERVICE AND UNIT COST		813,912	474,484	. 44,466	<del></del>		1,332,602
	chased (if applicable)	14	<del> </del>	<del> </del>	<del> </del>	<del> </del>	and syntactors to the
Substance Abuse Only - Non-Res 33 - ODF # of Grou		<del></del>	<del> </del>		<del></del>	<del> </del>	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with		<del></del>	<del> </del>		<del> </del>	<del> </del>	
Cost Reimbursement (CR) or Fe		FFS	FFS	FFS	ľ	<del>                                     </del>	74403344
	OPH Units of Service:	4,501	3,316	4,501	-	<del>-</del>	
	Unit Type:	#REFI			0	1 0	PARTICIPATE OF THE PARTY OF THE
Cost Per Unit - DPH Rate (DPH FUND		162.61	143.09	9.88			THE REPORT OF THE PERSON OF TH
Cost Per Unit - Contract Rate (DPH & Non-DPH FU		180.83	143.09	9.88	-	-	
	i-Cal Providers Only):	450.00	400.00				Total UDC:
Undup	licated Clients (UDC):	. 18	18	18			18

<b>DPH 3: Salaries</b>	& Be	nefits	Detail
------------------------	------	--------	--------

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

Appendix #: B-2e
Page # 2

		TOTAL .		neral Fund MCC730515)					·	·		
Position Title	Term: FTE	7/1/14-6/30/15 . Salaries	Term: FTE	7/1/14-6/30/1 Salaries	5		I	· · · ·				
Program Director	1,00			\$ 65,4	-		<del> </del> -					
Assistant Director	2.00		2.00			<del>                                     </del>	<del> </del>					
Assistant Director Clinical Manager		\$ 99,131	2.00	\$ 99,1	21	<del></del>						<del></del>
Counselor		\$ 484,677	11.00	\$ 484,6	77	-	<del> </del>				•	
Psychlatrist	0.25					<del> </del>	<b> </b>					
Nurse Práctitioner	0.00		0.20	\$	-	<del> </del>	<del>                                     </del>		<b></b> -			
Registered Nurse	0.00			\$	<del></del>	<del>                                     </del>		<del></del>				
Lic Psychiatric Tech/Lic Voc Nse	0.00			s		-	<del>                                     </del>			<del></del>		
Administrative Assistant	0.00			\$	<del>-</del>	·	<del> </del>					
					+	+	<del> </del>			<del> </del>		<del></del>
Clerk	0.00			\$			<del> </del>	<del> </del>	<del> </del>	<del> </del>		<u> </u>
Relief Staff .	0.00			\$	┪—		<del> </del>		<del> </del>			
	0.00						┼──		<del> </del>	ļ	<b></b>	<del> </del>
		\$		<b></b>	<del>-</del>	<del> </del>	<del> </del>					l
,	0.00	\$ -				<del> </del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<u></u>
	0.00					<del> </del>	<del>                                     </del>	<del> </del>	·	<del> </del>		<del>-</del>
	0.00		<del> </del>		<del></del>	<del> </del>	<del> </del>				<del> </del>	<b> </b>
	0.00	\$ -	<b></b>			-	<del> </del>	<del> </del>	<del> </del>			
					<del>- </del>		+	-	<del> </del>		ļ	
	0.00	\$ -		<del> </del>			<del>- </del> -	<del> </del>			<del> </del>	<del> </del>
	0.00	\$ -	<u> </u>	<del> </del>			<del> </del>	<del>                                     </del>	<del> </del>	<u> </u>	<del> </del>	<del> </del>
		\$ -	<b> </b>			<del></del>	<del> </del>	<del> </del>	<del> </del>	<del> </del>		<del></del>
<u> </u>	0.00	\$ -	<del></del>				<del> </del>	<u> </u>	-	<b>}</b>		
Totals:	14.25	\$ 686,372	14.25	\$ 686,	72 0.0	o ( \$0	0.00	. \$0	0.00	\$0	0.00	\$0

r								 		
L	Employee Fringe Benefits:	28.60% \$	196,302	28.60% \$	196,302	0.00%	0.00%	 0.00%	0.00%	

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

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

Appendix #: B-2e
Page #

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)	·			
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:						
Rent	\$ 120,707	\$ 120,707				
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance	\$ 28,701	\$ 28,701				
Materials & Supplies:						
Office Supplies	\$ 12,634	\$ 12,634	•	,		·
Photocopying	\$	<u> </u>				
Printing	\$ -	<b>s</b> -				
Program Supplies	\$ 11,030	\$ 11,030			`.	•
Computer hardware/software	\$ -	\$ -				
General Operating:						
Training/Staff Development	\$ 1,770	\$ 1,770				
Insurance						
Professional License, Dues, and Subsidies	\$ 1,886	\$ 1,886			· · · · · · · · · · · · · · · · · · ·	
Permits	.\$ · -	s .				
Equipment Lease & Maintenance	\$ -	\$ -		· · · · · ·	<u> </u>	<u> </u>
Staff Travel:				· · · · · · · · · · · · · · · · · · ·		
Local Travel	\$ 2,681	\$ 2,681			,	
Out-of-Town Travel		\$ -				
Field Expenses		\$ -		***************************************	<u> </u>	
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	s -				
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	·\$ -				
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary)	\$ 40,646	\$ 40,646				
<u> </u>						ļ.—
Other:				<u> </u>		
Food	\$ 44,466				<u> </u>	<b></b>
Accounting	\$ -	-		<del> </del>	ļ	<del> </del>
Client Expense	\$ 2,342	\$ 2,342				·
Prescriptions	\$ 751	\$ 751				
Legal	\$ -	\$ -				ļ
Recreation	\$ 1,571	\$ 1,571	<u>L</u>	<u> </u>	<u> </u>	<u> </u>
TOTAL OPERATING EXPENSE	\$ 310,629	\$ 310,629	\$	\$	<u> </u>	\$ 4

DPH4Loso

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DHCS Legal Entity Name (MH)/Contractor Name (SA): Appendix/Page #: B-2f/ page 1 Provider Name: Progress Foundation **Document Date:** 7/1/2015 8984 8984 Provider Number: 8984 8984 Fiscal Year: 2015-16 Ashbury Ashbury Ashbury Program Name: Ashbury Program Code (formerly Reporting Unit): 89841.00 89842 89841 89841 Mode/SFC (MH) or Modality (SA) 05/65-79 10/95-99 60/40-49 60/78 TOTAL. #REFI 0 Service Description: FUNDING TERM: 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 7/1/14-6/30/15 510,547 671,773 Salaries & Employee Benefits: 161,226 68,242 Operating Expenses: 58.360 16.679 46,111 189,392 Capital Expenses (greater than \$5,000): 568,907 177,905 861,165 46,111 68,242 Subtotal Direct Expenses: Indirect Expenses: 122,049 18,421 140,470 1,001,635 TOTAL FUNDING USES: 690,956 196,326 46,111 68,242 · Index Code/Project BHS MENTAL HEALTH FUNDING SOURCES Detail/CFDA#: MH FED - SDMC Regular FFP (50%) HMHMCC730515 177,184 93,437 270.621 MH STATE - 1991 MH Realignment HMHMCC730515 181,179 95,545 276.724 MH COUNTY - General Fund HMHMCC730515 16,551 7.344 23,515 47,410 MH WORK ORDER - HSA CALWORKS HMH-CALW-BH 286.035 22,596 67,234 375,865 MH COUNTY - Work Order CODB HMHMCC730515 1,008 1,015 TOTAL BHS MENTAL HEALTH FUNDING SOURCES 660,956 196,326 46,111 68,242 971,635 Index Code/Project BHSSUBSTANCE ABUSE FUNDING SOURCES Detail/CFDA#: TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES Code/Project OTHER DPH FUNDING SOURCES TO Detail/CFDA#: TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES 660,956 46,111 196,326 971.635 von delieunding sources NON DPH - Other (please identify) 30.000 30,000 **TOTAL NON-DPH FUNDING SOURCES** 30,000 30,000 TOTAL FUNDING SOURCES (DPH AND NON-DPH) 690,956 196,326 46,111 68.242 1,001,635 BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): **FFS** FFS FFS FFS DPH Units of Service: 3.104 1.105 3.104 1.241 #REF #REF Client Day Unit Type: Client Day Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 212.94 177.67 14.86 54.99 CONTRACTOR DESIGNATION OF THE PERSON OF THE Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 222.60 14.86 54.99 177.67 2000000 Published Rate (Medi-Cal Providers Only): 450.00 400.00 Total UDC: Unduplicated Clients (UDC): 12 12

# DPH 3: Salaries & Benefits Detail

Program Code:	3984
Program Name:	Ashbury
Socument Date:	7/1/15

Appendix #: B-2f
Page # . 2

		TOTAL		neral Fund IMCC730515)		Cal Works IH-CALW-BH)						
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term; FTE	7/1/14-6/30/15 Salarles	Term:	7/1/14-6/30/15						
Program Director	1.00			\$ 43,647	0.43	\$ 32,927		· · · · · · · · · · · · · · · · · · ·			•	
Assistant Director		\$ 61,890		\$ 35,277	0.43							,
Clinical Manager	0.00			\$ -		\$ -						
Counselor	9.00	\$ 409,966	5.52	\$ 233,681	3.48	\$ 176,285						
Psychiatrist	0.00			\$ -		\$ -						
Nurse Practitioner	0.00	\$ -		\$ -	L,	\$						
Registered Nurse	0.00	\$ -		\$ -		\$ .						
Lic Psychiatric Tech/Lic Voc Nse	0.00	\$ -		\$ -		\$						
Administrative Assistant	0.00	\$		\$ -		\$						
Clerk	0.00	\$		\$ -		\$						
Rellef Staff	0.00	\$ <u> </u>		s <u>-</u>		\$						
	0.00	\$										
	0.00	\$ -										
	0.00	\$										
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	0.00	s -						`				
	0.00	\$ -			ļ							
	0.00	s -	<u> </u>		<u> </u>							·
Totals:	11.00	\$ 548,430	6.66	\$ 312,605	4.34	\$ 235,825	0.00	\$0	0.00	\$0	0.00	\$0
		L								•		
Employee Fringe Benefits:	22.49%	\$ 123,343	22.49%	\$ 70,305	22,49%	\$ 53,038	0.00%		0.00%		0.00%	

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

	Tri ii obeigging Tribonees Beign		
Program Code: 8984		Appendix #	#:B-2f
Program Name: Ashbury		Page	# 3
Document Date: 7/1/15			

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)	CalWorks (HMH- CALW-BH)			
	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15			
Occupancy:				-	•	
Rent	\$ 28,690	\$ 16,349	\$ 12,341			
Utilities(telephone, electricity, water, gas)	\$ 25,438	\$ 14,012	\$ 11,426			
Building Repair/Maintenance	\$ 22,396	\$ 12,762	\$ 9,634			
Materials & Supplies:						
Office Supplies	\$ 11,089	\$ 6,330	\$ 4,759			
Photocopying	<b>S</b> -	\$ .	\$ -			
Printing	\$ -	\$ -	s -	•		
Program Supplies	\$ 9,318	\$ 5,309	\$ 4,009			
· Computer hardware/software	\$ -	\$ -	\$ -			
General Operating:					· · · · · · · · · · · · · · · · · · ·	
Training/Staff Development	\$ 1,193	\$ 680	\$ 513			
Insurance			\$ 4,997			
Professional License, Dues, and Subsidies			\$ 671			
Permits		\$ -	\$			
Equipment Lease & Maintenance		\$ -	\$ -			<del> </del>
Staff Travel:	•	-	-	<u> </u>		<del> </del>
			<del> </del>	ļ —————	<del> </del>	
· Local Travel					<u> </u>	
Out-of-Town Travel		<u>s</u> -	\$		<u> </u>	
Field Expenses	\$ -	\$ -	\$ -			ļ
Consultant/Subcontractor: CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail				<del> </del>		
w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail	-	<u>s</u> -	<u> </u>			ļ
w/Dates, Hourly Rate and Amounts)	s -	ls -	s -	ł		
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants)						
various dates & rates CONSULTANT/SUBCONTRACTOR-Heilner & Hohener (Clinical review)	\$ 10,103	\$ 5,757	\$ 4,346		ļ	
& supervision) various dates & rates	\$ 16,388	\$ 9,619	\$ 6,769			1
Other:	10,000	0,0.0				<del></del>
Food	\$ 46,111	\$ 23,515	\$ 22,596	<u> </u>		
Accounting	\$ -	\$ 25,515	\$ 22,000	<del> </del>	<del> </del>	1
Client Expense	\$ 2,155	\$ 1,226	+		<del>                                     </del>	
Prescriptions	\$ 263	\$ 150			<u> </u>	
Legal	\$ 203	\$ 150	\$ 113	<del> </del>	<del> </del>	+
Recreation	\$ 1,124	\$ 562	<del>                                     </del>	<del> </del>	<u> </u>	<del></del>
TOTAL OPERATING EXPENSE	\$ 189,392	•			· \$	. \$ -

DHCS Legal Entity Name (MH)/Co	entractor Name (SA):	00271	or ting/Data C	Ollection (CIVE		Appendix/Page #:	B-3a/page 1
Drios Legal Elluty Name (Will)		Progress Founda	tion:			Document Date:	7/1/2015
	Provider Number:	3854		3854	·····	Fiscal Year:	2014-15
	Program Name:	Carroll		Carroll	,	1,000,100,1	2011.0
Program Code (form	nerly Reporting Unit):	38541		38541			·
Mode/SFC (	MH) or Modality (SA)	05/65-79		60/40-49			
	Service Description:	#REFI		SS-Life Support- Bd&Care	,		TOTAL
	FUNDING TERM:			7/1/14-6/30/15		,	
	<b>《李林文本》</b>		<b>养型原株的2000</b>		はおりませる。		
	k Employee Benefits:	223,674			!	,	223,674
	Operating Expenses:	59,847		26,117			85,964
	greater than \$5,000):	000 504		00.447			200 000
Subtot	al Direct Expenses:	283,521		26,117			309,638
	Indirect Expenses: AL FUNDING USES:	39,374 322,895		26,117			39,374 349,012
	index	322,093	2 Property of the Company of the Com	20,117	TO PARTY OF THE PA	TO THE STATE OF THE PARTY OF TH	345,012
BHSMENTALHEACH FUNDINGSGURGES	Code/Project Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	113,488					113,488
MH STATE - 1991 MH Realignment	HMHMCC730515	116,048					116,048
MH COUNTY - General Fund	HMHMCC730515	72,359	-	26,117		-	98,476
TOTAL BHS MENTAL HEALTH F		301,895		26,117	_		328,012
BHS SUBSTANCE ABUSE FUNDING SOURGES	Index Code/Project Detail/CFDA#:						
·							-
							r
						<u> </u>	
TOTAL BHS SUBSTANCE ABUSE F		all the description of all Victor and Victor	-	Market Market and American Agency Assessed Asses	minumbers stadion and blocked with a		Tarada and All management
OTHER DPH FUNDING SOURCES	Index Code/Project Detail/CFDA#:						
							-
TOTAL OTHER DPH I		•	-		<u> </u>	<u> </u>	
	UNDING SOURCES	301,895	And Contract to the second second	26,117	is intrevent of the Archer 20 a la		328,012
NON-DRH CUIDING SOURCES		21,000	ncia control de la control de		THE REPORT OF THE PARTY OF THE		21,000
NON DPH - Other (please identify)  TOTAL NON-DPH FUNDING SOURCES		21,000	<u> </u>	<del> </del>	<del> </del>		21,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	<del></del>	322,895	<del> </del>	26,117	<del></del>	<del> </del>	349,012
BHS UNITS OF SERVICE AND UNIT COST		322,095	<del> </del>	20,117	<del> </del>	<del> </del>	343,012
Number of Beds Pur	chased (if applicable)	6	<del> </del>	<del> </del>	<del> </del>	<del> </del>	
Substance Abuse Only - Non-Res 33 - ODF # of Grou		<del> </del>	<b> </b>		<del> </del>		
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with							
Cost Reimbursement (CR) or Fe		FFS		FFS		<b>†</b>	
	OPH Units of Service:	1,862	-	1,862		<del>-</del>	THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN
	Unit Type:	#REF	0	Client Day		0	
Cost Per Unit - DPH Rate (DPH FUND	NG SOURCES Only)			14.03			HOUSE PROPERTY.
Cost Per Unit - Contract Rate (DPH & Non-DPH FU		173.41	-	. 14.03		-	THE PROPERTY OF THE PROPERTY O
Published Rate (Med		450.00					Total UDC:
Undup	icated Clients (UDC):	19	<u> L</u>	19	<u> </u>	<u> </u>	19

# 6017

DPH	3:	<b>Salaries</b>	&	Bene	fits	Detail

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

Appendix #: B-3a
Page # 2

Position Title rogram Director ssistant Director linical Manager ounselor sychlatrist turse Practitioner segistered Nurse to Psychlatric Tech/Lic Voc Nse dministrative Assistant terk	Term: FTE 0.27 0.27 0.00 3.11		Term: FTE 0.27	7/1	/14-6/30/15			<del> </del>						
rogram Director ssistant Director  Ilinical Manager ounselor sychiatrist urse Practitioner egistered Nurse ic Psychiatric Tech/Lic Voc Nse dministrative Assistant	0.27 0.27 0.00 3.11	\$ 13,162			Calariae !									4
ssistant Director  linical Manager  ounselor  sychlatrist  urse Practitioner  egistered Nurse  ic Psychlatric Tech/Lic Voc Nse  dministrative Assistant	0.27 0.00 3.11			1	Salaries 13,162			<del> </del>						7
ilnical Manager ounselor sychiatrist turse Practitioner tegistered Nurse to Psychiatric Tech/Lic Voc Nse dministrative Assistant	0.00 3.11	17,000	0.27		14,680			<del>                                     </del>			· · · · · · · · · · · · · · · · · · ·			7
ounselor sychlatrist urse Practitioner legistered Nurse ic Psychlatric Tech/Lic Voc Nse dministrative Assistant	3.11	\$ -	<u> </u>	\$	14,000									$\neg$
sychiatrist turse Practitioner egistered Nurse to Psychiatric Tech/Lic Voc Nse dministrative Assistant			3.11		138,929				<del>                                     </del>					٦
urse Practitioner legistered Nurse lc Psychiatric Tech/Lic Voc Nse dministrative Assistant	0.00.		1	s									**************************************	ヿ
egistered Nurse  Ic Psychlatric Tech/Lic Voc Nse  dministrative Assistant  lerk	0.03		0.03	+	4,377				-					
dministrative Assistant lerk	0.00			\$	-						· ·			
dministrative Assistant lerk	0.00	\$ -		\$										
	0.00	\$ -		\$	_									
THE CALIF	0.00	s -		\$							·			
teller Stall	0.00	s		\$_										
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	0.00-	\$ -		T				<u> </u>			1		i	
	0.00	<del>                                     </del>		1		l								$\neg$
	0.00	<del> </del>		1				1						
	0.00													
Totals:	3.67	\$ 171,148	3.67	\$	171,148	0.000	\$0	0.00	\$0	0.00	\$0	0.00	i	\$0

	Employee Fringe Benefits:	30.69% \$	52,526	30.69% \$	52,526	0.00%	0.00%	0.00%	6 0.	00%
-							•			
	,					,				
	TOTAL SALARIES & RENEFITS		223 674	- e	223 674		en l	so l	sn l	l so i

Program Code: 3854/3853		Appendix #:	B-3a	
Program Name: Seniors	•	Page #	3	٠.
Document Date: 74.45	•			

Expenditure Categories & Line Items	TOTAL	Seniors General Fund (HMHMCC730515)				
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:						
. Rent	\$ 27,036	\$ 27,036				
Utilitles(telephone, electricity, water, gas)	\$ 7,243	\$ 7,243		•	•	
Building Repair/Maintenance	\$ 4,409	\$ 4,409				
Materials & Supplies:						
Office Supplies	\$ 3,370	\$ 3,370				i
Photocopying	\$	\$ -		· · · · · · · · · · · · · · · · · · ·		
. Printing		\$ -				
Program Supplies						
Computer hardware/software		\$ -				
General Operating:		,			,	
Training/Staff Development	\$ 425	\$ 425				
· Insurance		\$ 3,274	· · · · · · · · · · · · · · · · · · ·			
Professional License, Dues, and Subsidies	\$ 657	\$ . 657				
Permits		\$ -				
Equipment Lease & Maintenance	\$ -	\$ -				
Staff Travel:						
Local Travel	\$ 3,527	\$ 3,527				
Out-of-Town Travel		s -				
Field Expenses		\$ -				
Consultant/Subcontractor: CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail	\$ <u>-</u>	\$				
w/Dates, Hourly Rate and Amounts)	\$ -	s				
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates (add more Consultant lines as necessary)	\$ 6,016	\$ 6,016				
Other:				<del> </del>		
Food	\$ 25,778	\$ 25,778		t	<u> </u>	
Accounting	\$ 25,778	\$ 25,118				
Client Expense	\$ 559	\$ 559	<u> </u>	t	<u> </u>	
Prescriptions	\$ 118		-			
Legal	\$ 110	\$ -	<del> </del>	<del> </del>	<del> </del>	<del>                                     </del>
Recreation	\$ 339	<del> </del>		<del> </del>	<del>                                     </del>	<del> </del>
TOTAL OPERATING EXPENSE	\$ 85,964		\$ -	\$ -	\$	\$

	ment of Public H		orting/Data C	ollection (CRD	(C)		
DHCS Legal Entity Name (MH)/Co		00271				Appendix/Page #:	
		Progress Founda				Document Date:	7/1/2015
	Provider Number:	3853	3853	3853		Fiscal Year:	2014-15
·	Program Name:	Rypins	Rypins	Rypins			
Program Code (form	erly Reporting Unit):	38531	38532	38531			
Mode/SFC (	MH) or Modality (SA)	05/65-79	10/95-99	60/40-49			
	Service Description:	#REFI	#REFI	#REFI			TOTAL
	FUNDING TERM:	7/1/14-6/30/15	7/1/14-6/30/15	7/1/14-6/30/15			
RUNDINGUSES (CREEK PER				STANTANTANTA			
Salaries 8	Employee Benefits:	223,674	408,332				632,006
	Operating Expenses:	59,793	105,353	26,117			191,263
	reater than \$5,000):		-	•			
Subtot	al Direct Expenses:	283,467	513,685	26,117		•	823,269
	Indirect Expenses:	39,428	75,581	•			115,009
TOTA	L FUNDING USES:	322,895	589,266	26,117			938,278
	index Code/Project						
BH9 MENTAUHEAUTH FUNDING SCURCES	Detall/CFDA#:	THE REPORT OF THE PARTY OF THE	AND ASSESSMENT OF THE PARTY OF		<b>阿尔斯斯斯斯斯斯</b>		<b>BELIEVE STATE OF THE STATE OF </b>
	HMHMCC730515	113,488	214,243				327,731
	HMHMCC730515	116,048	219,076	00443			335,124
MH COUNTY - General Fund	HMHMCC730515	. 72,359	155,947	26,117		<u> </u>	254,423
TOTAL BHS MENTAL HEALTH F	INDING SOURCES	301,895	589,266	26,117			917,278
	Index	Market State of the State of th	NEW SEASON STATE		in expense water and the last	nengalimente mantanta	(day) a la company de la compa
BHS:SUBSTANCE ABUSE FUNDING SOURCES	Code/Project Detail/CFDA#:						
·	· .						
							-
							-
							-
TOTAL BHS SUBSTANCE ABUSE F	UNDING SOURCES	•	•		-	-	-
OTHEROPH FUNDING SOURGES!	Index Code/Project						
	Detail/CFDA#:		22.00				
		<del></del>					· · ·
	•						
TOTAL OTHER DPH F	UNDING SOURCES	-	-	-	-	-	1
TOTAL DPH F	UNDING SOURCES	301,895	589,266	26,117			917,278
NONCORN FUNDING ADVING HER VISION FOR THE STATE OF THE ST					4.544.400.00		AND THE PERSON NAMED IN
NON DPH - Other (please identify)		21,000		I			21,000
TOTAL NON-DPH FUNDING SOURCES		21,000	-	· -	-		21,000
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		322,895	589,266	26,117	-	-	938,278
BHS UNITS OF SERVICE AND UNIT COST							PLANNING MICHIGA
Number of Beds Pur	chased (if applicable)	6					
Substance Abuse Only - Non-Res 33 - ODF # of Grou	ıp Sessions (classes)						<b>新聞師報酬問題</b>
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	Narcotic Tx Program						
Cost Reimbursement (CR) or Fe							<b>新疆海岸的</b>
	OPH Units of Service:		4,119	1,862	•	•	
	Unit Type:				0	0	<b>BEALD MANAGEMEN</b>
Cost Per Unit - DPH Rate (DPH FUND							官組織組織機能
Cost Per Unit - Contract Rate (DPH & Non-DPH Ft					-		THE RESIDENCE OF THE PERSON OF
	i-Cal Providers Only):						Total UDC:
Undup	icated Clients (UDC):	19	50	19			5

DPH 3	Salaries	& Benefits	Detail
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Program Code:	3854/3853
Program Name:	Seniors
Document Date:	7/1/2015

Appendix #: B-3b
Page # 2

	1	TOTAL	Ge	Rypins meral Fu iMCC73	ınd								
	Term:		Term:		4-6/30/15						T		
Position Title	FTE	Salaries	FTE		laries			ļ			<del> </del>		
Program Director	0.73		0.73	1	51,122	<del></del>		<del> </del>					
Assistant Director	0.73		0.73		40,507		·	<del>                                     </del>			<u> </u>		
Clinical Manager	0.00			\$				<del> </del>					
Counselor	8,40		8.40	\$	383,359								
Psychiatrist	0.00	\$ -		\$				<b>}</b> _			<u> </u>		
Nurse Practitioner	0.09	\$ 12,079	0.09	\$	12,079			<u> </u>					
Registered Nurse	0.00	\$ -		\$									
Lic Psychiatric Tech/Lic Voc Nse	0.00	\$ -		\$					. '				
Administrative Assistant	0.00	s -		\$ .	-						·		
Clerk	0.00	\$ -		\$			<u> </u>						
Relief Staff	0.00	s <u>-</u>		\$				<u> </u>					
,	0.00	\$ -											
	. 0.00	s -											
	0.00	\$ -											
	0.00	s -									-		
	0.00	s -											
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	0.00	s -		<u> </u>									
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	0.00	s -		T	•								
	0.00			1				1					
Totals:	9.95		9.95	\$	487,067	0.00	\$0	0.00	. \$0	0.00	\$0	0.00	\$0
				*******		•			_				
Employee Fringe Benefits:	29.76%	\$ 144,939	29.76%	\$	144,939	0.00%	•	0.00%		0.00%	6	0.00%	
TOTAL SALARIES & BENEFITS		\$ 632,006	]	ş	632,006		· \$0	]	\$0		\$0		\$0

•	Di il 41 Operating Expended Detail			
Program Code: 3854/3853	•		Appendix #:	B-3b
Program Name: Seniors			Page #	3
Document Date: 7/1/15				

Expenditure Categories & Line Items	TOTAL	Rypins General Fund (HMHMCC730515)				
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:					·	
Rent	\$ 74,604	\$ 74,604				
Utilities(telephone, electricity, water, gas)	\$ 19,987	\$ 19,987				
Building Repair/Maintenance					•	
Materials & Supplies:						
Office Supplies	\$ 9,299	\$ 9,299		<del></del>		
Photocopying		\$ -		<u> </u>		
Printing		\$ -	· · · · · · · · · · · · · · · · · · ·			<u> </u>
Program Supplies		\$ 8,867			<u> </u>	
Computer hardware/software		\$ -				
General Operating:	<u> </u>	<u>. Y</u>				
Training/Staff Development	\$ 1,174	\$ 1,174				
Insurance					<del>                                     </del>	
Professional License, Dues, and Subsidies					· · · · · · · · · · · · · · · · · · ·	
Permits	***************************************	\$ 1,012		<del> </del>	·	
Equipment Lease & Maintenance		\$ -		<del> </del>	· · · · · · · · · · · · · · · · · · ·	<del> </del>
Staff Travel:	<b>4</b> -	-			<del>                                     </del>	
Local Travel	\$ 9,733	6 0.700		<del> </del>	<del> </del>	
		\$ 9,733				<del> </del>
Out-of-Town Travel		\$ -				
Field Expenses	<del>-</del>	-				
Consultant/Subcontractor: CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail				<del> </del>	<u> </u>	· · · · · · · · · · · · · · · · · · ·
w/Dates, Hourly Rate and Amounts)	s -	s ·-			1	1
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail			· · · · · · · · · · · · · · · · · · ·			
w/Dates, Hourly Rate and Amounts)	\$ -	<u>s</u> -				
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants) various dates & rates	\$ 16,599	\$ 16,599	1	ł	,	
(add more Consultant lines as necessary)	w 16,399	10,599	<del> </del>	<del> </del>	<del>                                       </del>	<del> </del>
Other:				<del>                                     </del>		
Food	\$ 25,778	\$ 25,778				
Accounting	s -	\$ -		T .	1	
Client Expense .	\$ 1,542	\$ 1,542		Τ	t	
Prescriptions	\$ 326	\$ 326				
Legal	\$ -	s -		<del> </del>	T	
Recreation	\$ 338	\$ 338		<u> </u>		
TOTAL OPERATING EXPENSE	\$ 191,263			<u>.</u> . s	··\$	· \$ -

DPH 2: Department of Public Heath Cost Reporting/Data Collection (CRDC) DHCS Legal Entity Name (MH)/Contractor Name (SA): 00271 Appendix/Page #: B-4/page 1 Provider Name: Progress Foundation **Document Date:** 7/1/2015 Provider Number: 3838 Fiscal Year: 2014-15 SLP Program Name: Program Code (formerly Reporting Unit): 3838OP Mode/SFC (MH) or Modality (SA) 15/10-57, 59 TOTAL #REFI Service Description: FUNDING TERM: 7/1/14-6/30/15 ٠.. Salaries & Employee Benefits: 428.101 428.101 169,085 Operating Expenses: 169,085 Capital Expenses (greater than \$5,000): 597,186 597,186 Subtotal Direct Expenses: indirect Expenses: 72,001 72,001 **TOTAL FUNDING USES:** 669,187 669,187 Index Code/Project BHS MENTAL REALTH RUNDING SOURCES Detail/CFDA#: MH FED - SDMC Regular FFP (50%) HMHMCC730515 318,198 318,198 MH STATE - 1991 MH Realignment HMHMCC730515 325,376 325,376 HMHMCC730515 MH COUNTY - General Fund 25,613 25,613 TOTAL BHS MENTAL HEALTH FUNDING SOURCES 669.187 669,187 Index Code/Project EHS SUBSTANCE A SUSE FUNDING SOURCES Detail/CFDA#: TOTAL BHS SUBSTANCE ABUSE FUNDING SOURCES Index Code/Project OTHERODEN FUNDING SOURGES Detall/CFDA#: TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES 669,187 669,187 AND SERVED non-dph-funding/sdurces NON DPH - Other (please identify) **TOTAL NON-DPH FUNDING SOURCES** 669,187 TOTAL FUNDING SOURCES (DPH AND NON-DPH) 669,187 BHS UNITS OF SERVICE AND UNIT COST Number of Beds Purchased (if applicable) 116 Substance Abuse Only - Non-Res 33 - ODF # of Group Sessions (classes) 给她的动物 Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with Narcotic Tx Program Cost Reimbursement (CR) or Fee-For-Service (FFS): FFS DPH Units of Service: 268,749 Unit Type: #REF BOOK THE STATE OF Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) 2.49 Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES): 2,49 Published Rate (Medi-Cal Providers Only): 9.00 Total UDC: Unduplicated Clients (UDC): 73

DPH:	3:	Salaries	&	<b>Benefits</b>	Detail
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Program Code: 3838OP		Appendix #:B-4
Program Name: SLP	•	 Page #2
Document Date: 7/1/15		

		TOTAL	General Fund (HMHMCC730515)									
	Term:	7/1/14-6/30/15	Term:									
Position Title	FTE	Salaries	FTE	Salaries	<del></del>							
Program Director	1.00		1.00									
Assistant Director	1.00		1.00									
Clinical Manager	5.50	\$ 232,204	5.50	\$ 232,204								
Counselor	0.00	\$ -		s -								
Psychlatrist	0.00	s -		\$								
Nurse Practitioner	0.00	\$		\$			•					
Registered Nurse	0.00	\$ · •		\$ -								
Lic Psychiatric Tech/Lic Voc Nse	0.00	\$ -		s -								
Administrative Assistant	0.00	\$ -		\$ -				•				
Clerk ·	0.00	\$ -		\$ -								
Relief Staff ,	0.00	s -		s -								
	0.00			\$ .		-						
	0.00											
	0.00					-						
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		\$· -			†			<del></del>				
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		\$ -			<del> </del>							
•	0.00			<del> </del>			· · ·					<u> </u>
	0.00			<del></del>	<del>                                     </del>		<del> </del>		ļ		<del>                                     </del>	
	0.00		<del> </del>	<del>                                     </del>	<del>                                     </del>		<del> </del>	<u> </u>			<del> </del>	
			<del> </del>	<del> </del>	-		<del> </del>	·	<b></b>			<del> </del>
Totals:	7.50		7.50	\$ 337,966	0.00	\$0	0.00	\$o	0.00	\$0	0.00	\$0

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

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

· · · · · · · · · · · · · · · · · · ·	•		
Program Code: 3838OP		Appendix #:	B-4
Program Name: SLP		Page #	
Document Date: 7/1/15			

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)		·		
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:						
Rént	\$ 114,073	\$ 114,073				
Utilities(telephone, electricity, water, gas)	\$ 13,928					
Building Repair/Maintenance						
Materials & Supplies:						
Office Supplies	\$ 7,629	\$ 7,629				<del></del>
Photocopying		\$ -				
Printing		\$ -				
Program Supplies		\$ 5,717				
Computer hardware/software		\$				
General Operating:						
Training/Staff Development	\$ 766	\$ 766				
Insurance		\$ 10,363		<u> </u>		<u> </u>
Professional License, Dues, and Subsidies			······································			
Permits		s -	<u> </u>		<del></del>	,
Equipment Lease & Maintenance		\$			<del></del>	
Staff Travel:		·	<del></del>			
Local Travel	\$ 5,887	\$ 5,887				
Out-of-Town Travel		\$ -				
Field Expenses		s -				<u> </u>
Consultant/Subcontractor:	<del></del>					
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail						
w/Dates, Hourly Rate and Amounts)	\$ -	\$ -			<u> </u>	
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail w/Dates, Hourly Rate and Amounts)	s -	s	•		}	
CONSULTANT/SUBCONTRACTOR (Provide Name, Service Detail	Ψ	*				
w/Dates, Hourly Rate and Amounts)	\$ -	\$		<u> </u>		
(add more Consultant lines as necessary)		ļ	<u> </u>	ļ	<del> </del>	ļ
Other:		<u> </u>		<u> </u>	ļ	
Food	<u> </u>	<u> </u>		<u> </u>	ļ	
Accounting	\$ -	\$	<u> </u>	ļ	<b></b>	<del></del>
Prescriptions	\$	-		<u></u>	<u> </u>	ļ
Legal	\$ -	s <u>-</u>			<u> </u>	
Client Expense	\$ -	-				
Recreation	\$ -	\$ -	<u> </u>			
TOTAL OPERATING EXPENSE	\$ 169,085	\$ 169,085	\$ -	\$ -	\$	\$

DPH 2: Depar	tment of Public H	leath Cost Rep	orting/Data C	ollection (CRE	)C)		
DHCS Legal Entity Name (MH)/Co		00271				Appendix/Page #:	B-5/page 1
•		Progress Founda	tion	Document Date:	7/1/2015		
	Provider Number:	3811	•			Fiscal Year:	2014-15
	Program Name:	Dore Clinic					
	nerly Reporting Unit):	38 12					
Mode/SFC (	MH) or Modality (SA)	10/25-29				•"	
	Service Description:	#REFI	a	o	o	o	TOTAL
	FUNDING TERM:	7/1/14-6/30/15				<del> </del>	
EUNDING USES THE PARTY OF THE PROPERTY OF THE PROPERTY OF THE PARTY OF			Edia Habitata	CALL THE STATE OF	WALKER ALEXANDE	ALEXA ELLEVATION	AND CHIEF STREET
	& Employee Benefits:	1,874,930					1,874,930
	Operating Expenses:	317,967					317,967
	greater than \$5,000):						
Subtol	al Direct Expenses:	2,192,897		<del></del>	-	-	2,192,897
TOT	Indirect Expenses: AL FUNDING USES:	250,973 <b>2,443,870</b>			<del></del>		250,973 2,443,870
	Index	2,443,070 Numberskinskerses	DANKER WEDGEN BEGEN BERGER BUT	Section Description of the Section o	nekhiren ekkua di arte aren ilikur.	Parameter Company of the Sales of Company of the Co	2,773,010
	Code/Project						
BHS MENTAL HEALTH FUNDING SOURGES	Detail/CFDA#:						
MH FED - SDMC Regular FFP (50%)	HMHMCC730515	790.961	Control of the Contro	The state of the s	A STATE OF THE PARTY OF THE PAR		790,961
MH STATE - 1991 MH Realignment	HMHMCC730515	808,805			l		808,805
MH COUNTY - General Fund	HMHMCC730515	844,104					844,104
	•						
TOTAL BHS MENTAL HEALTH I		2,443,870	-	-	-	•	2,443,870
	Index			100			
	Code/Project				100		
BHS SUBSTANGE ABUSE FUNDING SCURGES AND	Detail/CFDA#:		<b>网络沙里拉头里</b>	<b>州新印刷株式品等名用的</b>	MANAGE AND STREET		
	<u>-</u>						
	ļ				<b></b>		-
				<u> </u>	<del> </del>		<del>-</del>
TOTAL BHS SUBSTANCE ABUSE I	LINDING SOURCES				<del> </del>		
	Index	CAN HAD DESCRIPTION OF THE	STATUTE AND A STATE OF THE STAT				ARRAGINA BANGO (ARRA)
	Code/Project		September 1985				
OTHER DRH FUNDING 90 URGES	Detail/CFDA#:				te avertir da		
		23331200 33242325	Office and the second s	200000000000000000000000000000000000000	A DOUBLES-EAST-STATE OF THE STATE OF THE STA	CONTRACTOR	*
					ļ		
TOTAL OTHER DPH		-		•	-		- 110.5==
	UNDING SOURCES			A Print P. mark Lang Complete Print Control	-		2,443,870
NON-DEPTEUDING SOURCES TO THE TOTAL		<b>建筑的</b>		THE PARTY OF THE P	200	THE RESERVE OF THE PERSON NAMED IN	
TOTAL NON-DPH FUNDING SOURCES				<del> </del>	<del> </del>	<u> </u>	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,443,870	_	<del>                                     </del>	<del>1 - :</del>		2,443,870
BHS UNITS OF SERVICE AND UNIT COST	L	2,440,070		<del>                                     </del>	<del>                                     </del>		
	rchased (if applicable)	i	<del></del>	<del>                                     </del>	<del> </del>	<del> </del>	
Substance Abuse Only - Non-Res 33 - ODF # of Gro	up Sessions (classes)				<del> </del>	<del> </del>	
Substance Abuse Only - Licensed Capacity for Medi-Cal Provider with	Narcotic Tx Program					<del>                                     </del>	
Cost Relmbursement (CR) or F	ee-For-Service (FFS):	FFS					
	DPH Units of Service:	35,022		-	-		
	Unit Type:	#REF		. (	0	0	
Cost Per Unit - DPH Rate (DPH FUND							
Cost Per Unit - Contract Rate (DPH & Non-DPH F		69.78		-	-	-	Service managements and the service of the service
	I-Cal Providers Only):	350.00					Total UDC:
Undup	licated Clients (UDC):	1,000	l	<u> </u>		l	1,000

Program Code: 38l1	Appendix #: B-5
Program Name: Dore Clinic	Page# 2
Document Date: 7/1/2015	

		rotal.	General Fund (HMHMCC730515)										
Position Title	Term: FTE	7/1/14-6/30/15 Salaries	Term:	7/1/14-6/30/15 Salaries									
Program Director		\$ 125,332	1.00										
Assistant Director	0.00	\$ -		\$ -						·	1		
Clinical Manager	0.00	\$ -		\$ -								•	
Counselor	1.90	\$ 78,242	1.90	\$ 78,242									
Psychiatrist	0.13	\$ 20,761	0.13	\$ 20,761									
Nurse Practitioner	3.70	\$ 419,679	3.70	\$ 419,679									
Registered Nurse	2.40	\$ 285,479	2.40	\$ 285,479									
Lic Psychiatric Tech/Lic Voc Nse	8.30	\$ 478,200	· 8.30	\$ 478,200									
Administrative Assistant	1.00	\$ 40,553	1.00	\$ 40,553									
Clerk	0.50	\$ 22,749	0.50	\$ 22,749									
Relief Staff	0.00	s -		\$ -									
	0.00	\$ -		\$ -								L	
	0.00	\$ -			<u>.</u>								
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	18.93	\$ 1,470,995	18.93	\$ 1,470,995	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0	
										:		,	
Employee Fringe Benefits:	27.46%	\$ 403,935	27.46%	\$ 403,935	0.00%		0.00%		0.00%		0.00%		

Į	Employee Fringe Benefits:	27.46% \$	403,935	27.46% \$	403,935	0.00%		0.00%		0.00%		0.00%	
									•				
	TOTAL SALARIES & BENEFITS	\$.	1,874,930	\$	1,874,930	Į	\$0		\$0		\$0	í	\$0

### **DPH 4: Operating Expenses Detail**

Program Code: 3811	Appendix #: B-5	
rogram Name: Dore Clinic	Page #	3
ocument Date: 7/1/15		

Expenditure Categories & Line Items	TOTAL	General Fund (HMHMCC730515)				·
	7/1/14-6/30/15	7/1/14-6/30/15				
Occupancy:						·
Rent		\$ 88,423			<u> </u>	
Utilities(telephone, electricity, water, gas)						
Building Repair/Maintenance	\$ 14,783	\$ 14,783				
Materials & Supplies:					<u></u>	
Office Supplies	\$ 25,559	\$ 25,559				
Photocopying	\$ -	\$ -				
Printing		s -				
Program Supplies		\$ 12,163			<u> </u>	
Computer hardware/software	\$ -	\$				
General Operating:						
Training/Staff Development	\$ 1,584	\$ 1,584				
Insurance	\$ 15,476	\$ 15,476				
Professional License, Dues, and Subsidies	\$ 2,528	\$ 2,528				
Permits	\$ -	\$ .				
Equipment Lease & Maintenance	\$ -	\$ -			]	
Staff Travel:						
Local Travel	\$ 2,170	\$ 2,170		•		5
Out-of-Town Travel	\$ -	\$ -				
Field Expenses	\$	\$ -				
Consultant/Subcontractor:						
CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail					·	
w/Rates, Hourly Rate and Amounts) CONSULTANT/SUBCONTRACTOR-(Provide Name, Service Detail	\$ -	\$				<del> </del>
w/Rates, Hourly Rate and Amounts)	s -	ls -			-	
CONSULTANT/SUBCONTRACTOR-UC Regents (Nursing Consultants)	<del></del>	<u> </u>				
various dates & rates (add more Consultant lines as necessary)	\$ 80,142	\$ 80,142		· ` `	<u> </u>	
					<del> </del>	
Other:						ļ.,
Food	\$ 35,112		<b></b>	ļ	<u> </u>	<del></del>
Accounting	\$ -	\$ -	1	<u> </u>		
Client Expense	\$ 2,099	\$ 2,099			<b></b>	
Prescriptions	\$ 1,685	\$ 1,685	<b></b>	<u> </u>		
Legal	\$	\$ -				
	\$ -	\$ -	`			
TOTAL OPERATING EXPENSE	\$ 317,967	\$ 317,967	s -	\$ .	· \$ -	s .

### **DPH 7: Contract-Wide Indirect Detail**

Contractor Name/Program Name:	Progress Foundation	
Document Date:	7/1/2015	Appendix B
Fiscal Year:	2015-16	page 7

#### 1. SALARIES & BENEFITS

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

#### 2. OPERATING COSTS

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

### 1. PROTECTED HEALTH INFORMATION AND BAA

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

The parties acknowledge that CONTRACTOR is one of the following:

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

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

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

The Business Associate Agreement is not required.

### 2. THIRD PARTY BENEFICIARIES

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

# Appendix E San Francisco Department of Public Health Business Associate Agreement



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

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

During the term of this contract, the BA will be required to complete the SFDPH Privacy, Data Security and Compliance Attestations located at

https://www.sfdph.org/dph/files/HIPAAdocs/PDSCAttestations.pdf and the *Data Trading* 

Partner Request [to Access SFDPH Systems] located at

https://www.sfdph.org/dph/files/HIPAAdocs/DTPAuthorization.pdf

### **RECITALS**

A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).

B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the CONTRACT in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated there under by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the "California Regulations").

C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations

("C.F.R.") and contained in this Agreement.

D. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this Agreement to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the HIPAA Regulations.

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

### 1. Definitions.

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

### Appendix E



### San Francisco Department of Public Health Business Associate Agreement

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

b. **Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

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

# Appendix E San Francisco Department of Public Health Business Associate Agreement



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

1. Protected Information shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

m. Security Incident means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

n. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

o. Unsecured PHI means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

### 2. Obligations of Business Associate.

a. Permitted Uses. BA may use, access, and/or disclose PHI only for the purpose of performing BA's obligations for or on behalf of the City and as permitted or required under the Contract [MOU] and Agreement, or as required by law. Further, BA shall not use PHI in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2). and 164.504(e)(4)(i)].

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

# Appendix E San Francisco Department of Public Health Business Associate Agreement



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

c. Prohibited Uses and Disclosures. BA shall not use or disclose PHI other than as permitted or required by the Contract and Agreement, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.

d. Appropriate Safeguards. BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Contract or this Agreement, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

e. Business Associate's Subcontractors and Agents. BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.d. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and

### Appendix E San Francisco Department of Public Health



**Business Associate Agreement** 

(iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall

forward the request to CE in writing within five (5) calendar days.

Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

h. Amendment of Protected Information. Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the

i. Minimum Necessary. BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

k. Data Ownership. BA acknowledges that BA has no ownership rights with

respect to the Protected Information.

Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the Agreement; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been,

### Appendix E



### San Francisco Department of Public Health Business Associate Agreement

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

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

### 3. Termination.

a. Material Breach. A breach by BA of any provision of this Agreement, as determined by CE, shall constitute a material breach of the CONTRACT and this Agreement and shall provide grounds for immediate termination of the CONTRACT and this Agreement, any provision in the CONTRACT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].

b. Judicial or Administrative Proceedings. CE may terminate the CONTRACT and this Agreement, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any

administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the CONTRACT and this Agreement for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this Agreement to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI.

### Appendix E



### San Francisco Department of Public Health Business Associate Agreement

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

### 4. Amendment to Comply with Law.

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

#### 5. Reimbursement for Fines or Penalties.

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

### Attachments (links)

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

## Appendix E San Francisco Department of Public Health



### Business Associate Agreement

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102 Office email: compliance.privacy@sfdph.org Office telephone: 415-554-2787

Confidential Privacy Hotline (Toll-Free): 1-855-729-6040 Confidential Compliance Hotline: 415-642-5790

Appendix F

Invoice

Appendix F PAGE A

		Con	trol Number	-	•		
		L	· · · · · · · · · · · · · · · · · · ·	_	INVOICE NUMBER:	M01 JL	15
Contractor: Progress Foundation .					CLBlanket No.: BPHM	TBD	
Address: 350 Eali St. San Empaigns CA 04402		<u> </u>		7	CI DO No I BOUM		User Cd
Address: 368 Fell St., San Francisco, CA 94102		C	BHS	1	Ct. PO No.: POHM	DPHM150002	
Tel No.: (415) 861-0828 Fax No.:					Fund Source:	GF, SDMC R	egular FFP, MH Realignmen
, 500 12400					Invoice Period :	July 2015	
Funding Term: 07/01/2015 - 06/30/2016					Final Involce:		(Check If Yes)
PHP Division: Community Behavioral Health Services				-	ACE Control Number:	14/85 M. 14,00	FOREST TO CANALA
		<del></del>			7.00		
		Total Contracted		d THIS PERIOD	Delivered to Date	% of TOTAL	Remaining Deliverables
Unduplicated Clients for Exhibit:	t	Exhibit UDC		hibit UDC	Exhibit UDC	Exhibit UDC	Exhibit UDC
*Unduplicated Counts for AIDS Use Only.							
DELIVERABLES Program Name/Reptg, Unit	Total Contracted	Delivered THIS PERIOD	Unit	1	Delivered to Date	% of TOTAL	Remaining Deliverables
Modality/Mode # - Svc Func (MHony)	UOS CLENT			AMOUNT DUE	UOS CLIENT		
B-1a La Posada 05/40 - 49 24-Hr Adult Crisis Residential PC# - 38081	3,103		\$ 360.38	<del> </del>	0,000	0.00%	3,103.000
15/ 60 - 69 OP - Medication Support PC# - 3808OP	29,977		\$ 360.38 \$ 3.31	5 -	0.000	0.00%	29,977,000
60/ 40 - 49 SS-Life Support Bd & Care PC# - 38081	3,103		\$ 11.33	\$ -	0.000	0.00%	3,103,000
B-2a La Amistad			400.00	<u> </u>		2001	
05/40 - 49 24-Hr Adult Residential PC# - 38091 10/95 - 99 DS-Day Rehab Full Day PC# - 38092	4,032 2,520		\$ 135.62 \$ 111.50	\$ .	0.000	0.00%	4,032,000 2,520.000
60/40 - 49 SS-Life Support Bd & Care PC# - 38092	4,032		\$ 7.71	\$ -	0.000	0.00%	4,032.000
B-1b Shrader							
05/40 - 49 24-Hr Adult Crisis Residential PC# - 89661	3,500		\$ 333.50	\$	0.000	0.00%	3,500,000
60/40 - 49 SS-Life Support - Bed & Care 15/60 - 69 OP - Medication Support PC# - 3808OP	3,500 29,992		\$ 7.68 \$ 4.71	\$ -	0.000	0.00%	3,500,000 29,992,000
B-2b Progress House							
05/ 65 - 79 24-Hr Adult Residential PC# - 38371MH	3,103		\$ 148,58	<u> </u>	0.000	0,00%	3,103.000
10/95 - 99 DS-Day Rehab Full Day PC# - 39372 60/40 - 49 SS-Life Support Bd & Care PC# - 38371MH	2,210 3,103		\$ 125,18 \$ 12.07	\$	0.000	0,00%	2,210,000 3,103,000
B-2f Ashbury	5,155		7 12,01	·	5.550	V.5577)	3,100,000
05/ 65 - 79 24-Hr Adult Residential PC# - 89841	1,761		\$ 212.94	\$	0.000	0,00%	1,761.000
10/95 - 99 DS-Day Rehab Full Day PC# - 89842	1,105		\$ 177.67	<u> </u>	0.000	0.00%	1,105,000
50/40 - 49 SS-Life Support Bd & Care PC# - 89841 B-2d Clay	1,582		\$ 14,86	\$	0.000	0.00%	1,582.000
05/ 65 - 79 24-Hr Adult Residential PC# - 89851	4,751		\$ 145,51	\$ :	0.000	0.00%	4,751.000
0/95 - 99 DS-Day Rehab Full Day PC# - 89852	3,250		\$ 128,70	\$ -	0.000	0.00%	3,250.000
60/40 - 49 SS-Life Support Bd & Care PC# - 89251	4,751		\$ 11.73	<del></del>	0.000	0.00%	4,751.000
5/65 - 79 24-Hr Adult Residential PC# - 38GH1	4,501		\$ 162,61	<u> </u>	0.000	0.00%	4,501,000
0/ 95 - 99 Day Rehab Full Day PC\$ - 38GH2	3,316		\$ 143.09	\$ -	0.000	0.00%	3,316.000
0/40-49 Life Support Bd & Care PC#-38GH1	4,501		\$ 9.88	<u> </u>	0.000	0.00%	4,501.000
1-3b Rypins 5/ 65 - 79 24-Hr Adult Residential PC# - 38531	1,862		\$ 162.13	<del>  </del>	0.000	0.00%	1,862,000
0/95 - 99 DS-Day Rehab Full Day PC# - 38531	4,119			\$ .	0.003	0.00%	4,119.000
0/40 - 49 SS-Life Support Bd & Care PC# - 38531	1,862		14.03	\$ <u>-</u>	0.000	0.00%	1,862.000
-2c Cortland 5/ 65 - 79 24-Hr Adult Residential PC# - 38631	2 402		\$ 157,44		0.000	0.00%	3,103.000
0/95-99 DS-Day Rehab Full Day PC# - 3863DT	3,103 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3		122.84	: :	0.000	0.00%	2,151,000
0/ 40 - 49 SS-Life Support Bd & Care PC# - 38631	3,103		8,31	· · ·	0.000	. 0.00%	3,103.000
4 SLP (Supported Living) PC# - 3838OP					0.000		000 740 000
5/ 10 - 57, 59 OP - MH Svcs -1c Avenues	268,749		2.49	<u></u>	0.000	0.00%	268,749,000
5/40 - 49 24-Hr Adult Crisis Residential PC# - 38A41	3,722		338,31	: 1	0.000	0.00%	3,722.000
5/ 60 - 69 OP - Medication Support PC# - 38A43	30,011		4.77		0.000	0.00%	30,011,000
0/40 - 49 SS-Life Support Bd & Care PC# - 38A41 -3a Carroll PC# 38541	3,722		10.02	·	0.000	0.00%	3,722,000
-3a Carroll PC# 38541 5/65 - 79 24-Hr Adul Residential PC# - 38541	1,862		162.13		0.000	0.00%	1,862.000
0/ 40 - 49 SS-Life Support Bd & Care - PC# - 38541	1,862		14,03		0.000	0.00%	1,862.000
				<del></del>			
TOTAL	447,821	0.000			0.000	0.00%	447,821.000
					Expenses To Date	% of Budget	Remaining Budget
	Budget Amount	<u>) \$ 11;</u>	385,615.00		OTES:	0.00%	\$ 11,365,615.00
		SUBTOTAL AMO Less: Initial Payment (For DPH Use) Other Ad NET REIMBUI	Recovery justments		,		
etify that the information provided above is, to the best of accordance with the contract approved for services provid ilms are maintained in our office at the address indicated.	my knowledge, comple ed under the provision	ete and accurate; the amo of that contract. Full justif	unt requested ication and ba	ackup records for	nt is those		
Signature:				Date:			<del></del>
Title:							
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end to:	1 1	DPH Author	ization for Pa	ymem			1
mmunity Programs Budget/ Invoice Analyst							1
80 Howard St., 4th Floor in Francisco, CA 94103	<del></del>		Authori	ized Signatory		Date	

Appendix F

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			Cont	rol Number	٦		•			
			<del></del>		J	INVOICE NUI	MBER:	M02 JL	15	
Contractor: Progress Foundation					Ct.Blanket No	.: BPHM	TBD			
Address: 368 Fell St., San Francisco, CA 94102				7	Ct. PO No.: F	ОНМ	DPHM150002	User (	Cd ·	
Tel No.: (415) 861-0828			C	BHS		Fund Source:		MH Work Ord	er-CALWORK	s
Fax No.:			<u> </u>			•				
						Invoice Period	:	July 2015		
Funding Term: 07/01/2015 - 06/30/2016						Final Invoice:			(Check if Ye	: (a:
PHP Division: Community Behavioral Health Service	es					ACE Control N	umber:	\$360 C. L.	ing of deposit and the	3 m 19 m
		Total Co	ntracted		HIS PERIOD	Delivered	to Date	% of TOTAL	Remain Deliveral	
Unduplicated Clients for Exhibit	t:	Exhibi	t UDC	Exhib	it UDC	Exhibit (	JDC	Exhibit UDC	Exhibit U	JDC
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*Unduplicated Counts for ADS Use Only.  DELIVERABLES	<u> </u>	Dalivere	d THIS	Γ	<del></del>	Deliver	ed	<del></del>	Remaini	ing
Program Name/Reptg. Unit Modality/Mode # - Svc Func (мн ону)	Total Contracted UOS CLIENTS	PER UOS	IOD TCLIENTS	Unit Rate	MOUNT DU	UOS I	CLIENTS	% of TOTAL UOS LIEN	Deliverat UOS	bles CLIENTS
B-2f Ashbury	UOS CLIENTS	003	CLIENTS	. reite	MWOON DO	003	CEIENTS	UUS LIEN	003	CEIENTS
05/65 - 79 24-Hr Adult Residential PC# - 89841	1,343			\$ 212.94	\$ -	. 0.000		0.00%	1,343.000	
60/40 - 49 SS-Life Support Bd & Care PC# - 89841	1,521			\$ 14:86	\$	0.000		0.00%	1,521,000	
60/ 78 Medi-Cal Client Support Exp	1,241			\$ 54.99	\$ -	0.000		0.00%	7,241.000	
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1	<b>新教展</b>									
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TOTAL	4,105	0.000				0.000		0.00%	4,105.000	
			-			Expenses T	o Date	% of Budget	Remaining B	
<del></del>	Budget Amount		\$	375,865.00		.\$ NOTES:		0.00%	\$ 375	,865.00
		SUB'	TOTAL AM	OUNT DUE	\$ -				•	J
			-	t Recovery	and the second second second	HSA CALWORKS				1
				djustments JRSEMENT		GF - WO CODB - H	MHMCC7305	15 - \$1,015.00 	<del> </del>	
I certify that the information provided above is, to the										
in accordance with the contract approved for service claims are maintained in our office at the address in		provision of	f that con	trect. Full j	ustification	and backup red	ords for the	nose	•	
Signature:					Date:					
Title:					•					
Send to:			DPH Author	ization for Pa	yment					
Community Programs Budget/ Invoice Analyst	1 1	•	•		•	•	_			
1380 Howard St., 4th Floor		_								
San Francisco, CA 94103				Authorize	d Signatory	•		Date	ð	- 1
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Appendix F PAGE A

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	•		•	L			INVOICE NUMBER:	M06 JL	15
Contractor: Progress Foundation							CLBlanket No.: BPHM	TBD	
Address: 368 Fell St., San Francisco, CA 94102		•				7	Ct. PO No.: POHM ·	DPHM150002	User Cd 16
Tel No.: (415) 861-0828 Fax No.:		C	BHS		Fund Source:	GF, SDMC Regular FFP, Real			
FBX NO.:							Invoice Period:	July 2015	
Funding Term: 07/01/2015 - 06/30/2016		•				٠	Final Invoice:		(Check if Yes)
PHP Division: Community Behavioral Health Services	•		,		•		ACE Control Number:	是是在外面的	<b>等此的现在分词</b>
		· · · · · · · · · · · · · · · · · · ·	Total Con Exhibit			THIS PERIOD	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhib	it:		EXECUTE:	ikaws:	UNIVERSE			ESERTED.	MARKER DE BAR
Unduplicated Counts for AIDS Use Only,									
DELIVERABLES Program Name/Reptg. Unit	Total Co	intracted	Delivered PERIO		Unit		Delivered to Date	% of TOTAL	Remaining Deliverables
Modality/Mode # - Svc Func (мн ону)	UOS	CLIENTS	UOS	CLIENTS	Rate	AMOUNT DUE	UOS CLIENTS	UOS LIENT	UOS CLIENTS
P Residence  9 24-Hr Adult Crisis Residential PC# - 38GM1	4,343		<del></del>		\$ 299.06				
5/6u - 69 OP - Medication Support PC# - 38GM3;	39,741	10.0			\$ 4.22				
80/40 - 49 SS-Life Support Bd & Care PC# - 38GM1	4,343				\$ 7.85				
				100					
TOTAL	48,427		0.000	THE CHARLES		•	0.000	0.00%	0.000
							Expenses To Date	% of Budget	Remaining Budget
	Budget /	Amount		\$ 1,	500,624.00		\$	0.00%	\$ 1,500,624.00
	•		SUB	TOTAL AN	OUNT DUE	s -	NOTES:		
			Less: Init	iai Paymer	nt Recovery[		•		
					JRSEMENT	\$ -			
certify that the information provided above is, to the	e heet of my k	asheimen.	complete an	id accurat	le: the amo	unt requested	for reimbureement is		
accordance with the contract approved for service alms are maintained in our office at the address in	es provided ur	nder the p	rovision of the	at contrac	t. Full justi	ication and ba	ckup records for those		•
				•		Deter	•		
Signature:						Date:	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>
Title:		<del></del>		<del></del> .			•		•
end to:				DPH Autho	rization for Pa	yment	***		
ommunity Programs Budget/ Invoice Analyst									
380 Howard St., 4th Floor		.	_						<u> </u>
an Francisco, CA 94103		ĺ	<del>-</del>		Authori	zed Signatory		Date	
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Appendix F

·				Contr	ol Number	_			PAGE A
	,					]	INVOICE NUMBER:	M08 JL	15
Contractor: Progress Foundation							Ct.Blanket No.: BPHM	TBD	•
Address: 368 Fell St., San Francisco, CA 94102				1	Ct. PO No.: POHM	User Cd 16			
Tel No.: (415) 861-0828				C	BHS		Fund Source:	GF, SDMC Re	gular FFP, Realignment
Fax No.:						_	Invoice Period :	July 2015	
Funding Term: 07/01/2015 - 06/30/2016							Final Invoice:		(Check If Yes)
PHP Division: Community Behavioral Health Service	s						ACE Control Number:		
<del></del>			1		<del></del>		T	T	Remaining
			Total Con Exhibit	UDC	Ext	THIS PERIOD WILL UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Deliverables Exhibit UDC
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Program Name/Reptg. Unit	Total Cor		PERIO	םכ	Unit		to Date	% of TOTAL	Deliverables
Modality/Mode # - Svc Func (мн ому)	UOS	CLIENTS	uos	CLIENTS	Rate	AMOUNT DUE	UOS CLIENTS	UOS LIEN	UOS CLIENTS
B-5 Dore Clinic PC# - 38/12 10/ 25 - 29 Crisis Stab Urgent Care	35,022		ļ		\$ 69.78	l .			
10/23 - 28 Crisis Stab Orgent Care	30,022				\$ 05.76	<del> </del>			
				[[公司]]					98.36
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TOTAL	35,022	3500-400-400-000	0.000				. 0,000	0.00%	0,000
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					nt Recovery diustments				ł
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I certify that the information provided above is, to in accordance with the contract approved for serviclaims are maintained in our office at the address	ces provide	ny knowle d under ti	edge, complet ne provision c	te and acc of that con	curate; the a stract. Full	amount reques justification an	sted for reimbursement is d backup records for tho	se	
Signature:	- <del></del> -		<del></del>			Date:			
Title:									
									· _ ·
Send to:				DPH Autho	rization for P	ayment			
Community Programs Budget/ Invoice Analyst	·								
1380 Howard St., 4th Floor									
San Francisco, CA 94103		l			Authori	zed Signatory		Dat	e
	l	L		<del>,</del>				· · · · · · · · · · · · · · · · · · ·	

### Appendix J

### THE DECLARATION OF COMPLIANCE

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

### CEDTICICATE OF LIABILITY INCHDANCE

DATE (MM/DD/YYYY)

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7	Certific This Ci Repres	CATE DOES I ERTIFICATE ENTATIVE OI	NOT OF R PR	AFFIRMATA INSURANC RODUCER, A	VELY VELY	OR N DOES HE C	OF INFORMATION ONLY NEGATIVELY AMEND, EXT 8 NOT CONSTITUTE A CERTIFICATE HOLDER.	CON	or alter t itract be	HE COVERA TWEEN TH	GE AFFORDED BY THE IE IBBUING INBURER	POLIC (8), A	LES BELOW. LUTHORIZED
. to	IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(les) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in iley of such endorsement(s).												
PRO	DDUCER	•	-				•	SENT	MARYO	EBASSOC.	COM .		
ernest broomfield & associates									ent. 415-2	72-0417	IAC. NO	415-3	81-1303
REMABILITATION & RECOVERY INSURANCE AGENCY, INC.									io. (km). 415-27				
		P.O. BOX 21			•	•					RDING COVERAGE	***	NAIC #
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SAN FRANCISCO, CA 94102							.[	INSURE	in C:		ADDITION AND ADDITION OF THE PARTY OF THE PA	, , , , , , , , , , , , , , , , , , ,	
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A PROFESSIONAL LIABILITY 01CH569907				01CH569907				\$1,000,000 OCC/\$3,00					
В	EMPLO	YEE DISHO	NE	STY			01CH568907	. ]	6/30/2015	8/30/2016	\$2,200,000/ \$1,000 DE	EDUCT	IBLE

DESCRIPTION OF OPERATIONE / LOCATIONE / VEHICLES (Attach ADORD 101, Additional Remarks Schedule, if more space in required) CERTIFICATE HOLDER, ITS OFFICERS, AGENTS AND EMPLOYEES, ARE HEREBY NAMED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST AS A FUNDING SOURCE FOR THE NAMED INSURED. SEE ATTACHED FORMS CG-2026 AND CA7135), 30 DAYS NOTICE OF CANCELLATION PROVIDED.

TEN DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

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CANCELLATION

OFFICE OF CONTRACT ADMINISTRATION CITY AND COUNTY OF SAN FRANCISCO 1 DR. CARLTON B. GOODLETT PLACE SAN FRANCISCO, CA 94102

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

AUTHORIZED REPRESENTATIVE

1988-2010 ACORD CORPORATION, All rights reserved.

POLICY NO: 01CH588907

JUN-23-2015 23:51

COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

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

### ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

FRUM: ERNES!

JUMP TELLD

SCHEDULE

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

City and County of San Francisco, its Officers, Agents & Employees Office of Contract Administration 1 Dr. Carllon B. Goodlott Place San Francisco, CA 94102

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

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

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

INSURED: PROGRESS FOUNDATION, INC.

### This endorsement changes the policy. Please read it carefully.

### \* ADDITIONAL INSURED

CA 71 35 12 93

This endorsement modifies insurance provided under the following:

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

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

Endorsement effective June 30, 2015	Policy No. 01CH568907
Named insured PROGRESS FOUNDATION, INC.	Countersigned by
	(Authorized Representative)
	Schedule
Name of Person or Organization:	
City & County of San Francisco, Its Officers, Agents & Employees Office of Contract Administration 1 Dr. Carlton B. Goodlett Place San Francisco, CA 94102	
Premium: \$ INCLUDED	

(if no entry appears above, information required 10 complete this endorsement will be shown in the Declarations as applicable to this endorsement)

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

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

CA 71 35 12 93

Page 1 of 1

## CITY AND COUNTY OF SAN FRANCISCO CONTRACT MONITORING DIVISION



CHAPTER 14B
CMD ATTACHMENT 3
General Services

### FORM 3: CMD NON-DISCRIMINATION AFFIDAVIT

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

Signature of Owner/Authorized Representative:	SETE
Owner/Authorized Representative (Print)	Steve Fields
Name of Firm (Print)	Progress Foundation
Title and Position	Executive Director
Address, City, ZIP	368 Fell St, San Francisco, CA 94102
Federal Employer Identification Number (FEIN):	94-1716828
Date:	6/2/15
•	

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

### Agreement between the City and County of San Francisco and

### **Progress Foundation**

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

#### Recitals

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

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

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

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

Now, THEREFORE, the parties agree as follows:

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

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

- 2. Term of the Agreement. Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.
- 3. Effective Date of Agreement. This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.
- 4. Services Contractor Agrees to Perform. The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.
- 5. Compensation. Compensation shall be made in monthly payments on or before the 1st day of each month for work, as set forth in Section 4 of this Agreement, that the Director of the Department of Public Health, in his or her sole discretion, concludes has been performed as of the 30th day of the immediately preceding month. In no event shall the amount of this Agreement exceed Ninety Two Million Eighteen Thousand Three Hundred Thirty Three Dollars (\$92,018,333). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by Department of Public Health as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.
- 6. Guaranteed Maximum Costs. The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.
- 7. Payment; Invoice Format. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."
- 8. Submitting False Claims; Monetary Penalties. Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <a href="http://www.municode.com/Library/clientCodePage.aspx?clientID=4201">http://www.municode.com/Library/clientCodePage.aspx?clientID=4201</a>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the

- City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.
- 9. Disallowance. If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.
- 10. Taxes. Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:
- 1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;
- 2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.
- 3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.
- 4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.
- 11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.
- 12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at

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

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

### 14. Independent Contractor; Payment of Taxes and Other Expenses

- Independent Contractor. Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement, Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained: City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.
- Payment of Taxes and Other Expenses. Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

### 15. Insurance

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

- Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- 2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- 3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- 4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.
  - 5) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of the Initial Payment provided for in the Agreement
- b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- 1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- 2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.
- c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.
- d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:
- e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.
- f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.
- g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not

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

- h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.
- i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

#### 16. Indemnification

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

- 17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

- 19. Left blank by agreement of the parties. (Liquidated damages)
- 20. Default; Remedies. Each of the following shall constitute an event of default ("Event of Default") under this Agreement:
- (1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

8. Submitting False Claims; Monetary Penalties.

10. Taxes

15. Insurance

24. Proprietary or confidential information of City

30. Assignment

37. Drug-free workplace policy,

53. Compliance with laws

55. Supervision of minors

57. Protection of private information

58. Graffiti removal

And, item 1 of Appendix D attached to this

Agreement

- 2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.
- 3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.
- 4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.
- b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.
- c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

#### 21. Termination for Convenience

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

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

- b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
- 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
  - 3) Terminating all existing orders and subcontracts.
- 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
- 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
- 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:
- 1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- 2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- 3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.
- 4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

- d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).
- e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.
  - f. City's payment obligation under this Section shall survive termination of this Agreement.
- 22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

8.	Submitting false claims	

9. Disallowance

10. Taxes

Payment does not imply acceptance of work

13. Responsibility for equipment

14. Independent Contractor; Payment of Taxes and Other Expenses

15. Insurance

16. Indemnification

17. Incidental and Consequential Damages

18. Liability of City

24. Proprietary or confidential information of City

26. Ownership of Results

27. Works for Hire

28. Audit and Inspection of Records

48. Modification of Agreement.

49. Administrative Remedy for Agreement Interpretation.

50. Agreement Made in California; Venue

51. Construction

52. Entire Agreement

56. Severability

57. Protection of private information And, item 1 of Appendix D attached to this Agreement.

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

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

### 24. Proprietary or Confidential Information of City

- a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.
- b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.
- c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.
- d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.
- e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.
- 25. Notices to the Parties. Unless otherwise indicated elsewhere in this Agreement, all written communications sent by the parties may be by U.S. mail, e-mail or by fax, and shall be addressed as follows:

To CITY:

Office of Contract Management and Compliance Department of Public Health 1380 Howard Street, Room 442

San Francisco, California 94102

FAX:

(415) 252-3088

e-mail:

Carolyn.McKenney@sfdph.

org

And:

STEPHEN BANUELOS

Community Behavioral Health Services

1380 HOWARD STREET

SAN FRANCISCO, CA 9403

FAX:

(415)255-3657

e-mail:

Stephen.banuelos@sfdph.

org

To CONTRACTOR:

PROGRESS FOUNDATION

368 Fell Street

San Francisco, CA 94102

FAX:

(415) 861-0257

e-mail:

sfields@progressfoundati

on.org

Any notice of default must be sent by registered mail.

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

## 28. Audit and Inspection of Records

- a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.
- b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: http://www.whitehouse.gov/omb/circulars/a133/a133.html. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit

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

- c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.
- d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.
- 29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.
- 30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.
- 31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.
- Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 12O of the San Francisco Administrative Code.

## 33. Local Business Enterprise Utilization; Liquidated Damages

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

## b. Compliance and Enforcement

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

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

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

#### 34. Nondiscrimination; Penalties

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

- b. Subcontracts. Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.
- c. Nondiscrimination in Benefits. Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.
- d. Condition to Contract. As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.
- e. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.
- 35. MacBride Principles—Northern Ireland. Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

- **36.** Tropical Hardwood and Virgin Redwood Ban. Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.
- 37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.
- 38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.
- 39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.
- 40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.
- 41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.
- 42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six

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

## 43. Requiring Minimum Compensation for Covered Employees

- a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.
- b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.
- c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.
- d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.
- e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor
- f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

- Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.
- h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.
- i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.
- 44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.
- a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission..
- b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.
- c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.
- d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set

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

- e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.
- f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.
- g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.
  - h. Contractor shall keep itself informed of the current requirements of the HCAO.
- i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.
- j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.
- k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.
- I. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.
- m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

## 45. First Source Hiring Program

- a. Incorporation of Administrative Code Provisions by Reference. The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.
- b. First Source Hiring Agreement. As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

- 1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.
- 2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.
- 3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.
- 4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.
- 5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.
  - 6) Set the term of the requirements.
  - 7) Set appropriate enforcement and sanctioning standards consistent with this Chapter,

- 8) Set forth the City's obligations to develop training programs, job applicant referrals, "technical assistance, and information systems that assist the employer in complying with this Chapter.
- 9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.
- c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.
- d. Exceptions. Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.
  - e. Liquidated Damages. Contractor agrees:
    - 1) To be liable to the City for liquidated damages as provided in this section;
- 2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;
- 3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantity; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.
- 4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;
- 5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

- (a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and
- (b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

. . . ..

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

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

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

- f. Subcontracts. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.
- 46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.
- 47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater:

- 48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.
- 49. Administrative Remedy for Agreement Interpretation DELETED BY MUTUAL AGREEMENT OF THE PARTIES
- 50. Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.
- 51. Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- **52.** Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."
- 53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.
- 54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.
- Supervision of Minors. Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105,3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10) days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement; and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or

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

- 56. Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.
- 57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contactor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.
- Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990. (17 U.S.C. §§ 101 et seq.),

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

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

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

- 60. Left blank by agreement of the parties. (Slavery era disclosure)
- 61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.
- 62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.
- 63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

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

CITY

CONTRACTOR

Recommended by:

Progress Foundation

MITCHELL H. KATZ, M.D.

Date

Director of Health

Approved as to Form:

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

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

Terence Howzell

Date

Deputy City Attorney

Steve Fields

Executive Director

368 Fell Street

San Francisco, CA-94102

City vendor number: 15017

Approved:

Director of the Office of

Contract Administration and

Purchaser

# Appendices

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

# Appendix A Services to be provided by Contractor

#### 1. Terms

## A. Contract Administrator:

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

#### B. Reports:

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

#### C. Evaluation:

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

# D. Possession of Licenses/Permits:

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

#### E. Adequate Resources:

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

#### F. Admission Policy:

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

## G. San Francisco Residents Only:

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

### H. Grievance Procedure:

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

#### I. Infection Control. Health and Safety:

- (1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (http://www.dir.ca.gov/title8/5193.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.
- (2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.
- (3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.
- (4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.
- (5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.
- (8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

# J. Acknowledgment of Funding:

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

### K. Client Fees and Third Party Revenue:

- (1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

## L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented,..

#### M: Under-Utilization Reports:

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

#### N. <u>Ouality Assurance</u>:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.
- O. Compliance With Grant Award Notices:

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

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

# P. <u>Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures</u>

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

## Q. Working Trial Balance with Year-End Cost Report

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

## R. Harm Reduction

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

#### 2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-la La Posada

Appendix A-1b Shrader

Appendix A-1c Avenue

Appendix A-2a La Amistad

Appendix A-2b Progress House

Appendix A-2c Cortland

Appendix A-2d Ashbury

Appendix A-2e Clay

Appendix A-2f Dorine Loso House

Appendix A-3 Seniors Program

Appendix A-4 Supported Living

Appendix A-5 Dore St. Residential

Appendix A-6 Dore St. Urgent Care Clinic

Program: ADU

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Appendix A-1

Contract Term: 07/01/2010 - 06/30/2011

# 1. Program Name:

# A.1.a La Posada

Program Address: 810 Capp Street

San Francisco, CA 94110 Telephone: (415) 285-0810 Facsimile: (415) 285-2110

## A.1.b Shrader House

Program Address: 50 Shrader Street

San Francisco, CA 94117 Telephone: (415) 668-4166 Facsimile: (415) 668-6357

# A.1.c Avenues

Program Address: 1443 7th Avenue

San Francisco, CA 94122 Telephone: (415) 242-8034 Facsimile: (415) 242-8039

## 2. Nature of Document (check one)

New □ Renewal □ Modification

# 3. Goal Statement

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

# 4. Target Population:

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

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

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

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

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

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

## 5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

## B. Definition of Billable Services

#### Crisis Residential Treatment Service

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

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

# Medication Support Services.

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

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

assessment of the beneficiary.

# Service Units

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

# 6. Methodology

## A. Describe outreach, recruitment, advertising

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

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

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

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

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

- I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:
- a common definition of the priority target population,
- the use of common admission and discharge criteria,
- · coordinated care for all clients,
- adult services with a single point of entry directly through CBHS identified
   Psychiatric Emergency Service programs or through the Placement Team which
   manages referrals from local in-patient services or urgent care referrals solely
   through Progress Foundation's DET and Dore Clinic/Urgent Care Center,
- system-wide standards of accountability based on cost, access, quality and outcomes.
  - II. The ADUs will maintain a non-institutional environment, even while working with clients in the most acute phase of their crises. Through the use of counselors (both professional and paraprofessional) under professional supervision, the programs will provide the necessary support and intervention to stabilize the immediate crisis. This will be done in conjunction with Psychiatric Emergency Services of San Francisco General Hospital.
  - III. Through the intake process and during the stabilization of the crisis the program staff will begin identifying the gaps in the client's support system and the specific pressures that led to the psychiatric crisis. The counselors and other program staff will work with the client and his/her existing support system (therapist, conservator, probation officer, family, case manager, etc.) to develop the support that is necessary for increased skills in independent living on an ongoing basis. This process will include planning for discharge from the first day

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

- IV. During the course of his/her stay, the client will assume incremental amounts of responsibility in the cooperative operation of the household and general community. At all times the program will work to involve the clients in the house operation, at appropriate levels. This process presents a realistic context in which the staff and clients can test strengths and abilities, as well as receive a specific sense of accomplishing tasks, in spite of emotional difficulties.
- V. Clients will meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients will be an integral part of the entire process of developing treatment plans and disposition recommendations.
- VI. Twenty-four hour services will be provided to clients. Day program activities will fall into these distinct, but overlapping categories:
  - a. Structured group therapeutic activities designed to enhance crisis stabilization will be provided seven days a week for approximately four (4) hours each day. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education (medication information, patients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.

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

- b. Individually tailored activities will be scheduled approximately two (2) hours each afternoon. These activities will be the follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings, application for public assistance grants, search for housing opportunities, attendance at a school or vocational training facility, attendance at volunteer or paid job and follow-up on application/interview process for lower level residential programs or housing.
- c. Appointments with the staff psychiatrist will be scheduled within 72 hours for those clients who do not have a private psychiatrist. These scheduled meetings will be used to review the efficacy of current medication regimen and to renew or revise prescribed medications as

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

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

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

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

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

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

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

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

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

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

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

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

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

## E. Describe your program's staffing

Please see Appendix B

## Section 7: Objectives and Measurements

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

#### A. PERFORMANCE/OUTCOME OBJECTIVES

Program: ADU

City Fiscal Year 10-11

Appendix A-1

Contract Term: 07/01/2010 - 06/30/2011

#### OUTCOME A: IMPROVE CLIENT SYMPTOMS

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

#### Client Inclusion Criteria:

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

#### Data Source.

CBHS Billing Information System - CBHS will compute. .

## Program Review Measurement:

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

## OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

## Objective 6: Client Satisfaction

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

#### Data Source:

Program Tracking Sheet and Program Self-Report

#### Program Review Measurement:

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

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

## Objective 1. Program Productivity

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

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

#### Date Source:

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

Program: ADU

City Fiscal Year 10-11

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Contract Term: 07/01/2010 - 06/30/2011

# Program Review Measurement.

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

## Objective 5. Integration Preparedness

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

#### Data Source:

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

# Program Review Measurement:

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

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

## Data Source:

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

## Program Review Measurement:

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

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

#### Data Source:

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

### Program Review Measurement:

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

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Program: ADU

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

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

#### Data Source:

Program Self Report.

## · Program Review Measurement:

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

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

#### Data Source:

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

## Objective 6. Cultural Competency

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

#### Data Source:

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

#### Program Review Measurement:

Program: ADU

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Contract Term: 07/01/2010 - 06/30/2011

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

## Objective 8: Program and Service Innovation & Best Practices

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

## Data Source:

Program Self Report.

## Program Review Measurement:

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

## 8. Continuous Quality Improvement

- A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services, the Deputy Director of Clinical Administration, and other personnel from the administrative office of the agency.
- B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of each client and to review the appropriateness of the treatment plans. The program psychiatrist will be involved in regular meetings and/or consultations to assess the status of clients.
- C. The Program Leadership Staff will provide supervision to the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis, treatment and medication issues (effects, side effects, etc.).
- D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner. In addition, Progress Foundation conducts regular Continuous Quality Assurance (CQA) committee meetings.
- E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.

Contractor: Progress Foundation Program: ADU

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- F. Regular meetings between the CBHS Crisis Services, Progress Foundation urgent Care Center and the Progress Foundation Diversion Evaluation Team (DET) will be held, to discuss issues regarding referrals, as well as clinical concerns shared by the programs.
- G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.
- H. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all other HIPAA related memos and documents.
- I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.
- J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with emphasis at each ADU in providing culturally and linguistically appropriate services to San Francisco's diverse communities, as well as being able to serve the general population of San Francisco's mental health clients. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Program: TRTP

City Fiscal Year 10-11

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

# 1. Program Name:

# A.2.a La Amistad

Program Address: 2481 Harrison Street

San Francisco, CA 94110 Telephone: (415) 285-8100 Facsimile: (415) 285-2448

#### A.2.b Progress House

Program Address: 25 Beulah Street

San Francisco, CA 94117 Telephone: (415) 668-1511 Facsimile: (415) 668-1300

#### A.2.c Cortland House

Program Address: 77 Cortland Avenue

San Francisco, CA 94110 Telephone: 415-550-1881 Fax: 415-550-1791

## A.2.d Ashbury House

Program Address: 212 Ashbury Street

San Francisco, CA 94117 Telephone: (415) 775-6194 Facsimile: (415) 775-1120

## A.2.e Clay Street

Program Address: 2210 Clay Street

San Francisco, CA 94115 Telephone: (415) 776-4647 Facsimile: (415) 776-1018

#### A.2.f The Dorine Loso House

Program Address: 405 Baker Street City, State, Zip Code: SF, CA 94117

Telephone: (415) 346-7775 Facsimile: (415) 346-7555

## 2. Nature of Document (check one)

New ☐ Renewal ☐ Modification

### 3. Goal Statement

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

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

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

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

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

## 4. Target Population:

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

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

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

#### 5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

## B. Definition of Billable Services

Adult Residential Treatment Service

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"Adult Residential Treatment Service" means rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation and collateral.

## Day Rehabilitation

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

## Service Units

- A. All TRTP will provide psychiatric transitional residential treatment services, as well as day treatment (full day rehabilitative) services. One day of residence will provide one "adult residential" unit of service, and 4 hours or more of participation in the day treatment program will mean one "full day, day rehabilitative" unit of service. 40% of Ashbury's funding will come from CalWorks.
- B. For FY 08-09, payment methodology will be based on a fee for service system.
- C. It is anticipated that La Amistad will provide service to 75 individuals, Ashbury House will provide service to 15 individuals, Progress House and Cortland House will provide service to 40 individuals, and Dorine Loso House and Clay Street will provide service to 20 individuals each.

#### 6. Methodology

## A. Describe outreach, recruitment, advertising

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

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

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

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

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

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

- I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:
  - common definition of the priority target population,
  - · the use of common admission and discharge criteria,
  - · coordinated care for all clients,
  - a single point of entry for services, through the Placement Team, except for diversions from psychiatric emergency services and,
  - system wide standards of accountability based on cost, access, quality, and outcomes.
  - II. During the course of their stay in the programs, clients will be expected to assume incremental amounts of responsibility in the co-operative operation of the household and general community. At all times, the program will work to include the clients in the house operations. This process presents a realistic context in which clients can test strengths and abilities and receive a specific sense of accomplishing tasks in spite of emotional difficulties.
  - III. Regular group meetings will be held in each house:
    - a. Morning planning groups, attended by all clients and on-duty staff, to evaluate the status of each client and to develop specific plans for the day.
    - b. The community meeting to discuss problems within the house, plan outings,

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assign house jobs and resolve other issues confronting the program.

- c. Special groups, both on-going and ad hoc, to meet specific needs of the house population (such as groups held in Spanish at La Amistad). These groups may include symptom management, relapse prevention, daily living skills, medication education, a follow-up group or a pre-vocational group. DBT oriented groups are also offered.
- d. At Ashbury House, clients will attend an on-site day treatment program five days per week. The program will include community meetings, symptom management, relapse prevention, skill building, processing and adjunctive therapy, parenting classes, advocacy groups, pre-vocational training, and personal and infant/child health education, as well as DBT oriented groups.
- e. Clay Street, Dorine Loso House, La Amistad, Progress House and Cortland House will also provide on-site day treatment five days per week. A full range of verbal and non-verbal group meetings, community meetings, symptom management, relapse prevention, skill building, pre-voc, processing and adjunctive therapy as well as educational workshops aimed at developing a healthy existence in the community, will be offered.
- VI. Activities will be developed, particularly for the evening and weekend hours, that will explore ways of relaxing and enjoying the community resources on limited incomes. As much as possible, activities will be integral to the functioning and operation of the household itself.
- V. All the transitional residential treatment programs will utilize the opportunity for interaction between counselors and clients, in both formal and informal settings, to regularly assess the clients' progress toward independent living. The interactions will include regular meetings with staff to discuss progress towards mutually-determined goals.
- VI. Most clients will be expected to have primary therapists or other supportive treatment outside of the house itself. This primary therapist or program will be responsible for prescribing medications and other formal therapy meetings. If there is no primary therapist or program, residential program staff will assist client to obtain one.
- VII. Counselors will regularly coordinate treatment planning and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved. This coordination will include the active involvement and participation of the client whenever possible.
- VIII. If clinically indicated, clients will be expected to be responsible for their own medications with staff support and oversight and individualized plans incrementally increasing responsibility, otherwise medications will be centrally stored and monitored and recorded by staff according to State of California Division of Community Care Licensing standards.
- IX. The programs will work in close collaboration with other CBHS System of Care

Program: TRTP

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

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

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

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

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

## E. Describe your program's staffing.

Please see Appendix B

#### Section 7: Objectives and Measurements

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

#### A. PERFORMANCE/OUTCOME OBJECTIVES

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

## Objective A.1: Reduce Psychiatric Symptoms

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

#### Client Inclusion Criteria:

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

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#### Data Source:

CBHS Billing Information System - CBHS will compute.

## Program Review Measurement:

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

## OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

## Objective 6: Client Satisfaction

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

#### Data Source:

Program Tracking Sheet and Program Self-Report

#### Program Review Measurement:

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

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

## Objective 1. Program Productivity

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

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

#### Date Source:

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

## Program Review Measurement:

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

## Objective 5. Integration Preparedness

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

#### Data Source:

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

## Program Review Measurement:

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

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

## Data Source:

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

## Program Review Measurement:

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

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

## Data Source:

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

## Program Review Measurement:

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

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

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#### Data Source:

Program Self Report.

## Program Review Measurement:

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

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

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

#### Data Source:

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

## Objective 6. Cultural Competency

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

#### Data Source:

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

## Program Review Measurement:

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

Program: TRTP

City Fiscal Year 10-11

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## Objective 8: Program and Service Innovation & Best Practices

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

#### 8. Continuous Quality Improvement

- A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.
- B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of each client and to review the appropriateness of the treatment plans. The program consultant will be involved in regular meetings and/or consultations to assess the status of clients.
- C. The Program Leadership Staff (Program Director and Assistant Program Director(s) will provide the supervision of the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The consultant will have an active role in the education of staff in the areas of diagnosis and medication issues (effects, side effects, etc.)
- D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner, as well as continue regular Continuous Quality Assurance (CQA) committee meetings.
- E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.
- F. Regular meetings between Progress Foundation Clinical Leadership and the TRTP Directors will occur to discuss issues regarding referrals, as well as clinical concerns shared by the programs.
- G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.

Program: TRTP

City Fiscal Year 10-11

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

- I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.
- J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with an emphasis at La Amistad on serving Spanish speaking clients, at Ashbury to serve homeless and/or CalWorks mothers, and at Clay and Dorine Loso House to serve individuals returning to the community from long term placement in a psychiatric facility. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation
Program: Carroll and Rypins Houses
& Rypins Day Treatment (Seniors)

Appendix <u>A-3</u> Contract Term: 07/01/2010 - 06/30/2011

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## 1. Program Names: Carroll House and Rypins House (Seniors) (A3)

Carroll: 73 Anderson Street San Francisco, CA 94110 Telephone: (415) 821-1610 Rypins: 1405 Guerrero Street San Francisco, CA 94110

(415) 821-0697

Facsimile: (415) 821-3568 (Rypins only)

## **Rypins House Day Treatment**

1405 Guerrero Street San Francisco; CA 94110\ Telephone: (415) 821-0697 Facsimile: (415) 821-3568

## 2. Nature of Document (check one)

New □ Renewal □ Modification

#### 3. Goal Statement

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

#### 4. Target Population:

Progress Foundation's Seniors Program will serve clients approved by the CBHS Placement Team and referred to Progress Foundation's Diversion Evaluation Team (DET), and referrals from other service providers. Carroll and Rypins Houses and Rypins Day Treatment serve specifically clients aged 55 and over. The length of stay will vary, but will average approximately 70 days.

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

Contractor: Progress Foundation
Program: Carroll and Rypins Houses
& Rypins Day Treatment (Seniors)

Appendix <u>A-3</u> Contract Term: 07/01/2010 - 06/30/2011 City Fiscal Year 10-11

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

## 5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

## **B.** Definition of Billable Services

Adult Residential Treatment Service.

"Adult Residential Treatment Service" means rehabilitative services, provided in a non-institutional, residential setting, which provide a therapeutic community including a range of activities and services for beneficiaries who would be at risk of hospitalization or other institutional placement if they were not in the residential treatment program. The service is available 24 hours a day, seven days a week. Service activities may include assessment, plan development, therapy, rehabilitation and collateral.

## Day Rehabilitation.

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

## 6. Methodology

## A. Describe outreach, recruitment, advertising

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

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

Clients are referred directly form SFGH PES with consultation and consent from Progress Foundation's DET in most cases. Referrals from local in-patient units are approved by the CBHS Placement Team and referred to DET for review. Urgent care referrals are referred directly through DET, as are any other community referrals. Clients may be referred by case managers, therapists or other service providers. DET reviews charts and does face-to-face interviews with clients, if needed, DET tracks open beds in the agency and schedules intake interviews with the programs. Clients go to the program to do the intake interview which serves as an assessment tool for the program to determine the appropriateness of the program for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, age 55 or over, have an Axis I mental health diagnosis, and have a health screen and PPD in the last 6 months. Clients may, but are not required to, attend a dinner at the program or Day Treatment groups to help inform their decisions to engage in the program. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. Staff receive training in the most effective ways to intervene with clients within the program's time frame. After completing the intake interview and being accepted into the program, clients fully participate in developing their treatment plan, including the determination of attainable goals to work towards during their stay.

C. Describe service delivery model, hours of operations, length of stay, locations
The treatment model for all Progress Foundation programs is Social Rehabilitation and
Recovery in 24-hour home-like settings. The length of stay will vary, but will average
approximately 70 days at Seniors Program. The program is staffed 24-hours with awake
and alert staff and utilizes a flexible and normalizing environment.

- I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:
- common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- a single point of entry for geriatric services, through the Placement Team, and
- system wide standards of accountability based on cost, access, quality, and outcomes.
- II. During the course of their stay in the programs, clients are assisted in assuming incremental amounts of responsibility in the co-operative operation of the household. At all times, the program will work to include the clients in the house operations. This process presents a realistic context in which clients can

test strengths and abilities and receive a specific sense of accomplishing tasks in spite of emotional difficulties.

- III. Regular group meetings will be held in each house.
  - a. Morning planning groups, attended by all clients and on-duty staff, to evaluate the status of each client and to develop specific plans for the day.
  - b. The community meeting to discuss problems within the house, plan outings, assign house jobs and resolve other issues confronting the program.
  - c. Special groups, both on-going and <u>ad hoc</u>, to meet specific needs of the house population. These groups may include symptom management, daily living skills, medication education, a follow-up group or a pre-vocational group.
- VI. Activities will be developed, particularly for the evening and weekend hours, that will explore ways of relaxing and enjoying the community resources on limited incomes. As much as possible, activities will be integral to the functioning and operation of the household itself.
- V. All the transitional residential treatment programs will utilize the opportunity for interaction between counselors and clients, in both formal and informal settings, to regularly assess the clients' progress toward independent living. The interactions will include regular meetings with staff to discuss progress towards mutually-determined goals.
- VI. Many clients also will have primary therapists or other supportive treatment outside of the house itself. This primary therapist or program will be included in relevant treatment decisions.
- VII. Counselors will regularly coordinate treatment planning and on-going clinical issues with all relevant therapists and treatment programs with which each client is involved. This coordination will include the active involvement and participation of the client whenever possible.
- VIII. If clinically indicated, clients will be assisted in learning to be responsible for their own medications, in all other cases medications will be centrally held and medication usage will be documented.
- IX. The programs will work in close collaboration with other CBHS System of Care providers, and any other participating agencies or services, to provide rehabilitative, 24-hour care to clients.

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

XI. Appointments with a Nurse Practitioner or supervised nursing student will be available to each individual. This will ensure adequate health screening, health and wellness education, (in particular education about age related health issues) and drug education. Clients will also receive assistance with ambulatory injuries as well as with physical health-related conditions adversely affecting the individuals' capacity for non-hospital psychiatric treatment.

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

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

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

## E. Describe your program's staffing.

Please see Appendix B

## Section 7: OBJECTIVES AND MEASUREMENTS

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

Program: Carroll and Rypins Houses

& Rypins Day Treatment (Seniors)

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Contract Term; 07/01/2010 - 06/30/2011

City Fiscal Year 10-11

## A. PERFORMANCE/OUTCOME OBJECTIVES

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

#### Objective A.1: Reduce Psychiatric Symptoms

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

## Client Inclusion Criteria:

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

## Data Source:

CBHS Billing Information System - CBHS will compute.

## Program Review Measurement:

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

## OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

## Objective 6: Client Satisfaction

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

## Data Source:

Program Tracking Sheet and Program Self-Report

#### Program Review Measurement:

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

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

## Objective 1. Program Productivity

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

Contractor: Progress Foundation
Program: Carroll and Rypins Houses

& Rypins Day Treatment (Seniors)

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a. Rypins House: 1,862 Residential Days/UOS;4,120 Day Treatment Days/UOS

b. Carroll House: 1,862 Residential Days/UOS

#### Date Source

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

#### Program Review Measurement:

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

## Objective 5. Integration Preparedness

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

#### Data Source:

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

#### Program Review Measurement:

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

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

#### Data Source:

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

#### Program Review Measurement:

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

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

#### Data Source:

Contractor: Progress Foundation Program: Carroll and Rypins Houses

& Rypins Day Treatment (Seniors)...

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

## Program Review Measurement:

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

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

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

## Data Source:

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

## Objective 6. Cultural Competency

C.6a. Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2008 Cultural Competency Reports and

Contractor: Progress Foundation
Program: Carroll and Rypins Houses
& Rypins Day Treatment (Seniors)

Appendix <u>A-3</u> Contract Term: 07/01/2010 - 06/30/2011 City Fiscal Year 10-11

report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2009. Reports should be sent to both program managers and the DPH/EEO.

## Data Source:

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

#### Program Review Measurement:

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

## Objective 8: Program and Service Innovation & Best Practices

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

#### Data Source:

Program Self Report.

#### Program Review Measurement:

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

## 8. Continuous Quality Improvement

- A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.
- B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of each client and to review the appropriateness of the treatment plans. The program psychiatrist will be involved in regular meetings and/or consultations to assess the status of clients.
- C. The Program Leadership Staff will provide the supervision of the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis and medication issues (effects, side effects, etc.)
- D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being

Contractor: Progress Foundation	
Program: Carroll and Rypins Houses	
& Rypins Day Treatment (Senio	ors)

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maintained in a professional manner.

- E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.
- F. Regular meetings between the Seniors Leadership staff and Progress Foundation's DET will be included as appropriate to discuss issues regarding referrals, as well as clinical concerns shared by the programs.
- G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.
- H, The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all HIPAA related memos and documents.
- I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs
- J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation Program: Supported Living Program City Fiscal Year 10-11 Appendix <u>A-4</u> Contract Term: 07/01/2010 - 06/30/2011

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## 1. Program Name: A.4 Supported Living Program

Program Address: office: 711 Taraval Street

San Francisco, CA 94116 Telephone: (415) 752-3416 Facsimile: (415) 752-3483

A-real frame	•	
ĭ New	□ Renewal	☐ Modification

## 3. Goal Statement

The purpose of the program is to provide unobtrusive support to a client's own rehabilitative efforts while providing the most independent living possible. The counseling is designed to provide regular guidance, support and 24-hour/day, 7 days/week response capability. The thrust of this program is to assist those clients who have completed transitional Residential Treatment Programs (TRTP), yet are unable to assume full responsibility for forming independent group households and managing the stressors associated with completely independent living. This housing program is able to support the less well organized clients' efforts to achieve viable independent living skills in settings which fully replicate the potential housing situations available after completion of the program.

## Specific goals are:

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

## 4. Target Population:

The SLP will serve target population clients in the Mental Health System following the criteria for admission to care specified by CBHS. Those eligible for the program are men and women with a minimum age limit of 18. The Supported Living Program (SLP) is able to serve clients with co-occurring mental health diagnoses and substance abuse disorders, and clients authorized for services by the City and County of San Francisco, clients must have an Axis I primary mental health diagnosis. Clients must be able to participate in the cooperative running of the apartment, or, in the case of Independent Living settings, live independently. The SLP accepts referrals for clients on

conservatorship. All clients in the cooperative apartment settings are required to have a full-time day program and a regular therapy setting outside of the program when appropriate. Clients in Independent Living sites are not required to participate in any programs or therapy as a condition of living in those units. However, individuals may require specialized services in order to maintain their living situations, and are assisted in accessing those services.

## 5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

## B. Definition of Billable Services

## Mental Health Services.

"Mental Health Services" means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation and collateral.

## 6. Methodology

## A. Describe outreach, recruitment, advertising

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

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

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

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

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

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

- I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:
- a common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- system wide standards of accountability based on cost, access, quality and outcomes.

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

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

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

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educational activities.

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

VI. On a monthly basis, members of all households will attend a joint meeting for the purpose of building relationships beyond the individual household and for large group educational forums and/or social activities.

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

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

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

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

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

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## E. Describe your program's staffing

Please see Appendix B

## Section 7: Objectives and Measurements

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

## A. PERFORMANCE/OUTCOME OBJECTIVES

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

#### Objective A.1: Reduce Psychiatric Symptoms

A.1d. Applicable to:

Supported Housing Programs

After the first 60 days of enrollment, no more than 10% of clients will have a psychiatric hospitalization while in supported housing programs.

#### Client Inclusion Criteria:

Conard House, Baker and Progress - All clients who have been in the program for at least 60 continuous days.

## Data Source:

CBHS Billing Information System - CBHS will compute.

#### Program Review Measurement:

Objective will be evaluated based on clients who are open in the program anytime during the 12-month period from July 1, 2009 to June 30, 2010, and have been enrolled in the program for at least 60 continuous days.

## A.1e. Applicable to:

Providers of Behavioral Health Services who provide mental health treatment services to children, youth, families, adults and older adults except 24 hour programs

50% of clients who have been served for two months or more will have met or partially met their treatment goals at discharge.

## Client Inclusion Criteria:

Clients discharged between July 1, 2009 and June 30, 2010 who have been served continuously for 2 months or more.

#### Data Source:

BIS Reason for Discharge Field.

#### Program Review Measurement:

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

#### **OUTCOME 3: IMPROVE CLIENT FUNCTIONING**

### Objective A.3a: Increase Stable Living Environment

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A.3a. 35% of clients who 1) completed a discharge or annual CSI during this period; 2) have been open in the program for at least one year as of the date of this latest administration of CSI; and 3) were reported homeless at their immediately preceding completion of CSI will be reported in a stable living situation or an appropriate residential treatment facility at the latest CSI.

#### Data Source:

BIS Living Situation Codes

## Program Review Measurement:

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

## B. OTHER MEASURABLE OBJECTIVES/PROCESS OBJECTIVES

## Objective 5. Documentation/Authorization

B.5a. At least 90% of a sample reviewed by CBHS of open, active clients (defined as those having received a billable service in a program within 90 days) will have a current authorization, and 100% will have a current plan of care. Programs with multiple non-exempt reporting units will have data from those RUs combined before computation.

## Data Source:

PURQC oversight audit. A random sample generated by CBHS and proportional to program caseload but not more than 25 clients will be used for PURQC oversight.

## Objective 6: Client Satisfaction

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

#### Data Source:

Program Tracking Sheet and Self-Report

#### Program Review Measurement:

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

## C. CONTINUOUS QUALITY IMROVEMENT, PRODUCTIVITY & ACCESS

#### Objective 1. Program Productivity

C.1a During Fiscal Year 2009-10, 268,396 minutes/units of service (UOS) will be provided, consisting of treatment, prevention or ancillary services as specified in the unit of service definition for this modality and as measured by BIS and documented in counselors' case notes and program records.

## Data Source:

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

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#### Program Review Measurement:

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

#### Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment every two years. A new COMPASS must be completed every other fiscal year.

#### Data source:

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

#### Program Review Measurement:

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

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

#### Data Source:

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

## Program Review Measurement:

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

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

## Data Source:

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

#### Program Review Measurement:.

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

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

C.5e. During Fiscal Year 2008-09, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

#### Data Source:

Program Self Report.

#### Program Review Measurement:

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

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

#### Data Source:

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

#### Objective 6. Cultural Competency

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

#### Data Source:

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

#### Program Review Measurement:

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

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## Objective 8: Program and Service Innovation & Best Practice

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

## Data Source:

Program Self Report.

#### Program Review Measurement:

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

## 8. Continuous Quality Improvement

- A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.
- B. The Program Director will supervise and train the case manager in the development and implementation of rehabilitation and treatment plans.
- C. The Program Director will meet as needed with Progress Foundation consulting psychiatrists or psychologists to discuss specific problems in the apartments.
- D. Regular notes and written recovery and rehabilitation plans will be reviewed by the case manager and Program Director in a regular analysis of the progress of each client toward independent living. The documentation process will center on the acquisition of survival skills, and the development of support systems outside of the apartments.
- E. The Program Director will maintain regular contact with other treatment and social service resources of each client in order to coordinate rehabilitation planning and implementation.
- F. The Director of Clinical Services or designee will provide supervision to the Program Director and will periodically review client records to assure policies and procedures are being maintained in a manner consistent with the intent of the program.
- G. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all HIPAA related memos and documents.
- H. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.

Contractor: Progress Foundation Program: Supported Living Program City Fiscal Year 10-11 Appendix <u>A.-4</u> Contract Term: 07/01/2010 - 06/30/2011

I. The Contractor agrees to make it a priority to deliver services in a culturally competent manner. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation Program: Dore Residence Contract Term: 07/01/2010 - 06/30/2011 City Fiscal Year 10-11 ....

#### 1. Program Name:

A.5 Dore Residence Crisis Residential Program

Program Address: 52 Dore Street Unit 1 San Francisco, CA 94103 Telephone: (415) 553-3100 Facsimile: (415) 553-3199

2.	Nature	of	Document	(check	one)

## 3. Goal Statement

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

#### 4. Target Population:

The primary source for referrals will be the Dore Urgent Care Clinic co-located in the same facility. Progress Foundation will also serve clients referred from SFGH Psychiatric Emergency Services and other psychiatric crisis services designated by Community Behavioral Health Services (CBHS).

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

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

This crisis residential program specializes in providing assessment, triage, rapid stabilization and referral for clients referred by Dore Clinic. This program is able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco, as well as those in several age groups.

#### **Modalities / Interventions**

A. Modality of Services/Interventions: See CRDC.

#### B. Definition of Billable Services

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## Crisis Residential Treatment Service

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

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

#### Medication Support Services.

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

## Service Units

- A. For the new crisis residential program, the maximum length of stay will be 3-5 unless an extension is clinically indicated.
- B. One unit of Crisis Residential Treatment Service is one day of residence in the program.
- C. A unit of Medication Support Service is recorded in minutes.
- D. For FY 09-10 payment methodology will be based on a fee for service system.
- E. It is anticipated that the Dore Residence program will serve 275 clients in FY 09-10.

#### 6. Methodology

A. Describe outreach, recruitment, advertising

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

B. Describe your program's admission, enrollment and/or intake criteria and process Clients are referred directly from Progress Foundation's Dore Clinic/Urgent Care Center, SFGH

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PES, and from CBHS crisis services to the ADU. Referrals from local in-patient units are approved by the CBHS Placement Team.

Clients go to the program for an intake interview which serves as an assessment tool for the program to determine the appropriateness of the ADU for this client at that point in the client's crisis and also serves as the basis upon which to build the treatment plan. Admission criteria are: client must be a resident of San Francisco County, have an Axis I mental health diagnosis, and deemed at-risk for inpatient admission if the ADU does not admit the client, and have a health screen and PPD in the last 12 months. The client intake assessment includes a review of any substance abuse history in order to identify treatment needs, which may include substance abuse interventions both within and outside of the program. Individual counseling and special groups are designed to address co-occurring mental health and substance use/abuse issues. After completing the intake interview and being accepted into the program, clients fully participate in developing their own treatment plan, including the determination of attainable goals to work towards during their stay.

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

The treatment model for all Progress Foundation programs is Social Rehabilitation and Recovery in 24-hour home-like settings. The Urgent ADU will have an average length of stay of 4 days; Benefit Reviews are completed for clients requiring a longer length of stay. The program is staffed 24-hours with awake and alert staff and utilizes a normalizing and flexible environment to provide needed supports and opportunities for growth. The following is a broad overview of services provided and the methods of service delivery. Staff receive training in the most effective ways to intervene with clients within the program's time frame.

- I. Program services will be delivered in the context of guidelines which are specified in the most current CBHS Mental Health Plan which includes:
- a common definition of the priority target population,
- the use of common admission and discharge criteria,
- coordinated care for all clients,
- a single point of entry for adult services either directly through CBHS identified Psychiatric Emergency Service programs or through the Placement Team for referrals from local in-patient services or solely through Progress Foundation DET for urgent care referrals.
- system-wide standards of accountability based on cost, access, quality and outcomes.

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

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

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from the first day of admission, so that realistic plans can be developed within the target time limit. The program will work with other CBHS System of Care providers to assure optimal services.

- IV. During the course of his/her stay, the client will assume incremental amounts of responsibility in the cooperative operation of the household and general community. At all times the program will work to involve the clients in the house operation, at appropriate levels. This process presents a realistic context in which the staff and clients can test strengths and abilities, as well as receive a specific sense of accomplishing tasks, in spite of emotional difficulties.
- V. Clients will meet regularly with assigned coordinators from the staff to develop goals and evaluate progress toward these goals. Clients will be an integral part of the entire process of developing treatment plans and disposition recommendations.
- VI. Twenty-four hour services will be provided to clients. Day program activities will fall into these distinct, but overlapping categories:
  - a. Structured group therapeutic activities designed to enhance crisis stabilization will be provided seven days a week for approximately four (4) hours each day. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education (medication information, patients' rights, and self-help groups), money management classes, home management classes, and a review of available resources to assist in successful independent living.

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

- b. Individually tailored activities will be scheduled approximately two (2) hours each afternoon. These activities will be the follow-up of the individual treatment plans that each client develops with his/her counselor including such activities as: attendance at Alcoholics Anonymous (AA), Dual Recovery Anonymous (DRA) or other outside substance abuse group meetings, application for public assistance grants, search for housing opportunities, attendance at a school or vocational training facility, attendance at volunteer or paid job and follow-up on application/interview process for lower level residential programs or housing.
- c. Appointments with the staff psychiatrist will be scheduled within 72 hours for those clients who do not have a private psychiatrist. These scheduled meetings will be used to review the efficacy of current medication regimen and to renew or revise prescribed medications as appropriate, and to provide an additional opportunity for medication education.
- d. Appointments with a Nurse Practitioner or supervised nursing student will be available to each individual. This will ensure adequate health and wellness screening and health and drug education. Clients will also receive assistance with minor to moderate injuries as well as with physical health-related conditions

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adversely affecting the individuals' capacity for non-hospital psychiatric treatment.

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

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

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

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

- IX. There will be regular meetings between the ADUs and representatives of other relevant programs providing services to clients. The goal is to minimize problems and facilitate the exchange of information between the programs. Treatment planning regarding clients involved in more than one program will be done by the client and relevant staff members of both programs and, whenever possible or appropriate, coordinated with the assigned CBHS Care Manager for the client. This process will include regular staff meetings with professional consultants to review cases:
- X. During a client's stay at an ADU, the program psychiatrist will usually assume responsibility for medications. The program will refer clients for community medication support for a seamless medication support system when the client is discharged from the ADU.
- XI. Medication monitoring follows policies and procedures established by the State of California Division of Community Care Licensing, as well as the agency's medication policy (Policy and Procedures Manual, 10/06 Section 2, 2.06). Medications will be kept locked centrally in the program. Each client who is taking medications will have a log indicating amounts and frequency of medications. Counseling staff will observe the

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clients' actions in regard to medications, and will note in the med log whether or not medications were taken by the clients, in what quantity, and at what time. The program psychiatrist will review all medication levels on a regular basis, and will be primarily responsible for monitoring the medications of the client in the program. This monitoring will include supervision of the counseling staff.

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

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

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

## E. Describe your program's staffing

Please see Appendix B

## Section 7: Objectives and Measurements

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

#### A. PERFORMANCE/OUTCOME OBJECTIVES

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

Individualized Objective A.1: Of those clients who remain in the program for a continuous 2 days or more, 70% will be discharged to a less restrictive level of care within one day of their ADU discharge date. Less restrictive levels of care are any programs other than PES or inpatient.

## Client Inclusion Criteria:

All clients discharged from the ADU between July 1, 2009 and June 30, 2010 and who have been in the program for a continuous 2 days or more.

#### Data Source:

CBHS Billing Information System. CBHS will compute.

#### Program Review Measurement:

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

## OUTCOME B: OTHER MEASURABLE OBJECTIVES / PROCESS OBJECTIVES

### Objective 6: Client Satisfaction

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

#### Data Source:

Program Tracking Sheet and Program Self-Report

## Program Review Measurement:

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

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

## Objective 1. Program Productivity

C.1a. During Fiscal Year 2009-10, 4,244 Residential Days/Units of Service and 30,000 Outpatient Minutes/Units of Service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.

#### Date Source:

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

#### Program Review Measurement:

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

## Objective 5. Integration Preparedness

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

## Data Source:

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

## Program Review Measurement:

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

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

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## Data Source:

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

## Program Review Measurement:

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

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

#### Data Source:

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

## Program Review Measurement:

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

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

#### Data Source:

Program Self Report.

#### Program Review Measurement:

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

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

#### Data Source:

Program Self Report.

Program: Dore Residence City Fiscal Year 10-11 Appendix <u>A-5</u> Contract Term: 07/01/2010 - 06/30/2011

#### Program Review Measurement:

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

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

#### Data Source:

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

### Objective 6. Cultural Competency

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

#### Data Source:

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

#### Program Review Measurement:

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

## Objective 8: Program and Service Innovation & Best Practices

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

#### Data Source:

Program Self Report.

## Program Review Measurement:

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

## 8. Continuous Quality Improvement

- A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.
- B. The clients and program staff will meet every morning to discuss the specific plans of each client for each day. This meeting will allow the program staff to assess the status of

Program: Dore Residence City Fiscal Year 10-11 Appendix <u>A-5</u> Contract Term: 07/01/2010 - 06/30/2011

each client and to review the appropriateness of the treatment plans. The program psychiatrist will be involved in regular meetings and/or consultations to assess the status of clients.

- C. The Program Leadership Staff will provide supervision to the counseling staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis, treatment and medication issues (effects, side effects, etc.).
- D. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner. In addition, Progress Foundation conducts regular Continuous Quality-Assurance (CQA) committee meetings.
- E. Weekly staff meetings will be held to discuss specific house issues, particular client problems, and other general clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population. Clients may be invited to attend the general session to discuss any issues they may wish to present to the staff.
- F. Regular meetings between the CBHS Crisis Services, Progress Foundation's Urgent Care Center (Dore Clinic) and the Progress Foundation Diversion Evaluation Team (DET) will be included, to discuss issues regarding referrals, as well as clinical concerns shared by the programs.
- G. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.
- H. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all other HIPAA related memos and documents.
- I. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.
- J. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with emphasis at the Crisis Residential Program (Dore Residence) in providing culturally and linguistically appropriate services to San Francisco's diverse communities, as well as being able to serve the general population of San Francisco's mental health clients. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

Contractor: Progress Foundation Program: Dore Clinic (Urgent Care) City Fiscal Year 10-11 Appendix <u>A-6</u>
Contract Term: 07/01/2010 – 6/30/2011

# 1. Program Name:

A.6 Dore Clinic

Crisis Stabilization/Urgent Care Center

Program Address: 52 Dore Street, Unit 2 San Francisco, CA 94103 Telephone: (415) 553-3100 Facsimile: (415) 553-3119

# 2. Nature of Document (check one)

#### 3. Goal Statement

Dore Clinic provides the capacity to intervene early in an escalating psychiatric crisis, and to provide assessment and triage in a community-based setting, with available crisis residential beds for those who would benefit from 24-hour intensive treatment. This systemic element allows for the more appropriate and targeted use of SFGH/PES. The availability of crisis residential treatment beds, in the same facility as the Dore Clinic, provides timely access to services for clients who require 24-hour, highly structured treatment, but who do not require involuntary hospitalization.

The goal of Dore Clinic is to reduce the inappropriate use of SFGH/PES for individuals who are in a psychiatric crisis but do not require involuntary treatment or seclusion and restraints. Services are designed to reduce and stabilize crisis situations for individuals experiencing an acute episode or situational crisis, to assess and augment the client's existing support system and to determine the client's readiness and capacity to return to the community. In addition the Dore Clinic may refer clients to an ADU or Transitional program for further rehabilitation and recovery.

#### 4. Target Population:

Progress Foundation's Urgent Care Center will serve clients referred from Community Behavioral Health Services (CBHS emergency services such as Mobile Crisis) and community urgent care referrals. The Dore Clinic will provide crisis stabilization services 16 hours per day to San Francisco residents, aged 18 and over, who require urgent psychiatric intervention in a highly structured and supervised setting due to the crisis and/or acute nature of their condition. Because of the nature of the target population, clients may be brought to the Dore Clinic on an involuntary hold (5150), however, clients may only be admitted to the program on a voluntary basis.

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

The Dore Clinic will be able to serve members of the many diverse ethnic and cultural backgrounds in San Francisco.

Contractor: Progress Foundation Program: Dore Clinic (Urgent Care)

City Fiscal Year 10-11

Appendix <u>A-6</u> Contract Term: 07/01/2010 – 6/30/2011

# 5. Modalities / Interventions

A. Modality of Services/Interventions: See CRDC.

## B. Definition of Billable Services

Mode 10: Day Mode of Service

## Service Functions 25-29: Crisis Stabilization - Urgent Care

"Crisis Stabilization" means a service lasting less than 24 hours, to or on behalf of a beneficiary for a condition that requires more timely response than a regularly scheduled visit. Service activities include but are not limited to one or more of the following: assessment, collateral and therapy. Crisis stabilization is distinguished from crisis intervention by being delivered by providers who do meet the crisis stabilization contact, site, and staffing requirements described in CCR, Title 9, Sections 1840.338 and 1840.348. (CCR, Title 9, Section 1810.210). Crisis Stabilization shall be provided on site at a licensed 24-hour health care facility or hospital based outpatient program or a provider site certified by the Department or an MHP (Mental Health Plan) to perform crisis stabilization (CCR, Title 9, Section 1840.338 (a)). The maximum allowance for "crisis stabilization-urgent care" shall apply when the service is provided in any other appropriate site. (CCR, Title 9, Section 1840.105(a)(4)).

#### Service Units

- A. The maximum length of treatment for each episode is governed by Title 9 regulations pertaining to crisis stabilization services.
- B. One unit of Crisis Stabilization- Urgent Care service is one hour of treatment in the program.
- C. For FY 09-10 payment methodology will be based on a fee for service system.
- D. It is anticipated that Dore Clinic will provide service to 465 individuals in FY 09-10.

## 6. Methodology

# A. Describe outreach, recruitment, advertising

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

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

Program: Dore Clinic (Urgent Care)

City Fiscal Year 10-11

Appendix <u>A-6</u>

Contract Term: 07/01/2010 – 6/30/2011

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

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

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

The Dore Clinic provides up to 16 hours of service within the crisis stabilization framework. The purpose of the Dore Clinic is diverting clients from being seen at the San Francisco General Hospital Psychiatric Emergency Services in order to reduce the number of clients taken there for psychiatric evaluation. Upon admission clients will be assessed, treated, stabilized and evaluated for discharge to appropriate placements. Clients determined to require 24-hour non-hospital support will be referred to either the crisis residential program or to standard care ADUs for continued treatment. The Dore Clinic is staffed with licensed professional medical and mental health staff that are able to provide all aspects of Urgent Care Crisis Stabilization treatment including crisis intervention strategies, brief counseling, linkage case management, and medication prescribing. All clients must voluntarily accept treatment at Dore Clinic. The Dore Clinic will implement clinical practices designed to engage in voluntarily treatment individuals who would otherwise require involuntary treatment.

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

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

- I. Program services will be delivered in the context of guidelines specified in the most current CBHS Mental Health Plan, which includes:
  - A common definition of the priority target population.
  - The use of common admission and discharge criteria.
  - Coordinated care for all clients.
  - Entry through CBHS identified crisis services, the Progress Foundation Diversion Evaluation Team, or selected out-patient services.
  - System-wide standards of accountability based on cost, access, quality and outcomes.
- II. The Dore Clinic, by design, will be a part of the CBHS psychiatric emergency services system.
- III. The Dore Clinic will maintain a non-institutional environment, even while working with clients in the most urgent phase of their crisis. Through use of licensed professional and supervised counseling staff, the program will provide the necessary support and intervention to stabilize the immediate crisis and ensure the client's safety and well-being.

Program: Dore Clinic (Urgent Care)

City Fiscal Year 10-11

Appendix <u>A-6</u> Contract Term; 07/01/2010 – 6/30/2011

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

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

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

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

Discharge planning is an integral part of each client's intervention plan and begins with the intake interview. The intervention plan will emphasize crisis stabilization and planning for the next level of treatment. Staff assess needs and reestablish resource linkage for clients in order to facilitate the development of an effective community support system.

#### E. Describe your program's staffing

Please see Appendix B

## Section 7: Objectives and Measurements

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

#### A. PERFORMANCE/OUTCOME OBJECTIVES ··

#### **OUTCOME A: IMPROVE CLIENT SYMPTOMS**

# Objective A.1: Reduce Psychiatric Symptoms

Individualized Objective A.1: Of those clients treated at the Dore Clinic, 70% will be discharged to a service other than PES or Inpatient.

Client Inclusion Criteria:

All clients opened and closed in the Dore Clinic.

Data Source:

Appendix A-6

Program: Dore Clinic (Urgent Care)

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City Fiscal Year 10-11

CBHS Billing Information System. CBHS will compute.

Program Review Measurement:

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

# C. CONTINUOUS QUALITY IMROVEMENT, PRODUCTIVITY & ACCESS

# Objective 1. Program Productivity

C.1a During Fiscal Year 2009-10, 31,410 hours/units of service (UOS) will be provided, consisting of treatment, prevention or ancillary services as specified in the unit of service definition for this modality and as measured by BIS and documented in counselors' case notes and program records.

#### Data Source:

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

## Program Review Measurement:

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

## Objective 5. Integration Preparedness

C.5a. Each program will complete a new self-assessment every two years. A new COMPASS must be completed every other fiscal year.

#### Data source:

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

#### Program Review Measurement:

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

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

# Data Source:

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

## Program Review Measurement:

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

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

#### Data Source:

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

#### Program Review Measurement:

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

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

## Data Source:

Program Self Report.

#### Program Review Measurement:

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

C.5e. During Fiscal Year 2008-09, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

#### Data Source:

Program Self Report.

#### Program Review Measurement:

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

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

#### Data Source:

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

#### Objective 6. Cultural Competency

Program: Dore Clinic (Urgent Care)

City Fiscal Year 10-11

Appendix A-6

Contract Term: 07/01/2010 - 6/30/2011

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

#### Data Source:

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

## Program Review Measurement:

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

# Objective 8: Program and Service Innovation & Best Practice

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

## Data Source:

Program Self Report.

#### Program Review Measurement:

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

# 8. Continuous Quality Improvement

- A. Progress Foundation will provide administrative and clinical supervision from the Executive Director, the Director of Clinical Services, and the Deputy Director of Clinical Services and other personnel from the administrative office of the agency.
- B. The Program Leadership Staff will provide the supervision of the staff. Supervisory sessions will center on in-service training and review of the counselor's work with individual clients. Treatment plans, counseling techniques, crisis intervention techniques, and discharge planning are all a focus of the supervision sessions. The Psychiatrist will have an active role in the education of staff in the areas of diagnosis and medication issues (effects, side effects, etc.).
- C. The Director of Clinical Services or designee will regularly review client records and notes to assure that program practices and policies are being maintained in a professional manner, as well as continue regular Continuous Quality Assurance (CQA) committee meetings.
- D. Weekly staff meetings will be held to discuss clinical issues. These meetings will allow the staff to assess the status of the program and to discuss changes made necessary because of the needs of the client population.
- E. Regular meetings between the CBHS Crisis Services and the Progress Foundation's Clinical Services Leadership will be included as appropriate, to discuss issues regarding referrals, as well as clinical concerns.

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- F. The Contractor agrees to abide by the Quality Management Plan of the State Department of Mental Health.
- G. The Contractor agrees to operate in accordance with HIPAA Privacy and Security Rules. Each program has a HIPAA resource binder to centrally store the agency HIPAA Policies and Procedures and all other HIPAA related memos and documents.
- H. The Contractor agrees to abide by the City's Harm Reduction Resolution and has integrated that philosophy into the treatment programs.
- I. The Contractor agrees to make it a priority to deliver services in a culturally competent manner, with emphasis in providing culturally and linguistically appropriate services to San Francisco's diverse communities, as well as being able to serve the general population of San Francisco's mental health clients. All Progress Foundation program staff receive training in Cultural Competency and continuing discussions of culturally competent service delivery in the programs. This provides ongoing evaluation and adjustment at the program level as well as agency wide.

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# Appendix B Calculation of Charges

#### 1. Method of Payment

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

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

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

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

## (2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

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

#### B. Final Closing Invoice

#### (1) Fee For Service Reimbursement:

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

## (2) Cost Reimbursement:

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

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

CMS #7011 P-500 (5-10)

Progress Foundation July 1, 2010 CONTRACTOR agrees that within that fiscal year, this initial payment shall be recovered by the CITY through a reduction to monthly payments to CONTRACTOR during the period of October 1 through March 31 of the applicable fiscal year, unless and until CONTRACTOR chooses to return to the CITY all or part of the initial payment for that fiscal year. The amount of the initial payment recovered each month shall be calculated by dividing the total initial payment for the fiscal year by the total number of months for recovery. Any termination of this Agreement, whether for cause or for convenience, will result in the total outstanding amount of the initial payment for that fiscal year being due and payable to the CITY within thirty (30) calendar days following written notice of termination from the CITY.

## 2. Program Budgets and Final Invoice

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

**Budget Summary** 

Appendix B-1a La Posada

Appendix B-1b Shrader

Appendix B-1c Avenue

Appendix B-2a La Amistad

Appendix B-2b Progress House

Appendix B-2c Cortland

Appendix B-2d Ashbury

Appendix B-2e Clay

Appendix B-2f Dorine Loso House

Appendix B-3 Seniors Program

Appendix B-4 Supported Living

Appendix B-5 Dore St. Residential

Appendix B-6 Dore St. Urgent Care Clinic

#### B. COMPENSATION

Compensation shall be made in monthly payments on or before the 30<sup>th</sup> day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Ninety Two Million Eighteen Thousand Three Hundred Thirty Three Dollars (\$92,018,333) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$9,859,107 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

CMS #7011 P-500 (5-10) Progress Foundation July 1, 2010 (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.

July 1, 2010 through June 30, 2011		\$14,938,041
July 1, 2011 through June 30, 2012	1	\$14,938,041
July 1, 2012 through June 30, 2013	,	\$14,938,041
July 1, 2013 through June 30, 2014		\$14,938,041
July 1, 2014 through June 30, 2015	• • •	\$14,938,041
July 1, 2015 through December 31, 2015		\$7,469,021
Total July 1, 2010 through December 31, 2015		\$82,159,226

- (3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.
- (4) CONTRACTOR further understands that, \$7,469,021 of the period from July 1, 2010 through December 31, 2010 in the Contract Number BPHM07000031 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000031 for the Fiscal Year 2010-11.
- C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.
- D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.
  - E. In no event shall the CITY be liable for interest or late charges for any late payments.
- F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

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1				Ex	hibit B Page 1
2				Document Date:	10/08/10
3				·	
4	DI	EPARTMENT OF PL	JBLIC HEALTH		
5	CONTRAC	CT BUDGET SUMM	ARY BY PROGRA	М	
6				·	
7	Contractor's Name	Progress Foundatio	ח	Contract Term	7/1/10-6/30/11
8					
9	(Check One) New Renewal	Modifica	ition	П	
	If modification, Effective Date of Mod.	No. of Mod.	·		·
170	in modification, Enective Date of Mod.	No, or woo.			
11	Programs	La Posada	Shrader	Avenues	Total
$\overline{}$	Budget Reference Page No.(s)	A1(a)	A1(b)	A1©	
	Program Term	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	<del></del>
14	Expenditures	// 11/10 0/00/11	.7.7.10 0/00/11	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Salaries & Benefits	835,858	845,664	1,090,658	
	Operating Expense	212,497	260,461	286,505	
	Capital Expenditure				
	Direct Cost	1,048,355	1,106,125	1,377,163	
19	Indirect Cost	64,968	71,316	91,279	
	Indirect Percentage (%) of				
	Direct Cost	6.20%	6.45%	6.63%	
21	TOTAL EXPENDITURES	\$1,113,323	\$1,177,441	\$1,468,442	
22	DPH Revenues		•		
23	General Fund	362,029	337,439	380,713	
24	State Realignment	289,041	323,723	420,577	
25	Medi-Cal/Federal	450,253	504,279	655,152	
26 27					· · · · · · · · · · · · · · · · · · ·
28					
29					
30					
31	and the second s		•		
32					
33	Total DPH Revenues	\$1,101,323	\$1,165,441	\$1,456,442	
34	Other Revenues				
	Patient Fees \	·······················12;000·	12,000	12,000	*****************
36					
37				· · · · · · · · · · · · · · · · · · ·	
38			•		
39	TOTAL REVENUES	e4 440 000	¢4 477 114	¢1 460 440	
		\$1,113,323	\$1,177,441	\$1,468,442	
41		8,206	7,872	9,446	
42	Cost Per Unit of Service	Various	Various	Various	
-	Full Time Equivalent (FTE)	14.34	14.71	17.88	
ُن	Prepared by: James Harstad		Telephone No.:	861-0828	
46	DPH-CO Review Signature:				
47	DPH #1			-	
<u> </u>					<del></del>

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2				Document Date:	10/08/10
3	t			•	
4	DI	EPARTMENT OF PL	JBLIC HEALTH		
5		CT BUDGET SUMM		M	
6	· ·	•	•		
7	Contractor's Name	Progress Foundatio	n	Contract Term	7/1/10-6/30/11
8			_		
9	(Check One) New Renewal	Modifica	tion		
	·		MON		
10	If modification, Effective Date of Mod.	No. of Mod.			
11	  Programs	La Amistad	Progress House	Cortland	Total
	· · · · · · · · · · · · · · · · · · ·				
******	Budget Reference Page No.(s)	A2(a)	A2(b)	A2(c)	
13	Program Term Expenditures	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
	Salaries & Benefits	553,314	520,208	538,215	•
	Operating Expense	195,315	136,593	179,747	
	Capital Expenditure	100,010	100,000	110,747	
	Direct Cost	748,629	656,801	717,962	
1	Indirect Cost	40,688	42,265	47,614	
1.5	Indirect Percentage (%) of		,		
20	Direct Cost	5.44%	6.43%	6.63%	
	TOTAL EXPENDITURES	\$789,317	\$699,066	\$765,576	
22	DPH Revenues		<b>,</b>		
23	<b>4</b> .	214,353	122,885	276,147	
1	State Realignment	213,064	213,540	180,092	
25	Medi-Cal/Federal	331,900	332,641	280,537	400 - 4101
26	•				
27					
28					
29				•	
30					
31					
32	T. A.I. D.D.I. D.	<u> </u>	220,022	6706 <del>77</del> 0	70
33	Total DPH Revenues	\$759,317	\$669,066	\$736,776	
34	Other Revenues	20,000	00.000		•
	Patient Fees · · · · · · · · · · · · · · · · · ·	30,000	30,000	· ··· - 28,800	• •
36. 37					
38					
39					
40	TOTAL REVENUES	\$789,317	\$699,066	\$765,576	•
	Total Units of Service	10,586	9,416		
42	Cost Per Unit of Service	Various	Various	Various	
43	Full Time Equivalent (FTE)	9.75	9.00	9.00	
45	Prepared by: James Harstad		Telephone No.:	861-0828	•
	DPH-CO Review Signature:	•	•		
	<del>-</del> ·				
47	DPH #1		·		

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1					hibit B Page 3
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4		EPARTMENT OF PL			
5	CONTRAC	CT BUDGET SUMM	ARY BY PROGRAI	VI	
6	•				
7	Contractor's Name	Progress Foundatio	n	Contract Term	7/1/10-6/30/11
8	·	•			•
9	(Check One) New Renewal	Modif	fication		
10	If modification, Effective Date of Mod.	No. of Mod.			
H	The mountain, Endouve Date of Word.	140. 01 1/100.	<del></del>		
11	Programs	Ashbury	Clay	Dorine Loso House	Total
12	Budget Reference Page No.(s)	A2(d)	A2(e)	A2(f)	
	Program Term	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
14	Expenditures		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7,1,10 0,00,11	
15	Salaries & Benefits	702,346	823,335	872,635	
16	Operating Expense	182,811	274,583	. 357,486	
17	Capital Expenditure	·		•	
	Direct Cost	. 885,157	1,097,918	1,230,121	
l	Indirect Cost	53,426	58,534	118,090	
	Indirect Percentage (%) of				
	Direct Cost	6.04%	5.33%	9.60%	
21	TOTAL EXPENDITURÉS	\$938,583	\$1,156,452	\$1,348,211	
22	DPH Revenues				
	General Fund	58,291	90,052	. 175,108	
	State Realignment	188,368	384,870	426,587	
	Medi-Cal/Federal HSA CALWORKS Work Order	293,429	599,530	664,516	
26 27	HOA CALWORKS Work Order	368,495		1	<del></del>
28					
29					
30					•
31					
32					
33	Total DPH Revenues	\$908,583	\$1,074,452	\$1,266,211	
34	Other Revenues				
35	Patient Fees	30,000		82;000-	write programme of the company of th
36					
37		· )			
38	No. of the Control of				· · · · · · · · · · · · · · · · · · ·
39	TOTAL DEVENUES		M4 480 450	04 040 044	
40	TOTAL REVENUES	\$938,583	\$1,156,452	\$1,348,211	
41	Total Units of Service	8,477	12;478	12,263	
42	Cost Per Unit of Service	Various	Various .	Various	
	Full Time Equivalent (FTE)	12.00	14.00	14.375	
	Prepared by: James Harstad	·	Telephone No.:	861-0828	
ر,		···········	· · · · · · · · · · · · · · · · · · ·		
	DPH-CO Review Signature:				
47	DPH #1	<u> </u>		·	

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1					hibit B Page <u>4</u>
2				Document Date:	10/08/10
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4	DE	EPARTMENT OF PL	JBLIC HEALTH		
5	CONTRAC	CT BUDGET SUMM	ARY BY PROGRA	М	
6		· · · · · · · · · · · · · · · · · · ·			
7	Contractor's Name	Progress Foundatio	<u>n</u>	Contract Term	<u>7/1/10-6/30/11</u>
8				•	
9	(Check One) New 🗌 Renewal	Modif	ication		
10	If modification, Effective Date of Mod.	No. of Mod.			
				Dore Street	
11	Programs	Seniors Program	Supported Living	Residential	Total
12	Budget Reference Page No.(s)	АЗ	Α4	A5	
	Program Term	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
14					
	Salaries & Benefits	864,509	464,684	1,147,544	
	Operating Expense	. 230,078	154,869	264;418	<u> </u>
	Capital Expenditure Direct Cost	1.004.597	610 550	1 411 060	
	Indirect Cost	1,094,587	619,553	1,411,962	
19	L	52,058	32,740	135,288	
20	Indirect Percentage (%) of Direct Cost	4.76%	5.28%	9.58%	•
	TOTAL EXPENDITURES	\$1,146,645	\$652,293	\$1,547,250	
22		\$1,140,043	φ002,293	\$1,547,200	
	General Fund	120,499	8,525	356,354	
	State Realignment	384,770	251,693	460,912	
		599,376	392,075	717,984	
26					
27					
28					
29			· · · · · · · · · · · · · · · · · · ·		
30					
31 32			,	•	
33	Total DPH Revenues	\$1,104,645	\$652,293	\$1,535,250	
├──		φ1,104,043	4032,230	φ1,000,200	
34	Other Revenues Patient Fees	42;000		12,000	
36	r adent r ees	12,000	,	12,000;	
37					<del></del>
38					
39					The state of the s
40	TOTAL REVENUES	\$1,146,645	\$652,293	\$1,547,250	
41	Total Units of Service	. 11,568	17,893	10,488	
	Cost Per Unit of Service	Various	Various		
	Full Time Equivalent (FTE)	15.25	7.00	18.50	COLUMN STREET,
	Prepared by: James Harstad		Telephone No.:	861-0828	
46	DPH-CO Review Signature:				
47	DPH #1				•

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2				Document Date:	10/08/10
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4	DI	EPARTMENT OF P	UBLIC HEALTH		
5	CONTRAC	CT BUDGET SUMM	IARY BY PROGRA	M	
6					
7	Contractor's Name	Progress Foundation	<u>on</u>	Contract Term	<u>7/1/10-6/30/11</u>
8	·	•			,
9	(Check One) New   Renewal	Modi	fication		
10	If modification, Effective Date of Mod.	No. of Mod.			
<u> </u>	The state of the s	Dore Street Urgent			
11	Programs	Care Clinic	•		Total
12	Budget Reference Page No.(s)	A6			
	Program Term	7/1/10-6/30/11			
14	Expenditures				
	Salaries & Benefits	1,775,075			11,034;045
	Operating Expense	549,467		,	3,284,830
	Capital Expenditure				
	Direct Cost	2,324,542			14,318,875
19	Indirect Cost	183,700			991,966
ļ	Indirect Percentage (%) of			. '	
	Direct Cost	7.90%			6.93%
21	TOTAL EXPENDITURES	\$2,508,242			15,310,841
22	DPH Revenues				
L	General Fund	. 883,730			3,386,125
	State Realignment Medi-Cal/Federal	635,134			4,372,371
25 26		989,378			6,811,050 368,495
27	OALVORAS				300,480
28					
29					
30					
31					
32	·				
33	Total DPH Revenues	\$2,508,242			14,938,041
34	Other Revenues				
35	Patient Fees		The state of the s		372,800
36					
37	•		<u> </u>		
38 39		<u> </u>			
40	TOTAL REVENUES	\$2,508,242			15,310,841
├─					10,010,041
41	Total Units of Service	31,410			
42.	Cost Per Unit of Service	Various			
j	Full Time Equivalent (FTE)	17,90			173.705
٠	Prepared by: James Harstad		Telephone No.:	861-0828	
46	DPH-CO Review Signature:		•		<del></del>
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L. ",	t				· · · · · · · · · · · · · · · · · · ·

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2		•		Do	cument Date:	10/08/10
3		,			•	
5			CLIENT SERVIC		RAM	
6		ANL	BY FUNDING S	OUNCE		
	Program Name:_	La Posada			TERM:	7/1/10-6/30/11
8	Funding Source:_	General Fund	•			
9			Total	Unduplicated	No. of	Cost Per
	Mode & Service F	-unction	Cost	Clients	Units	Unit
	(05-40) Acute Cris	<del></del>	\$936,543	195	3,103	\$301.82
	(15-60) Medicatio		\$132,231	inclusive	30,000	\$4.41
	(60-40) Room and		\$44,550	inclusive	3,103	\$14.36
15			, ,		-17.	
16					1,000	
	Program Name: _				TERM:	7/1/10-6/30/11
18	Funding Source:_	General Fund	•		•	
20	•	•	Total	Unduplicated	No. of	Cost Per
21	Mode & Service F	Function	Cost	Clients	Units <sub>.</sub>	Unit
22	(05-40) Acute Cris	sis Residential	\$1,011,928	195	3,103	\$326.11
23	(15-60) Medicatio	n Support .	\$119,063	inclusive	25,000	\$4.76
24	(60-40) Room and	d Board	\$46,450	inclusive	3,103	\$14.97
25						
26			•			
	Program Name: _		•		TERM:	7/1/10-6/30/11
28 29	Funding Source:_	General Fund		•	•	•
30			Total	Unduplicated	No. of	Cost Per
31	Mode & Service F	unction	Cost	Clients	Units	Únit
.32	(05-40) Acute Cris	sis Residential	. \$1,267,845	235	3,723	\$340.54
33	(15-60) Medicatio	n Support	\$149,197	inclusive	30,000	\$4.97
34.	(60-40) Room.and	Board	. \$51,400	inclusive	3,723	\$13.81
35					<u> </u>	
36				•		
	Program Name: Funding Source:_				TERM:	7/1/10-6/30/11
39	r arraing Source;_	General Fullu			•	•
40			Total	Unduplicated	No. of	Cost Per
41	Mode & Service F	unction	Cost	Clients	Units .	Unit
42	(5-65) Adult Resid	dential	\$488,623	50	4,033	\$121.16
43	(10-95)Rehab DT	X - Full Day	\$248,894	inclusive	2,520	\$98.77
44	(60-40) Room and	d Board	\$51,800	inclusive	4,033	\$12.84
45			·	,,,,,,		
46	DPH #1A		C1 F 4	•		rev. 11/8/2000

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1					ibit B Page 7
2			De	cument Date:	10/08/10
3			LIENT SERVICES BY PROGRAM BY FUNDING SOURCE		10/00/10
4	SUMMARY OF	CLIENT SERVIC	ES BY PROG	RAM	
5	AND	BY FUNDING S	OURCE		
6	Barraman Nama				
8	Program Name: _ Progress House Funding Source: _ General Fund		•	IERM:	<u>7/1/10-6/30/11</u> .
9	delicity sourcedelicial Fund		•		
10	•	Total	Unduplicated	No. of	Cost Per
11	Mode & Service Function	Cost	Clients	Units	Unit
12	(5-65) Adult Residential	\$414,757	35	3,103	\$133.66
13	(10-95)Rehab DTX - Full Day	\$240,809	inclusive	2,210	\$108.96
	(60-40) Room and Board	\$43,500	inclusive	3,103	\$14.02
15				-,	
16			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Program Name: _ Cortland			TERM:	7/1/10-6/30/11
	Funding Source: General Fund	•		•	
19					
20	Name of Orandar Properties	Total	Unduplicated	No. of	Cost Per
1	Mode & Service Function	Cost	Clients	Units	Unit .
h	(5-65) Adult Residential	\$468,517		3,103	\$150.99
	(10-95) Rehab DTX - Full Day	\$253,559	inclusive	2,060	\$123.09
-	(60-40) Room and Board	\$43,500	inclusive	3,103	\$14.02
25					
26					
	Program Name: _Ashbury		•	TERM:	7/1/10-6/30/11
28	Funding Source:_General Fund				
30		Total	Unduplicated	No. of	Cost Per
	Mode & Service Function	Cost	Clients	<sup>:</sup> Units	Unit <sup>*</sup>
32	(5-65) Adult Residential	\$362,748	6	1,861	\$194.92
33	(10-95)Rehab DTX - Full Day	\$169,848	inclusive	1,032	. \$164.58
34	(60-40) Room and Board	·· \$37;492	·· inclusive	1;861	\$20:15
35					
36					
	Program Name: _ Ashbury		•	TERM:	7/1/10-6/30/11
	Funding Source:_CALWORKS	. •	•	•	
39		· ·	alian n		0
40	Mode & Service Function	Total Cost	Unduplicated Clients	No. of Units	Cost Per Unit
·		\$255,195	4		
	(5-65) Adult Residential		<del> </del>	1,241	\$205.64
43	(60-78) Client Support Service	\$92,192	inclusive	1,241	\$74.29
	(60-40) Room and Board	\$21,108	inclusive	1,241	\$17.01
45			L		441010000
46	DPH #1A	6155			rev. 11/8/2000

13 (10-95)Rehab DTX - Full Day   \$388,459   Inclusive   3,170   \$1     14 (60-40) Room and Board   \$68,400   Inclusive   4,654   \$     15                           16                           17                                 18                         19                       20                           21                           22	-
Document Date: 10/08/1   3   SUMMARY OF CLIENT SERVICES BY PROGRAM AND BY FUNDING SOURCE     6   Funding Source: General Fund     9   Total Unduplicated Cost Clients Units Unit     12   (5-65) Adult Residential   \$699,593   15   4,654   \$1     13   (10-95)Rehab DTX - Full Day   \$388,459   Inclusive   3,170   \$1     14   (60-40) Room and Board   \$68,400   Inclusive   4,654   \$1     15   Funding Source: General Fund     19   20   Total Unduplicated No. of Cost Pending Source: General Fund     19   20   Total Unduplicated No. of Cost Pending Source: General Fund     19   20   Total Unduplicated No. of Cost Pending Source: General Fund     19   20   Total Unduplicated No. of Cost Pending Source: General Fund     19   20   Total Unduplicated No. of Cost Pending Source: General Fund     19   20   Total Unduplicated No. of Cost Pending Source: General Fund     20   Total Unduplicated No. of Cost Pending Source: General Fund     21   Mode & Service Function Cost Clients Units Units Units     22   (5-65) Adult Residential   \$814,804   14   4,654   \$1     23   (10-95)Rehab DTX - Full Day   \$473,127   Inclusive   3,315   \$1     24   (60-40) Room and Board   \$60,280   Inclusive   4,654   \$1     25   26   Program Name: Seniors Program   TERM: 7/1/10-6/30/1	
SUMMARY OF CLIENT SERVICES BY PROGRAM	8_
SUMMARY OF CLIENT SERVICES BY PROGRAM AND BY FUNDING SOURCE	)
AND BY FUNDING SOURCE	
Program Name: _Clay	
Term	
8   Funding Source;   General Fund   9   10   Total   Unduplicated   No. of   Cost   Pet   11   Mode & Service Function   Cost   Clients   Units   Units   Unit   12   (5-65) Adult Residential   \$699,593   15   4,654   \$1   13   (10-95)Rehab DTX - Full Day   \$388,459   Inclusive   3,170   \$1   (60-40) Room and Board   \$68,400   Inclusive   4,654   \$1   15     16     17   Program Name: Dorine Loso House   TERM: 7/1/10-6/30/1   18   Funding Source: General Fund   19   20   Total   Unduplicated   No. of   Cost   Pet   19   19   19   19   19   19   19   1	/11
9   10   Total   Unduplicated   No. of   Cost   Peter   Cost   Clients   Units   Unit   Uni	
Mode & Service Function   Cost   Clients   Units   Units     12 (5-65) Adult Residential   \$699,593   15   4,654   \$1   13 (10-95)Rehab DTX - Full Day   \$388,459   Inclusive   3,170   \$1   14 (60-40) Room and Board   \$68,400   Inclusive   4,654   \$1   15   Program Name: _Dorine Loso House   TERM: 7/1/10-6/30/1   18 Funding Source: _General Fund   General Fund	
12 (5-65) Adult Residential   \$699,593   15   4,654   \$1   13 (10-95)Rehab DTX - Full Day   \$388,459   Inclusive   3,170   \$1   4 (60-40) Room and Board   \$68,400   Inclusive   4,654   \$1   5	r
13 (10-95)Rehab DTX - Full Day   \$388,459   Inclusive   3,170   \$1     14 (60-40) Room and Board   \$68,400   Inclusive   4,654   \$     15                           16                         17                             18                           19                       20                         21                           22   (5-65) Adult Residential   \$814,804   14   4,654   \$1     23   (10-95)Rehab DTX - Full Day   \$473,127   Inclusive   3,315   \$1     24   (60-40) Room and Board   \$60,280   Inclusive   4,654   \$1     26                           27                             28                               29                             20                           21                               22	
14       (60-40) Room and Board       \$68,400       Inclusive       4,654       \$         15       Program Name: _ Dorine Loso House       TERM: 7/1/10-6/30/1         18       Funding Source: _ General Fund         19       Total Unduplicated Cost Clients Units Units Units         21       Mode & Service Function       Cost Clients Units Units         22       (5-65) Adult Residential       \$814,804       14       4,654       \$1         23       (10-95)Rehab DTX - Full Day       \$473,127       Inclusive       3,315       \$1         24       (60-40) Room and Board       \$60,280       Inclusive       4,654       \$         25       Program Name: _ Seniors Program       TERM: 7/1/10-6/30/1         28       Funding Source: _ General Fund	0.32
15	22.54
16	4.70
Program Name: _Dorine Loso House   TERM: 7/1/10-6/30/1   Program Name: _Dorine Loso House   Term: 7/1/10-6/30/1   Program Name: _General Fund   Total Unduplicated No. of Cost Peters   Units Units	
Funding Source: General Fund   19   20   Total Unduplicated No. of Cost Peters   10   10   10   10   10   10   10   1	4
19   20   Total Unduplicated No. of Cost Per   21   Mode & Service Function   Cost   Clients   Units   Units   Unit   22   (5-65)   Adult Residential   \$814,804   14   4,654   \$1   23   (10-95)Rehab DTX - Full Day   \$473,127   Inclusive   3,315   \$1   24   (60-40)   Room and Board   \$60,280   Inclusive   4,654   \$1   25     26   27   Program Name: Seniors Program   TERM: 7/1/10-6/30/11   28   Funding Source: General Fund   General Fund   General Fund   General Fund   Total Unduplicated No. of Cost Per   Cost P	<u> </u>
Total Unduplicated No. of Cost Per	
22       (5-65) Adult Residential       \$814,804       14       4,654       \$1         23       (10-95)Rehab DTX - Full Day       \$473,127       Inclusive       3,315       \$1         24       (60-40) Room and Board       \$60,280       Inclusive       4,654       \$         25       Program Name: _ Seniors Program       TERM: 7/1/10-6/30/1         28       Funding Source: _ General Fund	r
23 (10-95)Rehab DTX - Full Day \$473,127 Inclusive 3,315 \$1 24 (60-40) Room and Board \$60,280 Inclusive 4,654 \$ 25 Program Name:Seniors Program TERM: 7/1/10-6/30/1 28 Funding Source:_General Fund	
24       (60-40) Room and Board       \$60,280       Inclusive       4,654       \$         25       26       27       Program Name:_ Seniors Program       TERM: 7/1/10-6/30/1         28       Funding Source:_ General Fund       29	75.08
25   26   27   Program Name:Seniors Program   TERM: 7/1/10-6/30/1   28   Funding Source:_General Fund   29	12:72
26   27   Program Name: Seniors Program   TERM: 7/1/10-6/30/1   28   Funding Source: General Fund   29	2.95
Program Name: Seniors Program TERM: 7/1/10-6/30/1 Program Name: Seniors Program TERM: 7/1/10-6/30/1 Program Name: Seniors Program TERM: 7/1/10-6/30/1	
28 Funding Source:_General Fund 29	
29	1
	r
31 Mode & Service Function Cost Clients Units Unit	
	54.24
	54.24
34 (10-95)Rehab DTX~ Full Day - \$518,022 75 4,120 - \$1	25.73
35 (60-40) Room and Board \$54,250 48 3,724 \$	4.57
36	
37 Program Name: _Supported Living TERM: 7/1/10-6/30/1	1
38 Funding Source:_General Fund	
39 · Tatal Undividented No. of Cost Do	
Total Unduplicated No. of Cost Per 41 Mode & Service Function Cost Clients Units Unit	•
	2.43
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46 DPH #1A rev, 11	8/2000

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2			•	Do	cument Date:	10/08/10
3						
4		SUMMARY OF	CLIENT SERVIC	ES BY PROG	RAM .	
5		AND	BY FUNDING S	OURCE		
·6						
8	Program Name:	Dore Street Residential			TERM:	7/1/10-6/30/11
9	Funding Source:_	General rung				
10			Total	Unduplicated	No. of	Cost Per
-	Mode & Service F	unction	Cost	Clients	Units	Unit
12	(05-40) Acute Cris	is Residential	\$1,357,783	275	4,244	\$319.93
	(15-60) Medication		\$140,166	inclusive	30,000	\$4.67
	(60-40) Room and		\$49,301	inclusive	4,244	\$11.62
15					,,,,,,	
16				•		
	Program Name:	Dore St. Urgent Care Clinic			TERM:	7/1/10-6/30/11
18	Funding Source:_	General Fund			•	
19	-		•			
20			Total	Unduplicated	No. of	Cost Per
	Mode & Service F	. 1	Cost	Clients	Units	Unit
22	(10-25) Crisis Stat	olization	\$2,508,242	465	31,410	\$79.85
23	**************************************					
. 24				·		
25		,				
26						
27	Program Name:				TERM:	
28	Funding Source:		<del></del>			
29		•	Total	Undunlicated	No. of	Cont Dor
30	Mode & Service F	unction	Cost	Unduplicated Clients	Units	Cost Per Unit
	Mode & Cervice I	Dilotion	0001	0,101,10	Office	0,111
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33				·		
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35				l		
36	Deagram Names				TED# &-	i
37	Program Name: Funding Source:			•	TERM:	
39	radially Source,					
40		•	Total ·	Unduplicated	No. of	Cost Per
	Mode & Service F	unction	Cost	Clients	Units	Unit .
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43						
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ogram Name: ame as Line 9 on DPH #1)			La Posada	\ ************************************	<del></del>	•						
••			•	Salaries a	& Benel	its Detail						
		TOTAĻ	gene	FUND & (Agency- rated) OTHER		RANT #1:		IANT #2:		CORDER #1:		CORDER #2:
	<u> </u>	<u>.</u>		REVENUE		rant title)		rant title)		ept. name)	1.	ept. name)
·	Tr	roposed ansaction	Tr	roposed ransaction	Tra	oposed nsaction		oposed nsaction	Tra	roposed Insaction	Tra	roposed ansaction
POSITION TITLE	Term:	7/1/10-6/30/11 SALARIES	Term: FTE	7/1/10-6/30/11 SALARIES	Term: FTE	SALARIES	FTE	SALARIES	Term FTE	SALARIES	Term:	SALARIES
rogram Director	1.00	61,036	1.00	61,036								
ssistant Director	2.00	83,927	2.00	83,927								
ounselor	11.00	427,942	11.00	. 427,942			· · · · · · · · · · · · · · · · · · ·			<u> </u>		
lerk	0.34	14,083	0.34	14,083								_
Il-in Counselor		73,727		73,727								
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TOTALS	14.34·	\$660,715	14.34	\$660,715	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
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MPLOYEE FRINGE BENEFITS	27%	\$175,143	27%	175,143		· ]					1	
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OTAL SALARIES & BENEFITS	L	\$835,858	]	\$835,858		\$0		\$0		\$0	]	\$0
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Program Name:		:	Shrader			_						<b>.</b> *
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				Salaries	o pene	nts Detail						
		•	GENERAL	FUND & (Agency	GF	RANT #1:	GF	RANT #2:	WOR	K ORDER #1:	WORK	ORDER #2;
		TOTAL	genera	ated) OTHER EVENUE		rant title)	·	rant title)				
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•	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:	1	Term		Term		Term	
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director	1.00	57,631	1.00	57,631								
Assistant Director -	1.00	43,594	1.00	43,594						•		·
Counselor .	12.00	; 465,356	12.00	465,356								
Clerk	0.33	14,083	0.33	14,083								
Rehab Clerk	0.38	17,077	0.38	17,077								
Fill-in Counselor		. 70,588		70,588								
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TOTALS	14.71	\$668,329	14.71	\$668,329	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
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EMPLOYEE FRINGE BENEFITS	27%	\$177,335	.27%	177,335		·						
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TOTAL CALADIES & DEMERITO	1	0045 504	I <b>r</b>	2045 004							1	
TOTAL SALARIES & BENEFITS		\$845,664		\$845,664		\$0		\$0		. \$0	ļ	·. \$0
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rogram Name:		•	Avenues		•					•			
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•		: .		Salaries &	& Benefi	its Detail				•			
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· ·		TOTAL		FUND & (Agency ated) OTHER	GR.	ANT #1:	GR	ANT #2:	WORK	ORDER #1:	WORK	ORDER #2	<b>≧:</b>
		TOTAL		EVENUE	(gr	ant title)	(gr	ant title)	(de	pt. name)	(de	pt. name)	—.
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		ransaction		ansaction		nsaction		nsaction		insaction		nsaction	
	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:		Term		Term		
POSITION TITLE	FTE	SALARIES	FIE	SALARIES	FTE	SALARIES	FIE	SALARIES	FTE	SALARIES	FTE	SALARI	ES
rogram Director	1.00	53,740	1.00	53,740							**************		
ssistant Director	2.00	81,031	2.00	81,031								~	
counselor	11.50	439,201	11.50	439,201	·								
rsychiatrist	0.375	52,060	0.375	52,060				``				***************************************	
lehab Clerk	1.00	34,154	1.00	34,154		•							
ill-in Counselor		69,808		69,808	····								
ill-in Psychiatrist		12,000		12,000									
<del>Jini</del> cal Manager	2.00	117,488	2.00	117,488					·				
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TOTALS	17.88	\$859,482	17.88	\$859,482	0.00	· \$0	0.00	\$0	0.00	\$0	0.00	17.	\$0
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MPLOYEE FRINGE BENEFITS	27%	\$231,176	27%	231,176				200					
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TOTAL SALARIES & BENEFITS	Ī	\$1,090,658	] [	\$1,090,658		\$0	1	\$0	1	\$0	.1		-\$0
re man order the Contact to	1	φ1,050,036		\$1,090,008	ļ	<b>40</b>		υ¢	!	· • • • • • • • • • • • • • • • • • • •	Ī		- <del></del>
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PH #2 (CMHS & CSAS)						<u> </u>						rev. 11/8	<u> 3</u> /200

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rogram Name: Same as Line 9 on DPH #1)			La Amistac	<u> </u>		-						
·		. :		Salaries a	& Bene	fits Detail						•
	·	TOTAL	gener	FUND & (Agency rated) OTHER EVENUE		RANT #1:		RANT #2:		CORDER #1:		ORDER #2:
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POSITION TITLE	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
rogram Director	1.00	· 52,280		52,280						ļ		
ssistant Director	1.00	. 40,174	1	40,174						<u> </u>		
Counselor	7.50	284,725	7.50	284,725								
tehab Clerk	0.25	10,197	0.25	10,197					٠			
ill-in Counselor		. 45,341		45,341		·						
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EMPLOYEE FRINGE BENEFITS	28%	\$120,597	28%	120,597		·	
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TOTALS

\$553,314 \$553,314 \$0 \$0 \$0 TOTAL SALARIES & BENEFITS

DPH #2 (CMHS & CSAS) rev. 11/8/2000

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		•					-			Docu	ment Date:	10/08/10
Program Name:			O									
(Same as Line 9 on DPH #1)			Progress H	ouse		•						.•
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•		·		Salaries	& Benef	its Detail					•	
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				FUND & (Agency	GF	ANT #1:	. GR	ANT #2:	WOR	K ORDER #1:	WORK	ORDER #2:
•		TOTAL	gener P	ated) OTHER EVENUE	(p)	rant title)	far	rant title)		ept name)	ide	pt. name)
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POSITION TITLE	Term: FTE	7/1/10-6/30/1:1 SALARIES	Term:	7/1/10-6/30/11 SALARIES	Term: FTE	SALARIES	Term: FTE	SALARIES	Term FTE	SALARIES	Term: - FTE	SALARIES
Program Director	1.00	56,172	1.00	56,172	114	JALAIILO	1 1 1.	UNLAITE	1 11-	JALAILLO		OALAI IILO
Assistant Director	1.00	41,762	1.00	41,762								
Counselor	7.00	266,353	7.00	266,353							<b>.</b>	
Fill-in Counselor		46,457		46,457	*************************	-						
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TOTALS	9.50	\$410,744	9.50	\$410,744	0.00	\$0	0.00	\$0	0,00	. \$0	0.00	\$
		•					•					•
EMPLOYEE FRINGE BENEFITS	27%	\$109,464	27%	\$109,464							] [	
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TOTAL SALARIES & BENEFITS	ſ	\$520,208	1	\$520,208		\$0		en	i -	\$0	j r	\$
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rogram Name:		;	Cortland									
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		:		Salaries	& Benef	its Detail			•		•	-
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DOOLTION TITLE	Term: FTE	7/1/10-6/30/11.	Term:	7/1/10-6/30/11	Term:		Term:		Term		Term	
POSITION TITLE	1.00	SALARIES 61,036	. FTE	SALARIES 61,036	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Program Director  Assistant Director	1.00	48,838	1.00	48,838						<del></del>		
Counselor	7.00	258,899	7.00	258,899	,	***************************************		***************************************	l			
Fill-in Counselor .	7.00	60,380	7.00	60,380								
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TOTALS	9.00	- \$429,153	9.00	\$429,153	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$
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EMPLOYEE FRINGE BENEFITS	25%	. \$109,062	25%	109,062	٠,	***************************************			1 1		ı r	

rev. 11/8/2000

\$538,215

TOTAL SALARIES & BENEFITS

DPH #2 (CMHS & CSAS)

\$538,215

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										Docum	nent Date:	10/08/10
rogram Name: Same as Line 9 on DPH #1)	•	• .	Ashbury Ho	use								
same as Line 9 on DPN #1)												
				Salaries 8	& Benef	its Detail					•	
•			GENERAL	FUND & (Agency	GB	ANT #1:	GB	ANT #2:	WORK	ORDER #1:	WORK	ORDER #2:
		TOTAL	genera	ated) OTHER EVENUE	( <del>*****</del>	rant title)		(grant title)		ISA pt. name)		pt. name)
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POSITION TITLE	Term: FTE	7/1/10-6/30/11 SALARIES	Term: _	7/1/10-6/30/11 SALARIES	Term: FTE	SALARIES	Term: FTE	SALARIES	m: FTE	7/1/10-6/30/11 SALARIES	Term: FTE	SALARIES
Program Director	1.00	61,036	0.60	36,941	1,14	OALAINEO	112	OFILERINEO	0.40	24,095		ONER HEO
Assistant Director	1.00	48,838	0.60	29,559					0.40	19,279		· · · · · · · · · · · · · · · · · · ·
Counselor	10.00	387,059	6.10	234,262					3.90	152,797		
Fill-in Counselor		65,530		39,661						25,869		
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TOTALS	12.00	<b>\$500.400</b>	7.30				2.00		4 70	****		
TOTALS	12.00	\$562,463	7.30	\$340,423	0.00	. \$0	0.00	\$0	4.70	\$222,040	0.00	\$(
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EMPLOYEE FRINGE BENEFITS	25%	\$139,883	25%	83,930					25%	55,953		
					-	•	•					
TOTAL SALARIES & BENEFITS		. \$702,346	] [	\$424,353		\$0		\$0		\$277,993	[	\$(
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rogram Name: jame as Line 9 on DPH #1)		•	Clay Street									
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		•		Salaries a	& Benef	its Detail						•
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		TOTAL	gener	FUND & (Agency- ated) OTHER		ANT #1:		ANT #2:		CORDER #1:		ORDER #2:
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POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
rogram Director	1.00	. 59,333	1.00	59,333		<u></u>						ļ
ssistant Director	1.00	48,838	1.00	48,838					.,.			
ounselor	11.50	· 456,587	11.50	456,587	:							
ehab Clerk	0.50	10,197	0.50	10,197								
II-in Counselor		. 74,789		74,789								
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TOTALS	14.00	: \$649,744	14.00	\$649,744	0.00	\$0	0.00	\$0:	0.00	\$0	0.00	\$0
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MPLOYEE FRINGE BENEFITS	27%	\$173,591	27%	173,591						<u> </u>		
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OTAL SALARIES & BENEFITS	1	\$823,335	l	\$823,335		\$0	Ţ	\$0		\$0	i	\$0
	1		l <u>1</u>				1	<u> </u>	!	·	•	
PH #2 (CMHS & CSAS)		•										rev. 11/8/2000
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						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				Exhibit B	Page 18
		•						•		Document Date	a: 10/08/10

Program Name: (Same as Line 9 on DPH #1)

Dorine Loso House

#### Salaries & Benefits Detail

		TOTAL	gener	FUND & (Agency- ated) OTHER EVENUE	****	ANT #1:		ANT #2:		ORDER #1:		ORDER #2:
POSITION TITLE	Term:	Proposed ransaction 7/1/10-6/30/11	Tra Term:	roposed ansaction 7/1/10-6/30/11	Trai Term:		Trai Term:		Tra :Term:		Tra Term	
Program Director	• 1.00	SALARIES 54,956	FTE 1.00	SALARIES 54,956	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Assistant Director	2.00	82,521	2.00	82,521								
Counselor	11.00	415,787	11.00	415,787								•
Psychiatrist Psychiatrist	0.375	62,060	0.375	62,060								
Fill-in Counselor		79,808		79,808								
•		*									***	
0				:								
<u> </u>	1						,					
<u> </u>												-
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	1	• ••••••••••••••••••••••••••••••••••••				·						
TOTALS	14,375	\$695,131	14.375	\$695,131	0.00	\$0	0.00	\$0	0.00	\$0	0.00	
,												
MPLOYEE FRINGE BENEFITS	26%	\$177,504	26%	177,504	ſ		[		ſ	····		
. • • • •	<del></del>	·				•						
TOTAL SALARIES & BENEFITS	ļ	\$872,635	1	\$872,635	[	\$0	Ī	\$0	1	\$0		

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		<u>.</u>		•							Exhibit B	P. 19
•										Docu	ment Date:	10/08/10
rogram Name:		<b>;</b>	Seniors Pro	erom								-,:
Same as Line 9 on DPH #1)		<b>;</b>	06/10/37 10	giani	***************************************					•		_
		,										•
		:		Salaries	& Benef	its Detail	•					•
		<del>- [</del>	GENERAL	FUND & (Agency	GB	ANT #1:	GR	ANT #2:	WORK	ORDER #1:	MORK	ORDER #2:
		TOTAL	gener	ated) OTHER						OHDERFI.	·	Onden #2.
	1		i	EVENUE		ant title)		ant title)	(de	ept. name)	(de	pt. name)
		Proposed	P	roposed		oposed		oposed .		oposed		oposed
-	Term:	ransaction <u>7/1/10-6/30/11</u>	Term:	nsaction 7/1/10-6/30/11	Term:	nsaction	Term:	nsaction	Term:	nsaction	Tra Term:	nsaction
POSITION TITLE	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
rogram Director	1.00	59,333	1.00	59,333								<del>-,</del>
ssistant Director	2.00	83,991	2.00	83,991								•
Counselor	11.50	424,368	11.50	424,368								
lehab Clerk	0.75	30,592	0.75	30,592								
fill-in Counselor		78,775		78,775								
			<u> </u>							•		
						~~ <del>~</del>						
<b>o</b>		<u> </u>		·····								
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5		i	<u> </u>									
			<u> </u>								·	······
			<del> </del>									· ·
		·			•							· · · · · · · · · · · · · · · · · · ·
		<u> </u>					· · · · · · · · · · · · · · · · · · ·					
												<del>-</del>
			<del>                                     </del>									
TOTALS	15.25	\$677,059	15.25	\$677,059	0.00	\$0	0.00	\$0	0.00	÷0	0.00	
10 med	10.20	φοι 1,059	1 10.20	ψ077,009	0.00		0.00	φυ	0.00	Φ0	0.00	
•	·	:		-								
EMPLOYEE FRINGE BENEFITS	28%	\$187,450	28%	187,450	0.00		0.00	4E-10-20	0.00		0.00	
		•										
TOTAL SALABIES & RENEFITS	l	\$864 509	<b>1</b> г	\$864 500	1	90	ı	· en	. }	<b></b>	1 1	

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DPH #2 (CMHS & CSAS)

rev. 11/8/2000

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•		•									ment Date:	10/08/10
rogram Name: Same as Line 9 on DPH #1)		,	Supported	Living ·	· •							
				Salaries a	& Benef	its Detail	•					
		TOTAL		FUND & (Agency- ated) OTHER	GR	ANT #1:	GR	ANT #2:	WORK	ORDER #1:	WORK	ORDER #2:
				EVENUE	(gı	rant title)	(gı	ant tille)	(de	ept. name)	(đe	pt. name)
		Proposed ransaction 7/1/10-6/30/11	P Tr Term:	roposed ansaction 7/1/10-6/30/11								
POSITION TITLE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
rogram Director	1.00	61,036	-1.00	61,036	·····							
ssistant Director	1.00	42,180	1.00	42,180								*
ase Manager .	4.50	211,080	4.50	211,080								
lehab Clerk	0,50	20,395	0.50	20,395								•
III-in Counselor		34,558		34,558				-				<u>.</u>
<u> </u>		·		·				1.00.11				
					····							· · · · · · · · · · · · · · · · · · ·
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												TOP - 11
\$4.500							4.0					
	-											
								,				
		-,										
TOTALS	7.00	\$369,249	7.00	\$369,249	0.00	\$0	0.00	\$0	0.00	\$0	0.00	\$0
								•			•	
MPLOYEE FRINGE BENEFITS	.26%	\$95,435	26%	95,435	1		·				ı r	···
		φοσ, σοσ	2070			•						<del>, , , , , , , , , , , , , , , , , , , </del>
TOTAL SALARIES & BENEFITS	;	\$464,684		\$464,684	•	\$0		\$0		<b>\$</b> 0		\$0
PH #2 (CMHS & CSAS)		•					.,,					rev. 11/8/200
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No. 2000											•	

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	В	<u> </u>	D	E	G	Н	J	<u> к</u>	M	N	P		
_	• .										Exhibit B- ment Date:	<u>e 21</u> 10/08/10	
<u> </u>		•								2000	work Date.	16400144	
Program Name:   (Same as Line 9 on DPH #1)			Dore Stree	t Residential				•				· ·	
(Same as Line a on DFR #1)	•												
· <del>1</del>		•		Salaries 8	& Benef	its Detail						-	
		•										ſ	
•	<u> </u>	<u> </u>	GENERAL	FIND & (Agency	CD	ANT 44-		ARIT HA.	WORK	CORDER #4			
· ·	TOTAL  Proposed  Transaction  Term: 7/1/10-6/30/11		GENERAL FUND & (Agency- generated) OTHER REVENUE Proposed Transaction Term: 7/1/10-6/30/11		GRANT #1:  (grant title)  Proposed Transaction Term:		GRANT #2:  (grant title)  Proposed  Transaction  Term:		WORK ORDER #1:  (dept. name)  Proposed  Transaction  Term:		WORK ORDER #2:		
,											(dept. name)		
0											Proposed Transaction Term;		
1 2													
3 POSITION TITLE	FTE	SALARIES .	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES .	
4 Program Director	1.00	. 66,850	1.00	66,850								)	
5 Assistant Director	2.00	· 88,542	2.00	88,542									
6 Counselor	13.50	487,781	13.50	487,781									
Psychiatrist	0.50	90,254	0.50	90,254									
8 Nurse Practioner	0.50	52,782 ·	0.50	52,782									
19 Rehab Clerk	1.00	32,026	1.00	32,026				· · · · ·		· · · · · · · · · · · · · · · · · · ·			
20 Relief Counselor		72,013		72,013									
Pelief Pyschiatrist		11,200		. 11,200						]			
22									<u>-</u>				
26						-							
24		•											
25		:											
26 27			[										
28													
29													
30		ì											
	18.50	\$901,448	18.50	\$901,448	0.00		0.00	\$0	0.00	\$0	0.00	\$0	
31 TOTALS 32 33	1												
33					1				! I	<del> </del>	r	-	
34 EMPLOYEE FRINGE BENEFITS	27%	\$246,096	27%	246,096	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u> </u>				
34 EMPLOYEE FRINGE BENEFITS 35 36		•		••					•				
37 TOTAL SALARIES & BENEFITS	1	\$1,147,544		\$1,147,544		\$0		\$0		\$0	[	\$0	
38	•				,	······································		<u> </u>		<u> </u>			
39 DPH #2 (CMHS & CSAS)	•											rev. 11/8/2000	

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											Exhibit B ment Date:		
ogram Name: ame as Line 9 on DPH #1)	-		Dore Street	Urgent Care Clinic								, .	
				Salaries 8	& Benefi	its Detail						•	
	TOTAL Proposed Transaction		GENERAL FUND & (Agency- generated) OTHER REVENUE Proposed Transaction		GRANT #1:  (grant title)  Proposed Transaction		GRANT #2:  (grant litle)  Proposed Transaction		WORK ORDER #1: (dept. name) Proposed Transaction		WORK ORDER #2:		
·											(dept. name) Proposed Transaction		
POSITION TITLE	Term:	7/1/10-6/30/11 SALARIES	Term:	7/1/10-6/30/11 SALARIES	Term:	SALARIES	Term: FTE	SALARIES	Term:	SALARIES	Term:	SALARIES	
ogram Director	1.00	148,500	1.00	148,500	<del></del>	OVEVIEN	'' <u>-</u>	JALAI (ICO		OALATILO	<del>  ```</del>		
nic Manager	1.00	71,424	1.00	71,424									
se Practioner	3.00	338,904	3.00	338,904									
gistered Nurses	1,40	155,568	1.40	155,568			<b></b>	•					
chiatric Technicians/LVN	7.00	346,632	7.00	346,632		***************************************				······································			
ınselor	3.00	111,336	3.00	111,336									
chiatrist	0.50	95,004	0.50	95,004									
ninistrative Assistant	1.00	48,048	1.00	48,048									
ef Counselor		22,435		22,435									
lief Professional Staff		127,742		127,742									
												<u> </u>	
OTALS	17.90	\$1,465,593	17.90	\$1,465,593	0.00	\$0	0.00	\$0	0.00	\$0	0.00		
		,			•					•			
PLOYEE FRINGE BENEFITS	21%	\$309,482	21%	309,482									
OTAL SALARIES & BENEFITS	1		] [	A4 772 A7	г	, an	] {		]		] r		
TIME OWEWINES & DEMECTIO		\$1;775,075	J [	\$1,775,075	L	\$0	j 1	\$0	]	\$0	] [		

rev. 11/8/2000

DPH #2 (CMHS & CSAS)

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1		11	<u>H</u> [ ].	K	L M	N O
					Exhibit B	Page 23
2						10/08/10
3			•			
4 Program Name: _ La Posada	•		•			<b>4</b> ~
5 (Same as Line 9 on DPH #1)	•					ı. **
6	Onevetina	r Evnancas Mata	.:1			
7	Operauti	g Expenses Deta	ui.	•	•	-
. <u>8</u>			<u> </u>			· · · · · · · · · · · · · · · · · · ·
		CENEDAL EURO	ODANIT III			
:	TOTAL	GENERAL FUND & (Agency-generated)	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDER
		OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
9	-		1 1		1	
10	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
12 Expenditure Category	7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
13 Rental of Property	18,230	18,230				
14 Utilities(Elec, Water, Gas, Phone, Scavenger)	19,000	19,000				
15 Office Supplies, Postage	11,500	11,500				
16 Building Maintenance Supplies and Repair	12,111	12,111				-
Insurance	11,100	11,100				***************************************
18. Staff Training	1,800	1,800				
19 Staff Travel-(Local & Out of Town)	1,400	1,400				
20 Rental of Equipment						
21 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates,	Hours & Amounts)					<u> </u>
22 Psychiatric Consultants, Nursing Consultants	81,559	81,559				<del>*</del>
23 and Other Consultantion						
24 Janitorial service						<u> </u>
25 Computer consulting	3,000	3,000			•	
26 OTHER :					•	,
27 Food	44,000	44,000				
28 Dues & Subs	1,200	1,200	•			
29 Recreation	550	550		+		
30 Supplies	6,000	6,000				
31 Prescriptions	422	422	-			
32 Legal	625	625				
33 Client Expenses						
34 Miscellaneous		· •	***************************************			<del></del>
35						-
36 TOTAL OPERATING EXPENSE	\$212,497	\$212,497	\$0	\$0	\$0	\$0
·	Ψ£ (£,701	ΨΕ1Ε,ΤΟΙ	Ψ	ψυ	- Uy	Ψ
37						

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1				-Lamentin					A	Exhibit B -	Page 24
2							•	•		<del></del>	10/08/10
3											
	Program Name: _			-							
	(Same as Line 9 o	M DPH, #1)									•
6 7 8			·		Opera	ting	Expenses Deta	ii .			
					TOTAL		GENERAL FUND & (Agency-generated)	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDER
						.	OTHER REVENUE	(grant title)	(grant title)	.(dept. name)	(dept. name)
9 10				<u> </u>	PROPOSED	-	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11				1	TRANSACTION	- []	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
	Expenditure Catego	orv		<b>———</b>	/1/10-6/30/11		7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
	Rental of Property	<del></del>		**	69,48		69,480				L
	Utilities(Elec, Wate	r, Gas, Phone, Sc	cavenger)	<del></del>	19,95	-	19,950	***************************************			
	Office Supplies, Po		·	<del>;</del>	12,00		12,000				
	Building Maintenan	ce Supplies and I	Repair	•	10,17	79	10,179				
17	Insurance				7,90	00	7₁900				
8	Staff Training	•	•		. 1,70	-	1,700				photos and the same of the sam
****	Staff Travel-(Local			***	1,90	<u> </u>	. 1,900			*****	***************************************
	Rental of Equipmen						······································				
	CONSULTANT/SU		•	Dates, Hours	•		75 600				
-	Psychiatric Consult	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	nsultants	<u> </u>	75,50	<u> </u>	75,500	***************************************		***************************************	
	and Other Consulta	rution								-	
	Janitorial service	.~	· · · · · · · · · · · · · · · · · · ·		3,30	·-	3,300	-			
25 26	Computer consulting	· ·		-	. 3,30	-	3,300	-		<del></del>	
	OTHER		•	<del>-</del>							
	Food		•		44,00	00	44,000	•			
	Dues & Subs				1,30		1,300	•	•		.7
	Recreation			<u> </u>	2,45		2,450				
*****	Supplies		······································	-	10,00		10,000	· · · · · · · · · · · · · · · · · · ·	***************************************	<del></del>	
	Préscriptions				15		152				
33	Legal				65	50	650				,
	Client Expenses										
	Miscellanéous :			-							
36			<u>-</u>				•		u.		•
37	TOTAL OPERATIN	IG EXPENSE			\$260,46	61	\$260,461	\$0	\$0	\$0	\$0
38											
	DPH #3 (* 'S & CS										rev. 11/8/

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1							Exhibit B -	Page 2
2	· ·	•					-	10/08/10
3	.1	•	-			•	•	
4	Program Name: _ Avenues	·						
5	(Same as Line 9 on DPH #1)							
6	]	-						
7			Operatin	g Expenses Deta	t <b>i l</b>			:
8								
	· ·			,				:
1		•		GENERAL FUND &	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDE
1		:	TOTAL	(Agency-generated)			#1: _HSA	#2:
}	j ·	:		OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name
9		· ·		Proposts		Bookson		
10	1		PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED
-	1	•	L			<u> </u>	·	
-	Expenditure Category	:	7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
	Rental of Property		99,264	99,264				
	Utilities(Elec, Water, Gas, Phone, Scaveng	eŗ)	24,000	24,000				
15	Office Supplies, Postage		11,000	11,000	M11,,,,			<del></del>
16	Building Maintenance Supplies and Repair	•	13,000	13,000				
17	Insurance	•	16,400	16,400				
18	Staff Training .		1,750	1,750				
	Staff Travel-(Local & Out of Town)		1,550	1,550		-		
-	Rental of Equipment		:			•		-
	CONSULTANT/SUBCONTRACTOR (Provi	de Names, Dates, F	lours & Amounts)					
	Psychiatric Consultants, Nursing Consultar		52,244	52,244	•			
_	and Other Consultantion	1					<del></del>	
	Janitorial service	<del>-,·</del>	**************************************					
ļ	Computer consulting	;	4,100	4,100				
26			-1,100	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
27					<del></del>		<u> </u>	
_	Food	£	50,800	50,800				
	Dues & Subs	· .	1,500	1,500		****		
		•		600	•			
-	Recreation		600					<del></del>
	Supplies		9,075	9,075	***************************************			
	Prescriptions	•	372	372				
33	Legal	•	850	850				
34					H			***************************************
35	Miscellaneous	·				A-1771	<u> </u>	
36								•
37	TOTAL OPERATING EXPENSE	•	\$286,505	\$286,505	\$0	\$0	\$0	\$(
	]	•						
38								
38	DPH #3 (CMHS & CSAS)	•		•				rev. 11/8/20

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2				•					-	10/08/10
3				,		•				
4	Program Name: _									
5	(Same as Line 9 o	n DPH #1)		<del></del>						
6										
7		•			Operatir	g Expenses Det	all			
8	ļ			ı		f	1			
	,									
	1				TOTAL	GENERAL FUND & (Agency-generated)	GRANT#1:	GRANT #2:	WORK ORDER #1: HSA	WORK ORDER
					TOTAL	OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
9					,				1	
.10					PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11					TRANSACTION	TRANSACTION	THANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
12	Expenditure Catego	Dry			7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
13	Rental of Property				52,300	52,300				
14	Utilities(Elec, Water	, Gas, Phone, Sc	cavenger)	•	16,600	16,600				
15	Office Supplies, Pos	stage		•	9,500	. 9,500				
	Building Maintenand		Repair	•	13,100	13,100		,		
	Insurance			,	5,000	5,000		-		
	Staff Training			•	2,000	2,000				
19	Staff Travel-(Local &	& Out of Town)			1,000	1,000				
20	Rental of Equipmen	nt .	•							
21	CONSULTANT/SUI	SCONTRACTOR	(Provide Name	es, Dates, H	lours & Amounts)					
22	Psychiatric Consult	ants, Nursing Cor	nsultants		24,543	24,543				
23	and Other Consulta	ntion								·
24	Janitorial service						-			
25	Computer consultin	g		······································	2,200	2,200				
26			•							·łe
27	OTHER									•
28	Food				50,000	50,000				·
29	Dues & Subs				. 1,100	1,100				*** **** ***
30	Recreation		•		1,800	1,800				
31	Supplies				15,300	15,300				
32	Prescriptions	•			172	172				
	Legal				. 700	700				
34	Client Expenses									
35	Miscellaneous	•								g
36				·					•	
37	TOTAL OPERATIN	G EXPENSE			\$195,315	\$195,315	\$0	\$0	\$0	\$0
38		•	•			•				
	1	AS)							.•	rev. 11/8/2
<u>~</u>	1=:::::::::::::::::::::::::::::::::::::						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		

<u></u>	B C D	E	F G I	H I I	ı K I	L M I	0
1					•	Exhibit B -	Page
2	1					_	10/08/10
3				•			1,
4	Program Name: _Progress House	•					
5	(Same as Line 9 on DPH #1)						*
7	<b>.</b> ;	Operation	g Expenses Deta	i#			. •
8		Operating	g Expenses Deta		•		
-							
1			CENEDAL FILLID 9	CDANT #5.	ODANIT #0	WORK OPPER	
	<b>:</b>	TOTAL	GENERAL FUND & (Agency-generated)	GRANT#1:	GRANT #2:	WORK ORDER #1: HSA	WORK ORDER
.			OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
9							•
10	· ·	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11	] .	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
12	Expenditure Category	7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
	Rental of Property	24,170	24,170			***************************************	
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	14,225	14,225				
	Office Supplies, Postage	5,000	5,000	·			
	Building Maintenance Supplies and Repair	7,000	7,000		-		
	Insurance	· 6,000	6,000			**************************************	
18	Staff Training	1,000	1,000				
(T)	Staff Travel-(Local & Out of Town)	1,600	1,600		*******	·····	
	Rental of Equipment			<del></del>	·		
	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, H	lours & Amounts)					
	Psychiatric Consultants, Nursing Consultants	28,685	28,685				: 1
	and Other Consultantion						
<u> </u>	Janitorial service						
<u> </u>	Computer consulting	1,950	, 1,950				
26		1,000	7 1,000				
	OTHER :						
ļ	Food	42,000	42,000				
	Dues & Subs	950	950			·	
1	Recreation	1,500	1,500				
-	Supplies						
	Prescriptions .	2,000	2,000	***************************************			
		113	113				
F	Legal Client Expanses	400	400	<del></del>			
_	Ciletit Experises	<del></del>		•			
F	Miscellaneous						
36	4	\$136,593	\$136,593	\$0	\$0	<b>\$0</b>	en
-	1	\$ to0,530	4130,033	φ <del>υ</del>	<b>40</b>	ΨΨ	\$0
38	1		,				
39	DPH #3 (CMHS & CSAS)	·					rev. 11/8/2000

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1		***************************************				Exhibit B -	Page 28
2							10/08/10
3	Dun area Marine Continued						
	Program Name: _ Cortland (Same as Line 9 on DPH #1).						
5	(Same as time 9 of Drift #1).	•					÷
7		Operatin	g Expenses Deta	iil			į
8		•					
	·	7074	GENERAL FUND &	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDER
		TOTAL	(Agency-generated) OTHER REVENUE	(grant title)	(grant title)	#1: <u>HSA</u> (dept. name)	#2: (dept. name)
9 10		PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11	·	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
12	Expenditure Category	7/1/10-6/30/11	7/1/1.0-6/30/11	Term:	Term;	7/1/10-6/30/11	Term:
13	Rental of Property	55,200	55,200				
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	12,100	12,100				
15	Office Supplies, Postage	9,000	9,000				
16	Bullding Maintenance Supplies and Repair	12,000	12,000				
17	Insurance ,	6,500	6,500			*******	
18	Staff Training	1,500	1,500	*			
919	Staff Travel-(Local & Out.of Town)	1,000	1,000				
	Rental of Equipment	*					
	CONSULTANT/SUBCONTRACTOR (Provide Names, Dates,	-					
-	Psychiatric Consultants, Nursing Consultants	29,725	29,725				
	and Other Consultantion		***				
	Janitorial service				***************************************		•
$\vdash$	Computer consulting	2,200	2,200	· · · · · · · · · · · · · · · · · · ·			
26		-				****	
	OTHER	40.000	40.000	•			
<del></del>	Food .	42,000	42,000		·		
1	Dues & Subs	1,100	1,100				
	Recreation Supplies	1,500	1,500				
	Prescriptions .	. 5,000	5,000		<del></del>	····	***************************************
	Legal	500	500	***************************************		•	
	Client Expenses	000	500				-
~~~~	Miscellaneous		<del></del>			<u> </u>	
36	THE OTHER DATE.						
37	TOTAL OPERATING EXPENSE	\$179,747	\$179,747	\$0	\$0	<b>\$0</b>	\$0
38	DPH #3 (C & CSAS)		· · · · · · · · · · · · · · · · · · ·				rev. 11/8/2

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1		•				······································	<u> </u>	Exhibit B -	Page 25
2		•		,					10/08/10
3		•			:				
74	Program Name: _ Ashbury			-					
E	(Same as Line 9 on DPH #1)	2							
(		•							
7	<u> </u>	•	•	Operating	g Expenses Deta	ıil			
		•		TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: <u>HSA</u> (dept. name)	WORK OHDER #2: (dept. name)
[5		:	:		•				
1				PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
1	Ц			TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
1	Expenditure Category	•		7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
1	Rental of Property			39,924	24,605			15,319	
1	Utilities(Elec, Water, Gas, Phone, Scavenger	r)		20,000	12,326		•	7,674	
1	Office Supplies, Postage	:		4,000	2,465	-		1,535	
	Building Maintenance Supplies and Repair	•		10,300	6,348			3,952	ei ,,
<b> </b>	Insurance			11,000	6,779	***************************************		4,221	
_	Staff Training			1,200	740			460	
	Staff Travel-(Local & Out of Town)			700	431			269	
7	Rental of Equipment			<del></del>		Parameter Committee Commit			
-	CONSULTANT/SUBCONTRACTOR (Provide	Names D	ates F	lours & Amounts)					<u> </u>
<u></u>	Psychiatric Consultants, Nursing Consultants		, atoo, 1	28,562·	17,602		/	10,960	
J					17,002			10,000	
	Janitorial service	<u> </u>							
1		<del> </del>		0.500	4 5 4 5	<u></u>		050	<u> </u>
	Computer consulting			2,500	1,541			959	
. 2		·		· · · · · · · · · · · · · · · · · · ·				•	
-	OTHER	-			<b></b>				•
1	Food			57,000	35,130			21,870	
1	Dues & Subs	·		1,100	678			422	
1	Hecreation	·		1,600	986	,		614	
1	Supplies .			4,000	2,465	Y		1,535	
3	Prescriptions .	v. 44. day, 4.00/2010/100/100/100/100/100/100/100/100/		100	62	•		38	bada a da d
3	Legal	:		525_	324			201	
3	Client Expenses	·							
3	Miscellaneous		•	300	185			115	•
3			·						•
3	TOTAL OPERATING EXPENSE			\$182,811	\$112,668	\$0	\$0	\$70,143	\$0
3				•					
	<del>-1</del>								ros 44/0/000
1 3	DPH #3 (CMHS & CSAS)								rev. 11/8/2000

	Α `	` B	<u>C</u>	D	E ]:	G	H 1	J K	L M	<u>v</u> .0
1	•					•	<del></del>		Exhibit B	Page 30
2		•					•			10/08/10
3				•						
	Program Name: _									
	(Same as Line 9 o	on DPH #1)				•				•
6					Operation	a Evnancea Data	.:1			
7 8					Operaum	g Expenses Deta	ili.			•
쒸				1			1	·		
-						GENERAL FUND &	GRANT#1:	GRANT #2:	WORK ORDER	WORK ORDER
	-				TOTAL	(Agency-generated)	GIPART #1.	GITAITI #2.	#1: <u>HSA</u>	#2:
- 1						OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
9										
0					PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPÓSED	PROPOSED
1		•			. TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
2	Expenditure Categ	ory			7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
3	Rental of Property				80,935	80,935				
4	Utilities(Elec, Wate	er, Gas, Phone, So	cavenger)	· ·	24,500	24,500				
5	Office Supplies, Po	ostage			. 8,000	8,000				•
6	Building Maintenar	nce Supplies and I	Repair	,	11,570	11,570				
7	Insurance				13,100	13,100				
8	Staff Training		• .		2,000	2,000				
9	Staff Travel-(Local	& Out of Town)			1,926	1,926	•			
0	Rental of Equipme	nt		•	•					•
1	CONSULTANT/SU	BCONTRACTOR	(Provide Names,	Dates, H	lours & Amounts)				•	
2	Psychiatric Consult	tants, Nursing Co	nsultants	•	52,700	52,700				
:3	and Other Consulta	antion								
4	Janitorial service									
5	Computer consultir	ng			3,200	3,200				
6	•				•					
7	OTHER									
8	Food				64,400 ·	64,400				•
9	Dues & Subs	WWW.		•	1,500	1,500		-		
0	Recreation			······	4,000	4,000				
11	Supplies			•	6,000	6,000		***************************************		-
	Prescriptions			<del>-</del>	102	102		-		
3	Legal		1	<del></del>	650	650		***************************************		
_	Client Expenses	· · · · · · · · · · · · · · · · · · ·		_	***					
	Miscellaneous		•	-	***************************************				#	
ė l						· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	•		
	TOTAL OPERATIO	NG EXPENSE			\$274,583	\$274,583	\$0	\$0	\$0	\$0
8			f	,			2	110 110 110 110 110 110 110 110 110 110		₹>.
-4	DPH ' ``MHS & C	SAS)								000° 1 ر

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1				•				Exhibit B	Page 3.
2	,		•	:			•		10/08/10
3						•		•	
4	Program Name: _ Dorine Loso House		_				•		s.
5	(Same as Line 9 on DPH #1)								36
6	· .			Operation	g Expenses Deta	ii			
8				Operating	g zxponoco beta				
	. :		ſ						
			.	,	GENERAL FUND &	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDER
	,			TOTAL	(Agency-generated)			#1: HSA	#2:
- 1	,		-	•	OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
9	:		. ]						
10	;			PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11			. 1	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
	Expenditure Category .			<u>7/1/10-6/30/11</u>	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
13	Rental of Property			176,100	176,100				
	Utilities(Elec, Water, Gas, Phone, Scavenger)		:	20,900	20,900	Marian Company of the State of		•	
15	Office Supplies, Postage			11,000	11,000			*	
16	Building Maintenance Supplies and Repair :			20,360	20,360	***************************************			
17	Insurance			12,840	12,840	•		######################################	
<b>ග</b> 18	Staff Training :			2,060	2,060			*************************	
19	Staff Travel-(Local & Out of Town)			1,236	1,236		************		
<b>6</b> 20	Rental of Equipment .		_				4,		
21	CONSULTANT/SUBCONTRACTOR (Provide	Names,	Dates, H	ours & Amounts)					
22	Psychiatric Consultants, Nursing Consultants	•	_	33,832	33,832				
23	and Other Consultantion			<u>-</u>					.;
24	Janitorial service		_		٠.	1		•	
25	Computer consulting			3,800	3,800				
26	:		_					ÿ	
27	OTHER		•					• •	
28	Food		_	57,380	57,380				
29	Dues & Subs			2,575	2,575				
30	Recreation		_	2,900	2,900				
	Supplies -		- •	11,000	11,000				,
32	Prescriptions		- ·	258	258				
	Legal			1,245	1,245			•	
34	Client Expenses								
35	Miscellaneous ;								
36				<u> </u>			•		Ŧ
37	TOTAL OPERATING EXPENSE			\$357,486	\$357,486	\$0_	- \$0	\$0	\$0
38	·		•						
-	DPH #3 (CMHS & CSAS)		•			•			rev. 11/8/2000
39	יין וויין (באנט א נווווט) און וויין וויין וויין וויין וויין				•			***************************************	154. 11/0/2000

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	1		•	•			Exhibit B	Page 32
	2						_	10/08/10
Ţ	3					•	•	
ſ		Program Name: _Seniors Program				,		•
	5	(Same as Line 9 on DPH #1)		•				
· [	6				••			
1	7		Operating	g Expenses Detai	11			
ļ	8	Г		[—————————————————————————————————————				<u></u>
	Ì							
j	1	·		GENERAL FUND &	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDER
		·	TOTAL	(Agency-generated) OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
- 1		· .		011(21112111111111111111111111111111111	(3.0,,, 0.20)	(3,	(	, , , , , , , , , , , , , , , , , , , ,
-	9 10		PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
<u>.</u>	<del>11</del>		TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
Ī	12	Expenditure Category	7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
Ī		Rental of Property	92,400	92,400				•
.	_	Utilities(Elec, Water, Gas, Phone, Scavenger)	18,000	18,000				
ļ		Office Supplies, Postage	5,400	5,400				•
t		Building Maintenance Supplies and Repair	14,680	. 14,680				
6		Insurance	10,000	10,000	4			
18		Staff Training	2,000	2,000				
8		Staff Travel-(Local & Out of Town)	500	500				
Ì		Rental of Equipment						
ľ		CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Ho	ours & Amounts)					
Ì		Psychiatric Consultants, Nursing Consultants	23,400	23,400				
Ì		and Other Consultantion						
Ì		Janitorial service			*			
		Computer consulting	3,200	3,200				· · · · · · · · · · · · · · · · · · ·
Ì	26							,
•		OTHER .			· · · · · · · · · · · · · · · · · · ·	•	-	•
Ì		Food	53,000	53,000	•			t
Ī		Dues & Subs	1,500	1,500				
		Recreation	1,250	1,250				
	31	Supplies	4,000	4,000				
		Prescriptions	98	98				
1	33	Legal	650 ·	650				
		Client Expenses						
Ī	35	Miscellaneous						re,
1	36							•
Ī	37	TOTAL OPERATING EXPENSE	\$230,078	\$230,078	\$0	\$0	\$0	\$0
•	38	· · · · · · · · · · · · · · · · · · ·	•		-			
Ì	-	DPH #7 'HS & CSAS)	•					rev. 11/5 10

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	1	•	-						Exhibit B	Page 55
	2									10/08/10 ',
	3	n								. 74
		Program Name: _Supported Living	<u> </u>	-						±9
	<b></b>	(Same as Line 9 on DPH #1)			•					7
	6		•		Onoratin	g Expenses Deta	Ħ			
	8		•		Operann	a myhailaga pieta	**			
	-		•					[ ]		
						GENERAL FUND &	GRANT #1:	GRANT #2:	WORK ORDER	WORK ORDER
					TOTAL	(Agency-generated)	-		#1:HSA	#2:
			ŧ			OTHER REVENUE	(grant title)	(grant title)	(dept. name)	(dept. name)
	9		:							
	10		•		PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED	PROPOSED
•	11				TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTION
ĺ		Expenditure Category	•		7/1/10-6/30/11	7/1/10-6/30/11	Term:	Term:	7/1/10-6/30/11	Term:
•		Rental of Property			23,900	23,900				
	-	Utilities (Elec, Water, Gas, Phone, Scave	enger)		12,400	12,400				
		Office Supplies, Postage	:		6,500	6,500				
		Building Maintenance Supplies and Rep	air '		21,569	21,569				
		Insurance	:		11,500	11,500				
တ		Staff Training	•		1,000	1,000	<u></u>			
$\infty$		Staff Travel-(Local & Out of Town)	•		5,300	5,300				
. —		Rental of Equipment	:							
		CONSULTANT/SUBCONTRACTOR (Pr		Dates, I						
:		Psychiatric Consultants, Nursing Consul	ltants		1,800	1,800				
		and Other Consultantion	•	_						ī,
	-	Janitorial service .								
		Computer consulting	<u> </u>	_	1,750	. 1,750				
	26			_						
		OTHER	•				-			
		Food	· · · · · · · · · · · · · · · · · · ·	-						
		Dues & Subs	: 		700	700				
		Recreation		_	250	250				
		Supplies			3,000	3,000				
	32	Prescriptions								
		Legal		_	. 400	400				,
		Client Expenses	<u> </u>	_	64,800	64,800				
		Miscellaneous		•••						
	36	TOTAL OBSERTING SYMPTOM					`		<b>A</b> =	
	37	TOTAL OPERATING EXPENSE	•		\$154,869	\$154,869	\$0	\$0	\$0	\$0
	38									į
	39	DPH #3 (CMHS & CSAS)	•							rev. 11/8/2000

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1	•					•					Exhibit B -	Page 34
2									•			10/08/10
3												
	Program Name:		Residential						•			
5	(Same as Line 9 o	n DPH #1)										
6	•		•			<b>5</b>	m	• •				
7		•	• • • • •			Operatin	g Expenses Det	all				
8								7 1		ı ı <del></del>		
					•	1						work onne
1						TOTAL.	GENERAL FUND & (Agency-generated)		GRANT #1:	GRANT #2;	WORK ORDER	WORK ORDE
						1017	OTHER REVENUE		(grant title)	(grant title)	(dept. name)	(dept. name
9					-	·	1.					
10	•	•				PROPOSED	PROPOSED	71	PROPOSED	PROPOSED	PROPOSED	PROPOSED
11						TRANSACTION	TRANSACTION	┧╽	TRANSACTION	TRANSACTION	TRANSACTION	TRANSACTIO
12	Expenditure Catego	ĽΥ				7/1/10-6/30/11	7/1/10-6/30/11		Term:	Term:	7/1/10-6/30/11	Term:
13	Rental of Property			•		115,458	115,458					
14	Utilițies(Elec, Water	, Gas, Phone,	Scavenger)		•	19,095	19,095					
15	Office Supplies, Pos	tage				11,365	11,365					
16	Building Maintenand	e Supplies and	d Repair			12,732	12,732					
17	Insurance		•			18,000	18,000				<u> </u>	<u> </u>
18	Staff Training		•			1,000	1,000					
19	Staff Travel-(Local 8	& Out of Town)				. 500	500					
20	Rental of Equipment	ť										
21	CONSULTANT/SUE	CONTRACTO	OR (Provide Na	ames, Da	ates, F	iours & Amounts)						
22	Psychiatric Consulta	ints, Nursing C	Consultants			14,673	14,673					
23	and Other Consultar	ntion				•						
24	Janitorial service											
25	Computer consulting	]	•			4,200	4,200					
26												
27	OTHER		*									
28	Food	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				48,801	. 48,801					
29	Dues & Subs					1,200	1,200			•		
1—	Recreation					500	500		14:00		•	
31	Supplies					13,070	13,070					-
32	Prescriptions					750	750					
33	Legal					2,574	2,574	<b>-</b>				
34	Client Expenses		•									
35	Miscellaneous					500	500	_ ^				
36	-											
37	TOTAL OPERATING	G EXPENSE				\$264,418	\$264,418		\$0	\$0	\$0	\$
38												
39	DPH# VIHS & CS.	AS)			•						•	rev. 11/

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1							Fyhibi	B- Page
2	_			•			Document Date:	
3	-	•						
	Program I					•		
		Line 9 on DPH #1)	•					
6								
7	1. •		(	apital Expendit	ure Detail			
8				ipment and Ren				
9	1		•	•	,			
	1. Equip	ment			,			
	No.	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ITEM/DESCRIPTION	MARCON 100 AND	FUNDING SOL [General Fund, Grant (	List Title), or	PURCHASE COST EACH	TOTAL COST
11					Work Order (List	Dept.)]	OOST EAGIT	
12								0
13	·.							0
14								0
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35			***************************************			•		0
51847								0
18			-	•		`		0
19	<del></del>							0
20	TOTAL E	QUIPMENT COST	•					
21		•			•			# *
	2. Remo	delina	·					
	Description				•	• '		•
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25		*	· · · · · · · · · · · · · · · · · · ·					
26					•	· · · · · · · · · · · · · · · · · · ·	, , , ,	
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27	1				•			
28		EMODELING COST		•	•			<del></del>
	7	ENIODELING COST	,	•				\$0
30	7	STITS! PUBLISHED	, 					3.00 ·
37	(Foulther	APITAL EXPENDITUE	iet)	:	•			\$9.
33	]\-quipinoi	nt plus Remodeling Co						± <sup>3</sup>
·	DPH #4 (C	& CSAS)	•	•				rev. 11/8/20

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Name Name										Docur	nent Date:	10/08/10
rogram Name: La Posada lame as Line 9 on DPH #1)			•									7
		į	•	Indirect Co	st Detail	•	•					. ·
. Salaries and Benefits		•		a oo. oo	Ot B Olan						•	§ .
			1					•				•
			GENERA	L FUND & (Agency-	(GR	ANT #1:	GR	ANT #1;	WORK	ORDER #1:	WORK	ORDER #2:
	}	TOȚAL		OTHER REVENUE					J ——			
•		٠.		•	(gr	ant title)	(gr	ant title)	(det	ot. name)	(de	ot. name)
·	F	PROPOSED	<del> </del>	PROPOSED	PR	OPOSED	PR	OPOSED	PR	OPOSED	PR	OPOSED
	TR	ANSACTION	· TF	RANSACTION	TRA	VSACTION	TRA	NSACTION	TRAI	SACTION		VSACTION
Expenditure Category	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:		Term:		Term;	
Position Title	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Executive Director	0.065	, 8,121	1	8,121	<del></del>							J
Chief Financial Officer	0.065	6,291		6,291	•							
Director Of Clinical Services	0.065	4,759		4,759								
Peputy Director of Clinical Services	0.065	: 4,372		4,372								
Asst. Director of Finance & Operations	0.065	3,416	0.065	3,416				1	·			
xecutive Assistant	0.065	2,375		2,375								
<del>யூ</del> nan Resources Manager	0.065	2,733		2,733								
ead Bookkeeper	0.065	3,142		3,142								
egior Bookkeeper	0.065	1,995	0.065	1,995								
enior Payroll Clerk	0.065	2,499		2,499							.,	
Payroll Clerk	0.065	1,870		1,870								
Program Dàta Clerk	0.065	1,689	0.065	1,689								
Secretary/Reception	0.065	2,448		2,448								
aclities Manager ·	0.065	3,419		3,419	<u> </u>							
MPLOYEE FRINGE BENEFITS		10,782		10,782		\$		\$	~			\$
OTAL SALARIES & BENEFITS		\$59,911		\$59,911		\$0		\$0		\$0		\$
2. Operating Cost												
Expenditure Category		•	1									
Expenditure Category		1,421		1,421	-							
nsurance		720		720						<u> </u>		···
Repair & maintenance		458		458					•			
onsulting		1048		1,048					•			
uto	•	242		242						,		
arking		: 116 <del>6</del>		1,166					•	•		
OTAL OPERATING COSTS		\$5,057		- \$5,057								
			· · ·					***************************************				<del> :- ::::::::::::::::::::::::::::::::</del>
TOTAL INDIRECT COSTS		· \$64,968	a .	\$64,968								
Salaries & Benefits + Operating Cost)	•	•	•		•			+				5
PH #5 (CMHS & CSAS)												

Exhibit B -Page 37 Document Date: 10/08/10 3 Program Name: Shrader House (Same as Line 9 on DPH #1) 5 **Indirect Cost Detail** 6 1. Salaries and Benefits GRANT #1: GRANT #1: WORK ORDER #1: **WORK ORDER #2:** GENERAL FUND & (Agency-TOTAL generated) OTHER REVENUE (grant title) (grant title) (dept. name) · (dept. name) PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED PROPOSED 8 TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION TRANSACTION Expenditure Category 7/1/10-6/30/11 Term: 7/1/10-6/30/11 Term: Term: Term: Term: Term: 11 12 SALARIES SALARIES SALARIES FTE SALARIES FTE SALARIES Position Title FTE **SALARIES** FTE FTE FTE Executive Director 0.072 8,914 0.072 8,914 Chief Financial Officer 0.072 6,906 0.072 6.906 Director Of Clinical Services 0.072 5,224 0.072 5,224 Deputy Director of Clinical Services 0.072 4,800 0.072 4,800 Asst, Director of Finance & Operations 0.072 3,749 0.072 3,749 18 Executive Assistant 0.072 2,607 0.072 2,607 Human Resources Manager 0.072 3,000 0.072 3,000 200 Head Bookkeeper 0.072 3,449 0.072 3,449 Senior Bookkeeper 0.072 2,190 0.072 2,190 22 Senior Payroll Clerk 0.072 2,743 0.072 2,743 23 Payroll Clerk 0.072 2,053 0.072 2,053 24 Program Data Clerk 0.072 1,854 0.072 1,854 Secretary/Reception 0.072 2,688 0.072 2.688 Facilities Manager 0.072 3,753 0.072 3,753 **EMPLOYEE FRINGE BENEFITS** 11,836 11,836 TOTAL SALARIES & BENEFITS \$65,766 \$65,766 \$0 \$0 \$0 \$0 29 30 2. Operating Cost 31 **Expenditure Category** 32 Utilities 1,560 1,560 Insurance 791 791 34 Repair & maintenance 503 503 Consulting 1150 1,150 36 Auto 266. 266 Parking 37 1280 1,280 TOTAL OPERATING COSTS \$5,551 \$5,551 40 TOTAL INDIRECT COSTS \$71,316 ·\$71,316 (Salaries & Benefits + Operating Cost) 42 DPH #5 (CMHS & CSAS)

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1											nent Date:	
Program Name:Avenues												
(Same as Line 9 on DPH #1)				Indianat Ca	at Datail							•
1. Salaries and Benefits		· ·		Indirect Co	st Detail							•
1. Jaiaties and betterns		*	ļ		<del></del>		<del>,</del>					
·			CENEDAL	FILE C. (Barrier	GR	ANT #1:	GR	ANT #1:	WORK	ORDER #1:	WORK	ORDER #2:
	ļ	TOTAL,	(denerated)	FUND & (Agency- OTHER REVENUE		i		/				
			ganoratoa		(gra	ınt title)	. (gra	ant title)	(de	pt. name)	(dep	ot. name)
4		PROPOSED		ROPOSED	DD(	POSED	DD/	OPOSED		OPOSED	nn	OPOSED
4		IANSACTION		ANSACTION		SACTION		ISACTION		NSACTION		NSACTION
Expenditure Category	Term:	7/1/10-6/30/11	Term;	7/1/10-6/30/11	Term:		Term;		Term:		Term:	
		:	<u> </u>					<u> </u>				:
Position Title	FTE	SALARIES	· FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES
Executive Director	0.092	11,410	0.092	11,410								
Chief Financial Officer	0.092	8,839	0.092	8,839								<u> </u>
Director Of Clinical Services	0.092	. 6,686	0,092	6,686								
Deputy Director of Clinical Services	0.092	: 6,143		6,143		***************************************	·					
Asst: Director of Finance & Operations	0.092	4,799		4,799						· .		
Executive Assistant	0.092	. 3,337	0.092	3,337								
Hyman Resources Manager	0.092	3,839	<del></del>	3,839							·	
) Head Bookkeeper	0.092	4,415		4,415					······			
Senior Bookkeeper	0.092	2,803	0.092	2,803							•	
Senior Payroll Clerk	0.092	3,511	0,092	3,511					·		<del></del>	
Payroll Clerk	0.092	2,628	0.092	2,628						<b></b>		ļ
Program Data Clerk	0.092	. 2,373		2,373			····					ł
Secretary/Reception	0.092	3,440		3,440						ļ		
3 Facilities Manager	0.092	4,804	0.092	4,804								
/ EMPLOYEE FRINGE BENEFITS	l	15,149		15,149	· · · ·	\$ .		\$				\$
TOTAL SALARIES & BENEFITS	1	\$84,175	<u> </u>	\$84,175		\$0		\$0		\$0	•	\$0
2. Operating Cost				•			•					
T												
Expenditure Category Utilities		1 007	-	1 007		•						
3 Insurance		. 1,997	-	1,997				1				
		1,012	· -	1,012		····						
4 Repair & maintenance		644 1472	· -	644								
Consulting				1,472								
3 Auto	-	340		340								
7 Parking	- ·	1638	-	1,638								
TOTAL OPERATING COSTS	2	\$7,104		\$7,104							:	
TOTAL INDIRECT COSTS		\$91,279		\$91,279								
(Salaries & Benefits + Operating Cost)	-	φ31,219	•	431,273	•					-	•	
DPH #5 (CMHS & CSAS)		•										
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Program Name: La Amistad										Docur	nent Date:	10/08/10
(Same as Line 9 on DPH #1)		•										
1				Indirect Cos	st Detail							
1. Salarles and Benefits		*				······································	4 44 474 474 474 474 474 474 474			***************************************		?
	1							•				
·		TOTAL		. FUND & (Agency-	GR	ANT #1:	GF	RANT#1:	WORK	ORDER #1:	WORK	ORDER #2:
•			generated)	OTHER REVENUE	(are	ant title)	(aı	ant title)	(de	pt. name)	(der	ot. name)
<u>.</u>				•				·				
	1	ROPOSED	i	ROPOSED ANSACTION		POSED		OPOSED		OPOSED		OPOSED
5 Expenditure Category	Term:	7/1/10-6/30/11	Term;	7/1/10-6/30/11		ISACTION	Term:	NSACTION	Term:	NSACTION		VSACTION
1	Testis.	111110-0130/11	Terns	771710-0/30/11	Term.		Term;		Term.		Term:	
2 Position Title	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
3 Executive Director	0.041	5,086	<del> </del>	5,086							•	
4 Chief Financial Officer	0.041	3,940	0.041	3,940			····					
5 Director Of Clinical Services .	0.041	2,980	0.041	2,980			***	ļ			·	
Deputy Director of Clinical Services     Asst. Director of Finance & Operations	0.041	2,738	0.041	2,738								<u> </u>
8 Secutive Assistant	0.041	2,139 1,487	0.041	2,139 1,487								<u> </u>
9 Human Resources Manager	0.041	1,711	0.041	1,711								
o Bead Bookkeeper	0.041	1,968	0.041	1,968								
1 Senior Bookkeeper	0.041	1,249	<del></del>	1,249					······································			
2 Senior Payroll Clerk	0.041	1,565		1,565						1		
3 Payrott Clerk	0.041	1,171	0.041	1,171							******	
Program Data Clerk	0.041	1,058	0.041	1,058								·
5 Secretary/Reception	0.041	1,533	0.041	1,533							•	
6 Facilities Manager	0.041	2,141	0.041	2,141								
7 EMPLOYEE FRINGE BENEFITS 8 TOTAL SALARIES & BENEFITS	l	6,753	<b> </b>	6,753		\$		\$		4.5		\$
9		\$37,521	l	\$37,521		,\$0		\$0		\$0		\$0
0 2. Operating Cost												
Expenditure Category										•		•
2 Utilities		890	• -	890						•		
3 Insurance	•	451		451		**************************************					•	Hute
4 Repair & maintenance		287		287	•			Hamariya.		Marie	•	
5 Consulting		656		656							•	
6 Auto		152		152							•	
7 Parking		730		730								
TOTAL OPERATING COSTS		\$3,167		\$3,167		Market and the Angles of the Company						
O TOTAL INDIRECT COSTS	•	999 UVD		\$40 699								а - (%
(Salaries & Benefits + Operating Cost)	-	\$40,688	-	\$40,688							,	- **
2 DPH #5 (CMHS & CSAS)									•			, - <u>-</u>

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1											Ex	hibit B-	Page 40
2												nent Date	
3	Program Name:Progress Hou	ise			•				•				-
4	⊣' ′		:		. 15		•						
5			•		Indirect Cos	st Detail		•					
6	1. Salaries and Benefits									·			
			•		****	CD	ANT #1:	CP	ANT #1:	Work	ORDER #1:	Work	ODDED #6.
			TOTAL		_ FUND & (Agency-	GH/	4111 #15	un	MIN 1 #12	WORK	ONDER #1:	WUHK	ORDER #2:
				generated	OTHER REVENUE	(gra	nt title)	(ar	ant title)	(de	pt. name)	(de	pt. name)
7	· · ·				ţ					, ,	,	•	
8	] ·		ROPOSED		ROPOSED		POSED		OPOSED		OPOSED		OPOSED
9			ANSACTION		ANSACTION		SACTION		ISACTION		NSACTION .		NSACTION
10 11		Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:		Term:		Term:	
12	Position Title	FTE	SALARIES	FŢE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
13	Executive Director	0.043	5,283	0.043	5,283								
14	Chief Financial Officer	0.043	4,092	0.043	4,092		•						
15	Director Of Clinical Services	0.043	3,096	0.043	3,096								
16	Deputy Director of Clinical Services	0.043	2,844	0.043	2,844								
17	Asst. Director of Finance & Operations	0.043	2,222	0.043	2,222								
	Executive Assistant	0,043	1,545	0.043	1,545	·							
19	Human Resources Manager Head Bookkeeper	0.043	1,778	0.043	1,778								
20	Head Bookkeeper	0.043	2,044	0.043	2,044								
Co	Senior Bookkeeper	0.043	. 1,298	0.043	1,298								
92	Senior Payroll Clerk	0.043	1,626	0.043	1,626								
	Payroll Clerk	0.043	1,217	0.043	1,217					<u> </u>			
-	Program Data Clerk	0.043	1,099	0.043	1,099								
25	Secretary/Reception	0.043	1,593	0.043	1,593								
26	Facilities Manager	0.043	2,224	0,043	2,224								
27	EMPLOYEE FRINGE BENEFITS		7,015		7;015		\$		\$				\$
28	TOTAL SALARIES & BENEFITS		. \$38,975		\$38,975		\$0		\$0		\$0		\$0
29 30	2. Operating Cost		:		-	•							1
31	<b></b>						• *				•		ł
*******	Utilities		925	-	925								
-	Insurance	•	. 469		469	•					······································		
-	Repair & maintenance	-	298		298	-	· · · · · · · · · · · · · · · · · · ·						
	Consulting	-	682	-	682	•							
	Auto	-	. 158		. 158	-			<del></del>				
	Parking	_	759	•	759	-		. •					
38		-	\$3,289	•	\$3,289	-	,						
39	wi	#		=		2	· · · · · · · · · · · · · · · · · · ·						
	TOTAL INDIRECT COSTS	_	\$42,265	_	\$42,265	_	•						
-	(Salaries & Benefits + Operating Cost)	•		•		•							
42	DPH #5 (CMHS & CSAS)	·	·								•		

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1			·	M. J. J. J. M. W. M.	<del></del>	<u></u>		3		<u> </u>		Exi	hibit B -	Page 41
ż		••		•	•								nent Date:	
3	Program Name:	Cortland												
4 5	(Same as Line 9 on DPH #1)					•		ė				•		
5		•				Indirect Co	st Detail	•						
6	Salaries and Benefits		·								·····		·····	
			÷				GB	ANT #1:	GP	ANT#1:	WORK	ORDER #1:	WORK	ORDER #2:
				TOTAL	GENERA	FUND & (Agency-	Ψ,,	FW(1 # 1.	Car (	A111 TT.	moral.	OHDEN WIL	HOIK	OHDEN #2.
					generated	OTHER REVENUE	(gr	ant titie)	(gr	ant title)	(de	pt. name)	(der	ot. name)
7_														
7 8 9				PROPOSED MANSACTION		HOPOSED ANSACTION		OPOSED NSACTION		OPOSED ISACTION		OPOSED NSACTION		OPOSED NSACTION
10	Expenditure Category		Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:	ONO / I ONO	Term:		Term:	1071011
11	LADGITATION DATEGORY			77 77 77 77 77	, 001111	171710 3750711	, 0, 2, 1, 1		1011111		1041111		101111	
12	Position Title		FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES
13	Executive Director		0.048	5,952	0.048	5,952								
14	Chief Financial Officer		0.048	4,610	0.048	4,610								
15	Director Of Clinical Services		0.048	3,488	0.048	3,488								
	Deputy Director of Clinical Se		0.048	3,204	0.048	3,204			*****					
17	Asst. Director of Finance & C	perations	0.048	2,503	0.048	2,503								
	Executive Assistant		0.048	1,741	0.048	1,741						i		·
	Human Resources Manager		0.048	2,003	0.048	2,003								<u> </u>
<u> 20</u>	ead Bookkeeper		0.048	2,303	0.048	2,303						<u> </u>		
21	Senior Bookkeeper	<del></del>	0.048	1,462	0.048	1,462						ļ		ļ
22	Senior Payroll Clerk		0.048	1,832	0.048	1,832					<del></del>			ļ
	Payroll Clerk		0.048	1,371	0.048	1,371	<u>.</u>				•			
24	Program Data Clerk	·····	0.048	1,238	0.048	1,238		ļ				<del> </del>		
25	Secretary/Reception		0.048	1,794	0.048	1,794							······································	
	Facilities Manager		0.048	2,506	0.048	2,506								
	EMPLOYEE FRINGE BENEI		l	7,902		7,902		\$		\$				\$
28		riis	*	\$43,909		\$43,909		\$0		\$0		\$0	•	\$0
29	2. Operating Cost			·				·			•			
5-5	Expenditure Category													
30	Expenditure Category Utilities			1,042	•	1,042						•		
33	Insurance .		-	528	•	528								
34	<del></del>	······································	•	336	•	336	•							
35	Consulting		•	768	•	768				***************************************				
36	Auto		•	178	•	178								
	Parking		•	855.	•	855		<del></del>						<u>-</u>
38	TOTAL OPERATING COSTS	3	•	\$3,706	•	\$3,706		· · · · · ·						
39				7-7. 00									:	
40				\$47,614		\$47,614					•			P .
-	1.	ting Cost)	1									<del></del>	į	
42	DPH #5 (CMHS & CSAS)		-								•			5-

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rogram Name: Ashbury		:								Docum	nent Date:	10/08/10
ame as Line 9 on DPH #1)												=
				Indirect Co	st Detail							
Salaries and Benefits		_	····			•			•	·		
•						ALIT WAL	0.5	S B S S T T T A -	Womis			
		TOTAL		L FUND & (Agency-	. GH	ANT #1:	GF	RANT #1:		ORDER #1: HSA	WORK	ORDER #2:
		10,171	generated	) OTHER REVENUE	(gr	ant title)	(gr	ant title)		ot. name)	(der	pt. name)
•												
		PROPOSED RANSACTION		PROPOSED PANSACTION		OPOSED NSACTION		OPOSED NSACTION		OPOSED ISACTION		OPOSED NSACTION
xpenditure Category	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:			7/1/10-6/30/11	Term:	
					,		7		. 4-(1)()		[GHR	•
Position Title	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
xecutive Director	0.054	6,678	0.033	4,042		·			0.021	2,636		<u> </u>
hief Financial Officer	0.054	5,173	0.033	3,131				<del> </del>	0.021 0.021	2,042 1,545		ļ
irector Of Clinical Services eputy Director of Clinical Services	0.054	3,913 3,596		2,368 2,176	· · · · · · · · · · · · · · · · · · ·			<del></del>	0.021	1,545		
sst. Director of Finance & Operations	0.054	2,809	0.033	1,700	•	<del> </del>	······	<del> </del>	0.021	1,109		
xecutive Assistant	0.054	1,953		1,182		<del> </del>		<u> </u>	0.021	771		<del> </del>
uman Resources Manager	0.054	. 2,247	0.033	1,360	<del></del>	<del></del>			0.021	887		·
ead Bookkeeper	0.054	2,584	<del></del>	1,564					0.021	1,020		<u> </u>
enior Bookkeeper	0.054	1,640		993		 	<del></del>		0.021	648		
enior Payroll Clerk	0.054	2,055	0.033	1,244					0.021	811		
ayroll Clerk -	0.054	1,538	0.033	931					0.021	607		
rogram Data Clerk	0.054	1,389		841					0.021	548		
ecretary/Reception	0.054	2,013	0.033	1,219	· · · · · · · · · · · · · · · · · · ·				0.021	. 795		
acilities Manager	0.054	- 2,812	0.033	1,702				ļ	0.021	1,110		
MPLOYEE FRINGE BENEFITS	0.054	8,867		5,367		\$		\$		3,500	····-	\$
OTAL SALARIES & BENEFITS		\$49,268		\$29,819		.\$0		\$0		\$19,450	······································	\$(
Operating Cost						•						
Expenditure Category								•				
tilities		1,169		707						461		
surance		592		359						234		
epair & maintenance		377		. 228						149		
onsulting		862		522						340		
.to		199		121		•	•			79		
arking		959	. •	580						379		
DTAL OPERATING COSTS		\$4,158		2,517						\$1,642		
OTAL INDIRECT COSTS		\$53,426		\$32,335						\$21,091		
alaries & Benefits + Operating Cost)	i	Ψου, πευ	1	ψυ2,000						Ψ21,001	*	······································
PH #5 (CMHS & CSAS)												
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		•										
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ABB	C	D	E	F	G	Н	1	J	ĸ	L L	М	l N
		•	,						• •	Ex	hibit B	Page 43
								•		Docrii	nent Date:	10/08/10
Program Name: Clay (Same as Line 9 on DPH #1)				• '		•						
Game as Line 9 on Or 13 #17.				Indirect Co	et Detail					•		-
1. Salaries and Benefits		•		manaca oo	or Dotain							
<b>1</b>												······································
			CENEBAI	_ FUND & (Agency-	GR	ANT #1:	GR	IANT #1:	WORK	ORDER #1:	WORK	ORDER #2:
		TOTAL	generated	OTHER REVENUE					7.4			
<b>,</b> .					(gr	ant title)	(gr	ant title)	(de	ot. name)	(de	ot. name)
		<b>FOPOSED</b>		PROPOSED		OPOSED		OPOSED -		OPOSED		OPOSED
<u> </u>		ANSACTION	TR	ANSACTION	TRA	NSACTION	TRAI	NSACTION	TRAI	ISACTION		NSACTION
Expenditure Category	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:	-	Tenn:		Term:		Term:	
Position Title	FTE	SALARIES	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE :	SALARIES
3 Executive Director	0.059	7,317		7,317								<u> </u>
4 Chief Financial Officer	0.059	5,668		5,668						]	_	
5 Director Of Clinical Services	0.059	4,287	0.059	, 4,287								
6 Deputy Director of Clinical Services	0.059	3,939	0.059	3,939								
7 Asst. Director of Finance & Operations	0.059	3,077	0.059	3,077						•		
Executive Assistant	0.059	. 2,140	0.059	2,140								
Human Resources Manager	0.059	2,462		2,462	**************************************							
Head Bookkeeper	0.059	, 2,831	0.059	. 2,831								
Senior Bookkeeper	0.059	. 1,797		1,797								<u>.</u>
2 Senior Payroll Clerk	0.059	2,252		2,252								ļ
3 Payroli Clerk 4 Program Data Clerk	0.059	1,685 1,522	<del> </del>	1,685		<del> </del>						<del> </del>
5 Secretary/Reception	0.059	2,206	<del> </del>	1,522 2,206								
6 Facilities Manager	0:059	3,081		3,081								<del></del>
7 EMPLOYEE FRINGE BENEFITS	0.000	9,715		9,715		s		\$ .			,	g:
8 TOTAL SALARIES & BENEFITS		\$53,978	l	\$53,978	***************************************	\$0	**********************	\$0		\$0		\$0
9						-law-company or is and				to and the second	····	
2. Operating Cost		•				•						
1 Expenditure Category												
2 Utilities		. 1,280		1,280		-						
3 Insurance		649		649								
4 Repair & maintenance	- · -	413		413								
5 Consulting 6 Auto		944	. ` .	944								
7 Parking		218 1051		218 1,051		<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>				***		
TOTAL OPERATING COSTS		\$4,556		\$4,556		<del></del>						
9	=	ψτ,σου		φτ,σσο				<u> </u>				
TOTAL INDIRECT COSTS		. \$58,534		\$58,534		•		•		•		
Salaries & Benefits + Operating Cost)	•		•			•						
2 DPH #5 (CMHS & CSAS)												<del>"</del>
				•					-			

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											-		
Ä	В	C I	Ď	Ē	F	G	Н		J	к	L	T M	1 N.
			•		,			1			E	hibit B	Page 4
Mana .	n							•			Docu	ment Date:	10/08/10
ogram Name:I ame as Line 9 on DPH #1)	Dorine Loso I	House	:										7
ame as cine a on Drn #1)			:		Indirect Cos	et Dotail							
Salaries and Benefits		t	•		munect out	or Detail							
•							· 1	•		<del></del>	<del></del>	· · · · · · · · · · · · · · · · · · ·	
				GENERAL	. FUND & (Agency-	GR	ANT #1:	GR	ANT #1:	WORK	ORDER #1:	WORK	ORDER #2
•			TOTAL		OTHER REVENUE	£						<b> </b>	
		}				(gr	ent title)	(gra	ant title)	(aeb	t. name)	(dep	ıt. name)
		P	ROPOSED		ROPOSED		POSED		POSED		POSED		POSED
		TRA	ANSACTION	TR	ANSACTION	TRAT	ISACTION	TRAT	ISACTION	1ART	ISACTION	TRAN	SACTION
penditure Category		Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:		Term:		Term;	
Position Title		FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIE
ecutive Director		0.119	14,761	0.119	14,761								
nief Financial Officer .		0.119	11,435	0.119	11,435								
ector Of Clinical Services		0.119	8,650	0.119	8,650								
puty Director of Clinical Ser	vices	0.119	7,947	0.119	7,947	•							
st. Director of Flnance & Op	erations	0.119	6,209	0.119	6,209								
ecutive Assistant		0.119	4,317	0.119	4,317								
man Resources Manager		0.119	4,967	0.119	4,967								
ad Bookkeeper		0.119	5,711	0.119	5,711								
nker Bookkeeper		0.119	3,626	0.119	3,626								
nior Payroll Clerk		0.119	4,543	0.119	4,543								-
yroll Clerk		0.119	3,400	0,119 0,119	3,400 3,070					<u></u>			
ogram Data Clerk cretary/Reception		0.119	4,450	0.119	4,450								
cilities Manager		0.119	6,215	0.119	6,215				<u>-</u>	<del></del>			
IPLOYEE FRINGE BENEFI	TS	0.113	19,599	0.110	19,599		\$		\$				\$ :
TAL SALARIES & BENEFI		<u> </u>	\$108,899		\$108,899		\$0		\$0		\$0		Ψ .
		<u>L</u>	4,00,00	<u>.</u>					- I				
Operating Cost									•				
Expenditure Category					·								
ities		<del>-</del>	2,583		2,583								
urance			1,310		1,310				*		···		
pair & maintenance			. 833		833					,	·····		
nsulting			. 1905		1,905								
0			: 440	_	440			•	·				
rking			2120	_	2,120								
TAL OPERATING COSTS		<b>*</b>	. \$9,191		\$9,191			,		,			
TAL INDIRECT COSTS alaries & Benefits + Operatir	ng Cost)	_	\$118,090	-	\$118,090				· · · · · · · · · · · · · · · · · · ·	:			
H #5 (CMHS & CSAS)	- · · · · ·									*			

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A B	C	. D	E	F	G	H : ]		J	К	[	M	N
											hlbit B	Page 45
										· Docur	nent Date:	10/08/10
Program Name:Seniors Program as Line 9 on DPH #1)	gram	•	•									
Same as Line 9 on DFH iff)		•		Indirect Co	at Datail							
. Salaries and Benefits	•			munect Co	st Detail							
			··········				<del></del>					
			CENEDA	LEUSID & /Amman	GF	RANT #1:	GF	RANT #1:	WORK	ORDER #1:	WORK	ORDER #2:
		TOTAL		L FUND & (Agency-							****	
			goriorato	, 5 (1)	(gr	ant title)	(gı	rant title)	(dep	ot. name)	(de <sub>l</sub>	ot. name)
·	<u> </u>	PROPOSED		PROPOSED	PR	OPOSED	pp	OPOSED .	PRI	OPOSED	PR	OPOSED
		RANSACTION		ANSACTION		NSACTION		NSACTION		NSACTION		SACTION
Expenditure Category	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11			Term:		Tem:		Term:	
•		DALADIDO		041455			pp.p.	041 45005	p.2-9-2-	OAL ADIDO		OAL ADIES
Position Title.	FTE	SALARIES	FTE	SALARIES 6 507	FIE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Executive Director	0.052	6,507	0.052	6,507	<del></del>	-					-	
Chief Financial Officer Director Of Clinical Services	0.052	5,041	0.052	5,041		<b> </b>		-				
Deputy Director of Clinical Services	0.052	3,813	0.052 0.052	3,813 3,504			<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>					<del> </del>
Asst, Director of Finance & Operations	0.052	3,504 2,737	0.052	2,737				-				<del> </del>
Executive Assistant	0.052	1,903	0.052	1,903		<del> </del>	<del></del>	<del> </del>		<b></b>		ļ
Innan Resources Manager	0.052	2,190	0.052	2,190	<del></del>		•					
lead Bookkeeper	0.052	2,518	0.052	2,518	*******							
Senior Bookkeeper	0.052	1,598	0.052	1,598				-				
Senior Payroll Clerk	0.052	2,003	0.052	2,003								
Payroll Clerk	0.052	1,499	0.052	1,499	***************************************				·····			f
rogram Data Clerk	0.052	1,353	0.052	1,353		·ļ						
Secretary/Reception	0.052	1,962	0.052	1,962								
Facilities Manager	0.052	2,740	0.052	2,740								
EMPLOYEE FRINGE BENEFITS		8,640		8,640		\$		\$				\$
TOTAL SALARIES & BENEFITS	•	\$48,007		\$48,007		. \$0		\$0		\$0		\$0
					•							•
2. Operating Cost												
Expenditure Category												
Jtilities		1,139		1,139		•				***************************************	•	
risurance	_	577		577			•					
Repair & maintenance Consulting	_	367		367			•					
Auto	<del>-</del>	. 840		840						<del></del>	• .	
Parking		194 934		194 934							7	
TOTAL OPERATING COSTS		\$4,052		\$4,052								
ORL OF EIRERIG OCCIO		Φ⁴₁∪52	•	φ <b>4,</b> U22		HICKOROCCUS PROTESTICAL STATE					•	* * *
FOTAL INDIRECT COSTS		\$52,058		\$52,058								P m
Salaries & Benefits + Operating Cost)		7	1	7-27-0-0				***************************************			Ŧ	3. 45.
OPH #5 (CMHS & CSAS)						1						

<b>X</b>													
**************************************			,		•								*
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置	A B	С	. D	E	F	G	Ĥ	1	J	K	/ L	M	N
121			•			•					Ex	hibit B-	Page 48
2				•						•	Docur	nent Date:	10/98/10
	Program Name: Dore Street L	Irgent Care	Clinic										-
	(Same as Line 9 on DPH #1)		:										·
5	1 Salayles and Bonofits		•		Indirect Co	st Detail						•	
E-	1. Salaries and Benefits				· · · · · · · · · · · · · · · · · · ·			~~	·····	,			
\$1.5 7.5		•				GR	ANT #1;	GR	ANT #1:	WORK	ORDER #1:	WORK	ORDER #2;
¥0	·		TOTAL		L FUND & (Agency- ) OTHER REVENUE								
			·	generateu	OTHER REVENUE	(gra	nt title)	(gr	ant title)	(de <sub>l</sub>	pt. name)	(dep	t. name)
<b>27</b>			PROPOSED		PROPOSED	PRC	POSED	PRI	OPOSED	PR	OPOSED	PR	POSED
活			ANSACTION		ANSACTION		SACTION		SACTION		NSACTION		SACTION
i o	Expenditure Category	Term:	7/1/10-6/30/11	Term:	7/1/10-6/30/11	Term:		Term:		Term:		Term:	
111													
12		FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
+	Executive Director	0.185	22,962	0.185	. 22,962						ļ	·	
14	Chief Financial Officer	0.185	17,788	0.185	17,788						ļ		, —————
15	Director Of Clinical Services	0.185	13,455	0.185	13,455								
10	Deputy Director of Clinical Services	0.185	12,363	0.185	12,363					,	ļ		<u> </u>
17	Asst. Director of Finance & Operations	0.185	9,658	0.185	9,658			·			<u> </u>		
IIB	Executive Assistant	0.185	6,716	0.185	. 6,716			·····					
119	Human Resources Manager	.0.185 0.185	7,726 8,885	0,185 0,185	7,726 8,885			<del></del> -					
6	Head Bookkeeper Senior Bookkeeper	0.185	5,640	0.185	5,640								
7		0.185	7,067	0.105	7,067			······					
22	Payroli Clerk	0.185	5,289	0.185	5,289			·		<del></del>	<del> </del>		
24		0.185	4,776	0.185	· 4,776								
Se.	Secretary/Reception	0.185	6,923	0.185	6,923								
Se.	Facilities Manager	0.185	9,668	. 0.185	9,668						<del> </del>		
-			30,488		30,488	•	s		s		1		\$
-	TOTAL SALARIES & BENEFITS		\$169,403		\$169,403		\$0		\$0	<del></del>	\$0		<del></del>
29			<del></del>		-						La transfer de la constantia		
30	2. Operating Cost								•		•		•
31	Expenditure Category Utilities		•	_									
32	Utilities		4,019		4,019								
33	Insurance		2,037	_	2,037	٠							
34	Repair & maintenance		1,296		1,296								
35	Consulting Auto Parking		2963	-	2,963							٠.	
36	Auto		685	-	685								
37	Parking		3297	-	3,297	٠.					<u> </u>		
38	TOTAL OPERATING COSTS	7	\$14,297	æ	\$14,297		######################################				terror constitution and the	ī	
33	TOTAL INDIRECT COSTS		\$183,700		\$183,700								1
1774	1/Salarian I. Banatite & Operating Coet)	-	φισσισσ	•	Ψ1001,00	•						•	<del></del>
.42	DPH #5 (CMHS & CSAS)									···	•	<u> </u>	
75.			:				•			•	•		
総版													
	DPH #5 (CMHS & CSAS)		•								•		

DEPARTMENT OF MENTAL HEALTH Page 1 of 40 SUBMISSION DATE: 10/8/10

PROGRAM BUDGET [MH 1904A (4/02)]

FISCAL YEAR; 10-11
COUNTY CODE 3B; COUNTY OF SAN FRANCISCO
LEGAL ENTITY CODE AND NAME;
THE THE TOTAL T

PROGRAM TYPE 01 MODE OF SERVICE 05 10 DAY SERVICES

TR	EATMENT PROGRAM - 3		15 OUTPATIE		60 SUPPORT	r services			
U	PROVIDER CODE/NAME	La Posada	Shrader	Avenues	Dore Residential		Progress House	TOTAL	1 1
E	REPORTING UNIT CODE/NAME	38081	89661	38A41		38091	38371		ĪĒ
5	MODE OF SVCS/ SERVICE FUNCTION CODE	05-40	05-40	05-40	05-40	05-65	05-65		s
	FUNDING USES:								$\top$
1	SALARIES & EMPLOYEE BENEFITS	735,555	744,184	970,686	1,044,265	348,588	327,731		1
2	OPERATING EXPENSE	143,815	204,986	215,921	190,408	114,402			2
Г	CAPITAL OUTLAY (Equipment/Remodeling)					7477.			<u> </u>
-3					ļI			ļ	3
4		879,370	949,170	1,186,607		462,990	388,130		4
_5		57,173	62,758	81,238	123,112	25,633	26,627		5
-6		936,543	1,011,928	1,267,845	1,357,783	488,623	414,757		6
7	The same of the sa							<u>                                     </u>	7
8	ACTUAL COST/FEE FOR SVC CONTRACTS					•			. 9
9	GROSS COST	936,543	1,011,928	1,267,845	1,357,783	488,623	414,757		9
10	DIST. OF ADM SUPPRY & RESRCH'& EVAL				<u> </u>				10
11		936,543	1,011,928	1,267,845		488,623	414,757	L	. 11
1	FUNDING SOURCES:	The state of the s	along the transport of the	, to me addinguished stay	ARTON TRANSPORTATION TO A	ngan yang seliku nga <del>pi</del> ngan	AND CONTRACTOR	402.10	1 7
1	a GRANTS:				<del></del>				1
_								<u> </u>	12
-	b. SAMHSA GRANTS								13
_	c. PATH GRANTS				<del> </del>				14
$\overline{}$	d RWJ GRANTS				<del></del>				15
	e. MH AIDS GRANTS			· · · · · · · · · · · · · · · · · · ·	<del> </del>				16
17					<b></b>				17
_	g PATIENT FEES				<del>                                     </del>				18
-	h PATIENT INSURANCE		<del> </del>	<del></del>					19
20	<del> </del>	: 396,087	441,975	589,437	660,058	185,633	221,313	· · · · · · · · · · · · · · · · · · ·	20
21	4			·	<u> </u>	<u> </u>			21
22									22
23	I FAMILY MOSAIC CAPITATED MEDICAL				<u> </u>				23
24	m MEDICARE								24
25	n SGF-CSOC Allocation			_					25
26	o. SGF-Cmmty Svos (AB2034)								26
27	p SGF Managed Care								27
28	g. SGF-Managed Care-PY Roll-Over				·				28
29	r. SGF-SEP		•						29
30	s SGF-County Match					•			30
31	t SB 90 (AB3632)						•	ı	31
32	u. CALWORKS								32
33	v. WO-DCYF								39
34	w WO-DHS .								34
35									35
36			· · · · · · · · · · · · · · · · · · ·						36
37		254,269	283,727	378,391	423,726	119,168	142,072		37
	BR COUNTY OVERMATCH	274,187	274,226	288,017		153,822	21,372		38
39		924,543	999,928	1,255,846		458,623	384,757		39
·					the valety stable productive		A11-1.1. Weener bek	A supergraph of the pro-	10000
40	ab OTHER REVENUES (PROVIDER'S)								40
41	ac GRANTS								41
42	ad IN-KIND								42
43	BE PROVIDER CLIENT FEES	12,000	12,000	12,000	12,000	30,000	30,000		43
44	af PROVIDER-FOOD STAMP				1				44
45	ag MISC REVENUES (Fund Raisisng, etc.)								45
46	SUBTOTAL PROVIDER REVENUES	12,000	12,000	12,000		30,000	30,000		46
47	TOTAL REVENUES	936,543	1,011,928	1,267,845	1,357,783	488,623	414,757		47
48	NET COST	O	G	0	0	0	0		48
	HARTO CUCOTIME AND HART COST.		·						
	UNITS-SVCS/TIME AND UNIT COST:  PATIENT DAYS OR VISITS/ UNITS OF SERVICE				-				$\vdash \vdash$
	(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)	İ	i						
49		3,103	3,103	3,723	4,244	4,033	3,103		49
50									50
	<u> </u>				·			Windstone State Street and	ᡟ᠆ᢡ
- "	COST PER UNIT OF SERVICES/ CONTRACT	i	1		1 1	•			) 1

PROGRAM BUDGET [MH 1904A (4/02)]

FISCAL YEAR: 10-11 COUNTY CODE 38: COUNTY OF SAN FRANCISCO

LEGAL ENTITY CODE AND NAME:

PROGRAM TYPE 01
MODE OF SERVICE\_05 10 DAY SERVICES

TREATMENT PROGRAM - 3		15 OUTPATIE		60 SUPPORT		•		. 1
PROVIDER CODE/NAME	Cortland	Ashbury	Clay	Hypins	Carroli	Loso House	TOTAL	
E REPORTING UNIT CODE/NAME	38631	89841	89851	38531	38541	38GH1		Ē
S MODE OF SVCS/ SERVICE FUNCTION CODE	05-66	05-65	05-65	05-65	05+65	05-65		s
FUNDING USES:								
1 SALARIES & EMPLOYEE BENEFITS	339,075	289,531	518,701	219,672	219,672	549,760	***************************************	1
2 OPERATING EXPENSE	99,445	51,194	144,016	54,286	54,286	190,647		2
. CAPITAL OUTLAY (Equipment/Remodeling)				V.,,V	- 1,240	300,000		╁
3 over \$5,000 per item								3
4 SUBTOTAL DIRECT COSTS	438,520	340,725	662,717	273,958	273,958	740,407		4
5 INDIRECT COST RATE/AMOUNT%	. 29,997	22,023	36,876	13,226	13,228	74,397		5
6 TOTAL DIRECT COSTS	468,617	362,748	699,593	287,186	. 287,186	814,804		6
7 NEGOTIATED NET AMT/NEGOTIATED RATE								7
B ACTUAL COST/FEE FOR SVC CONTRACTS								В
9 GROSS COST ·	468,517	362,748	699,593	287,186	287,186	814,804		9
10 DIST. OF ADM SUPPRT & RESRCH & EVAL								10
11 ADJUSTED GROSS COST	468,517	362,748	699,593	287,186	287,186	814,894		11
		orania in Seliment		STATES STATES		Or compression		-
FUNDING SOURCES:							/	<del> </del>
12 a GRANTS:					,			12
13 b. SAMHSA GRANTS								13
14 c. PATH GRANTS	·							14
15 d RWJ GRANTS						,,,, watar-r		15
16 e. MH AIDS GRANTS								16
17 I OTHER GRANTS								17
18 g PATIENT FEES		,						18
19 h PATIENT INSURANCE								19
2011 REGULAR SD/MC (FFP Only)	176,691	194,854	365,530	162,226	140,276	401,709		20
21 HEALTHY FAMILY (FFP Only)								21
22 k EPSDT SD/MC (State Share Est)			· · · · · · · · · · · · · · · · · · ·					22
231 FAMILY MOSAIC CAPITATED MEDICAL								23
24 m MEDICARE								24
25 n SGF-CSOC Allocation							<del></del>	25
	, , , , , , , , , , , , , , , , , , , ,					•	<del> </del>	26
26 o. SGF-Cmmty Svcs (AB2034)								+
27 p SGF Managed Care							<del>                                     </del>	27
28 q. SGF-Managed Care-PY Roll-Over								28
29 r. SGF-SEP					····			29
30 s SGF-County Match								30
31 t SB 90 (AB3632)								31
32 u. CALWORKS	<u></u>							32
33 v. WO-DCYF						•		33
34 w WO-DHS								34
35 x WO-OTHERS (Sheriff, Juvile Prob)	-							35
36 y MISC DPH REVENUES (CHS Funding, Prop J)								36
37 z REALIGNMENT FUNDS/MOE	113,427	125,087	234,653	97,722	90,051	257,878		37
38 aa COUNTY OVERMATCH	149,599	12,807	17,410	16,238	35,859	73,217		38
39 SUBTOTAL DPH REVENUES	439,717	332,748	617,593	266,186	266,1B6	732,804		39
1 1	ntering inglocations	erminantiste santidad 2015	Charles Legislacing Agents and	alain lileyddyny beintyn,	M. Francisco Marie Street, No.	Later Str. Accessed to the Street of a	www.comensus.	1.22.0
40 ab OTHER REVENUES (PROVIDER'S)	<del> </del>	·		<del>- :  </del>			<del> </del>	40
41 BC GRANTS							<del> </del>	41
42 ad IN-KIND								42
43 ae PROVIDER CLIENT FEES	28,800	30,000	82,000	21,000	21,000	82,000	ļ	43
44 af PROVIDER-FOOD STAMP							ļ	44
45 ag MISC REVENUES (Fund Raisisrig, etc.)		,						45
46 SUBTOTAL PROVIDER REVENUES		30,000	82,000	21,000	21,000	82,000	<del>, , ,,,,,,,</del>	46
47 TOTAL REVENUES	468,517	362,748		287,186	287,186	814,804		47
48 NET COST	0	0	0	0	. 0	0		48
LINETO CVOCADAE AND LINET COCT.	•							
UNITS-SVCS/TIME AND UNIT COST:  PATIENT DAYS OR VISITS/ UNITS OF SERVICE	<u> </u>						ļ	-
(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)	]				•	,		
49 (Mode 5, 10, 45, and 60)	3,103	1,861	4,654	1,862	1,862	4,654		49
i .v. Suchan of the Ant men Ant								4
						ï :	1	三 三八
60 UNITS OF TIME (STAFF MINUTE) (Mode 15)  COST PER UNIT OF SERVICES/ CONTRACT								50

DEPARTMENT OF MENTAL HEALTH Page 3 of 10 SUBMISSION DATE: 10/6/10

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PROGRAM BUDGET [MH 1904A (4/02)]

FISCALYEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

PROGRAM TYPE 01
MODE OF SERVICE 10

152391 -"LEGAL ENTITY CODE AND NAME: 10 DAY SERVICES 45 OUTREACH SERVICES TREATMENT PROGRAM - 3 15 OUTPATIENT SVCS 60 SUPPORT SERVICES PROVIDER CODE/NAME Ashbury Day Clay Day Rypins Day Loso Day La Amistad Da Progress Day TOTAL Ē REPORTING UNIT CODE/NAME 89842 Ē 89852 38532 38GH2 38092 38372 S MODE OF SVCS/ SERVICE FUNCTION CODE S 10-95 10-95 10-95 10-95 10-95 10-95 FUNDING USES: SALARIES & EMPLOYEE BENEFITS 135,553 304,634 425,166 322,875 204,726 192,477 OPERATING EXPENSE 23.984 62,167 67,254 108,559 29,113 32,694 CAPITAL OUTLAY (Equipment/Flemodeling) over \$5,000 per Item SUBTOTAL DIRECT COSTS 159,537 366,801 492,420 429,434 233,839 225,171 5 INDIRECT COST RATE/AMOUNT 10,311 21,658 25,602 15,055 43,693 15,638 TOTAL DIRECT COSTS 169,848 388,459 518,022 473,127 248,894 240,809 7 NEGOTIATED NET AMT/NEGOTIATED RATE 8 ACTUAL COST/FEE FOR SVC CONTRACTS 9 GROSS COST 169,848 388,459 518,022 473,127 248,894 240,809 10 DIST, OF ADM SUPPRT & RESRCH & EVAL 10 388,459 11 ADJUSTED GROSS COST 169,848 518,022 473,127 248,894 240,809 11 FUNDING SOURCES: 12 a GRANTS: 12 13 b. SAMHSA GRANTS 13 14 c. PATH GRANTS 14 15 d RWJ GRANTS 15 16 e. MH AIDS GRANTS 16 17 1 OTHER GRANTS 17 18 g PATIENT FEES 18 19 h PATIENT INSURANCE 19 20 I REGULAR SD/MC (FFP Only) 98,575 234,000 308,873 262,806 146,266 111,329 20 21 HEALTHY FAMILY (FFP Only) 21 22 k EPSDT SD/MC (State Share Est) 22 23 | FAMILY MOSAIC CAPITATED MEDICAL 23 24 m MEDICARE 24 25 n 25 SGF-CSOC Allocation 26 o. SGF-Crimty Svcs (AB2034) 26 27 p SGF Managed Care 27 28 g. SGF-Managed Care-PY Roll-Over 28 29 r. SGF-SEP 29 30 30 s SGF-County-Match 31 31 t SB 90 (AB3632) 32 ù. CALWORKS 32 33 v. WO-DCYF 33 34 W WO-DHS 34 35 x WO-OTHERS (Sheriff, Juville Prob) 35 MISC DPH REVENUES (CHS Funding, Prop J) 36 y 36 37 Z REALIGNMENT FUNDS/MOE 150,217 196,998 168,709 93,896 71,468 37 63,281 38 AB COUNTY OVERMATCH 14,151 7,992 4,242 41,612 8,732 58,012 38 SUBTOTAL DPH REVENUES 169,848 388,459 518,022 248,894 39 39 473,127 40 ab OTHER REVENUES (PROVIDER'S) 40 41 ac GRANTS 41 42 ad IN-KIND 42 43 as PROVIDER CLIENT FEES 43 44 at PROVIDER-FOOD STAMP 44 45 ag MISC REVENUES (Fund Raisisng, etc.) 45 46 SUBTOTAL PROVIDER REVENUES 46 47 TOTAL REVENUES 169.848 388,459 248,894 518.022 473,127 240.809 47 48 NET COST 46 UNITS-SVCS/TIME AND UNIT COST: PATIENT DAYS OR VISITS/UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) 3,170 1,032 4.120 3,315 2,520 (Mode 5, 10, 45, and 60) UNITS OF TIME (STAFF MINUTE) (Mode 15) 50 50 COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48) 164.58 122,54 125.73

DEPARTMENT OF MENTAL HEALTH Page 4\_ of 10 SUBMISSION DATE: 10/8/10

PROGRAM, BUDGET [MH 1804A (4/02)]
FISCAL YEAR: 10-11
COUNTY CODE 38: COUNTY OF SAN FRANCISCO
LEGAL ENTITY CODE AND NAME:
TREATMENT PROGRAM - 3

PROGRAM TYPE 01
MODE OF SERVICE 10
10 DAY SERVICES
15 OUTPATIENT SVCS

TREATMENT PROGRAM - 3		15 OUTPATI	ENT SVCS	60 SUPPOR	T SERVICES			
PROVIDER CODE/NAME	Cortland Day						TOTAL	1
E REPORTING UNIT CODE/NAME .	38632							Ē
S MODE OF SVCS/ SERVICE FUNCTION CODE	10-95							s
FUNDING USES:								
1 SALARIES & EMPLOYEE BENEFITS	199,140							1
2 OPERATING EXPENSE	36,802							2
CAPITAL OUTLAY (Equipment/Remodeling)  3 over \$5,000 per item								
	202.040				<b></b>	ļ		3
5 INDIRECT COST RATE/AMOUNT %	235,942				<del></del>	<u> </u>		<del>  4</del>
	17,617					<b></b>		1 5
6 TOTAL DIRECT COSTS 7 NEGOTIATED NET AMT/NEGOTIATED RATE	253,559				~		<u> </u>	1 6
B ACTUAL COST/FEE FOR SVC CONTRACTS					<u> </u>		<del></del>	╁┈;
9 GROSS COST	253,559		<u> </u>					<del>                                     </del>
10 DIST; OF ADM SUPPRT & RESRCH & EVAL	2,00,008		<del> </del>		<del></del>	<b> </b>	<b></b>	1 10
11 ADJUSTED GROSS COST	253,559			ļ	<del></del>			10
	. 41 - 11114	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	<del>. 13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 </del>	and and the state of	# # # W	<del>,</del>		<del> !</del>
FUNDING SOURCES:					<u></u>			<u> </u>
12 a GRANTS;					ļ	ļ		12
13 b. SAMHSA GRANTS						<b></b>		13
14 C. PATH GRANTS			<del></del>	ļ	<b> </b>	<b></b>	<b></b>	.14
15 d RWJ GRANTS						<b></b>	<u> </u>	15
16 e. MH AIDS GRANTS			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<b> </b>	<b> </b>		<u> </u>	16
17 f OTHER GRANTS				ļ		<b> </b>		17
18 g PATIENT FEES								1B
19 h PATIENT INSURANCE						<u> </u>		19
20 REGULAR SD/MC (FFP Only)	103,846			<b> </b>			<u> </u>	20
21) HEALTHY FAMILY (FFP Only)			<u> </u>					21
22 k EPSDT SD/MC (State Share Est)								22
23 I FAMILY MOSAIC CAPITATED MEDICAL					<u> </u>			23
24 m MEDICARE	· ·			<b></b>			<b></b> _	24
25 n SGF-CSOC Allocation				ļ				25
26 o. SGF-Cmmty Svcs (AB2034)			ļ		<del></del>	ļ		26
27 p SGF Managed Care				<b> </b>	<b></b>			27
28 q. SGF-Managed Care-PY Roll-Over				<u> </u>		ļ	<u></u>	28
29 r. SGF-SEP					<del> </del>	ļ	ļ	29
30's SGF-County Match			<del> </del>	<del>                                     </del>	<u> </u>		<u> </u>	30
31 t SB 90 (AB3632)				<del></del>	ļ			31
32 L CALWORKS		<del></del>	<del></del>	ļ	<del> </del>	ļ		32
33 v. WO-DCYF				<u> </u>	ļ		<u> </u>	33
34 w WO-DHS				<del>                                     </del>	<b></b>		·	34
35 x WO-OTHERS (Sheriff, Juvile Prob)			<u> </u>					35
36y MISC DPH REVENUES (CHS Funding, Prop J)			ļ	<del></del>	<del></del>	ļ	<u> </u>	36
37 z REALIGNMENT FUNDS/MOE	66,665		ļ	<del> </del>	<b></b>	ļ	<u> </u>	37
38 ag COUNTY OVERMATCH	83,048		<del> </del>		'	ļ		38
39 SUBTOTAL DPH REVENUES	253,559	10. 1 17. 17.11 1 10.00	120,4 2.17 ; 1 1-12 (1-24)	POPULATION AND AND AND AND AND AND AND AND AND AN	NAMES OF PERSONS	great records to a grade	7-2 N. H. H	39
40 ab OTHER REVENUES (PROVIDER'S)								40
41 ac GRANTS	,		, ,	1	ļ , ,,,			• 41
42 ad IN-KIND								42
43 88 PROVIDER CLIENT FEES			L					43
44 of PROVIDER-FOOD STAMP								44
45 ag MISC REVENUES (Fund Raislang, etc.)								45
46 SUBTOTAL PROVIDER REVENUES								46
47 TOTAL REVENUES	253,569							47
48 NET COST	0							48
UNITS-SVCS/TIME AND UNIT COST:								
PATIENT DAYS OR VISITS/ UNITS OF SERVICE			<del> </del>	<del> </del>	<del></del>		<b></b>	+
(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)					1	1		
49 (Mode 5, 10, 45, and 60)	2,060							49
50 UNITS OF TIME (STAFF MINUTE) (Mode 15)			L			•		50
COST PER UNIT OF SERVICES/ CONTRACT			1		1		SENCIONES PROCES	4
1 COST LITURAL OF SELEVICES CONTENDS	]	Ĭ	1	ł	i .	1	570	<b>1</b>

DEPARTMENT OF MENTAL HEALTH
Page 5 of 10
SUBMISSION DATE: 10/0//10

PROGRAM BUDGET [MH 1904A (4/02)]

FISCAL YEAR: 10-11

COUNTY CODE 38: COUNTY OF SAN FRANCISCO

RATE (DIVIDE LINE 9 BY (47 OR 48)

PROGRAM TYPE 01 MODE OF SERVICE 10

LEGAL ENTITY CODE AND NAME: 10 DAY SERVICES 45 OUTREACH SERVICES TREATMENT PROGRAM - 3 15 OUTPATIENT SVCS 60 SUPPORT SERVICES: PROVIDER CODE/NAME **Urgent Care** TOTAL Ē Ē REPORTING UNIT CODE/NAME 8 MODE OF SVCS/ SERVICE FUNCTION CODE 10-25 s FUNDING USES: SALARIES & EMPLOYEE BENEFITS 1,775,075 2 **OPERATING EXPENSE** 549,467 CAPITAL OUTLAY (Equipment/Remodeling) over \$5,000 per item SUBTOTAL DIRECT COSTS 2,324,542 INDIRECT COST RATE/AMOUNT \_ 183,700 6 TOTAL DIRECT COSTS 2,508,242 NEGOTIATED NET AMT/NEGOTIATED RATE ACTUAL COST/FEE FOR SVC CONTRACTS ₿ 9 GROSS COST 2,508,242 10 DIST. OF ADM SUPPRT & RESPICH & EVAL 10 11 ADJUSTED GROSS COST 2,508,242 11 FUNDING SOURCES: 12 a GRANTS: 12 13 6, SAMHSA GRANTS 13 14 C. PATH GRANTS 14 15 15 đ RWJ GRANTS 16 16 e, MH AIDS GRANTS 17 f OTHER GRANTS 17 18 9 PATIENT FEES 18 19 19 h PATIENT INSURANCE REGULAR SD/MC (FFP Only) 20 201 989,378 21 HEALTHY FAMILY (FFP Only) 21 22 k EPSDT SD/MC (State Share Est) 22 23 23 | FAMILY MOSAIC CAPITATED MEDICAL 24 m MEDICARE 24 SGF-CSOC Allocation 25 25 n 26 o. SGF-Cmmty Svcs (AB2034) 26 27 27 p SGF Managed Care 28 q. SGF-Managed Cars-PY Roll-Over 28 29 r. SGF-SEP 29 SGF-County Match 30 308 31 31 t SB 90 (AB3632) 32 32 U. CALWORKS 33 33 v. WO-DCYF 34 w WO-DHS 34 35 35 x WO-OTHERS (Sheriff, Juvile Prob) MISC DPH REVENUES (CHS Funding, Prop J) 36 y 36 37 z REALIGNMENT FUNDS/MOE 37 635,134 38 aa COUNTY OVERMATCH 883,730 38 SUBTOTAL DPH REVENUES 2,508,242 39 39 40 ab OTHER REVENUES (PROVIDER'S) 40 41 41 ac GRANTS 42 ad IN-KIND 42 43 ae PROVIDER CLIENT FEES 43 44 at PROVIDER-FOOD STAMP 44 45 45 ag MISC REVENUES (Fund Raisisng, etc.) SUBTOTAL PROVIDER REVENUES 46 46 47 TOTAL REVENUES 2,508,242 47 48 48 NET COST ٥ UNITS-SVCS/TIME AND UNIT COST: PATIENT DAYS OR VISITS/UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR) 31,410 49 (Mode 5, 10, 45, and 60) UNITS OF TIME (STAFF MINUTE) (Mode 15) 50 50 COST PER UNIT OF SERVICES/ CONTRACT

PROGRAM BUDGÉT [MH 1904A (4/02)]
FISCAL YEÁR:::10-11
GOUNTY CODE 3B: COUNTY OF SAN FRANCISCO
LEGAL ENTITY CODE AND NAME:
TREATMENT DROPE AND NAME:

PROGRAM TYPE 01 MODE OF SERVICE 15 10 DAY SERVICES

45 OUTREACH SERVICES 60 SUPPORT-SERVICES

LEGAL ENTITY CODE AND NAME: TREATMENT PROGRAM - 3		10 DAY SER			CH SERVICES T-SERVICES	•	
PROVIDER CODE/NAME	La Posada	Shrader		Dore Residential		TOTAL	
E REPORTING UNIT CODE/NAME	3808OP ·	B966OP	38A43	COLE LICAGRICIA		- IOTAL	Ē
S MODE OF SVCS/ SERVICE FUNCTION CODE	15-60	15-60	15-60	15-60	<del></del>		ı
FUNDING USES:	10-00	10-00	13-00	10-00			+ <del>°</del>
					<del> </del>		-
1 SALARIES & EMPLOYEE BENEFITS	100,303	101,480	119,972	103,279	<del></del>		1 1
2 OPERATING EXPENSE	24,132	9,025	19,184	24,711			2
CAPITAL OUTLAY (Equipment/Remodelling) 3 over \$5,000 per Item	1				1 1		١.
4 SUBTOTAL DIRECT COSTS	124,435	110 505	139,156	127,990		<del></del>	1 - 3
		110,505				<del></del>	<del></del>
	7,796	8,558	10,041	12,176			<del> </del>
6 TOTAL DIRECT COSTS	132,231	119,063	149,197	140,166	<del></del>		- 6
7 NEGOTIATED NET AMT/NEGOTIATED RATE							7
B ACTUAL COST/FEE FOR SVC CONTRACTS							8
9 GROSS COST	· 132,231	119,063	149,197	140,166			9
10 DIST, OF ADM SUPPRT & RESRCH & EVAL							10
11 ADJUSTED GROSS COST	132,231	119,063	149,197	140,166			11
FUNDING SOURCES:					1 1	. ]	Ϊ'' Ι
12 a GRANTS:					<del></del>		40
13b. SAMHSA GRANTS			·	<u> </u>	<del> </del>	<del> </del>	12
							13
14 c. PATH GRANTS	<del></del>			<del></del>	<del> </del>		14
15 d RWJ.GRANTS				ļ	<del> </del>		15
16 e. MH AIDS GRANTS					ļ		16
17 OTHER GRANTS							17
18 9 PATIENT FEES							18
19 h PATIENT INSURANCE	·						19
20 i REGULAR SD/MC (FFP Only)	54,167	62,304	65,715	67,926			20
21   HEALTHY FAMILY (FFP Only)					·		21
22 k EPSDT SD/MC (State Share Est)		·					22
23 I FAMILY MOSAIC CAPITATED MEDICAL						· · · · · · · · · · · · · · · · · · ·	23
24 m MEDICARE							24
25 n SGF-CSOC Allocation							25
26 o. 5GF-Cmmty Svcs (AB2034)		·				<u> </u>	26
27 p SGF Managed Care				<del></del>		<del></del>	27
				<del></del>	<del></del>	<del></del>	
28 q. SGF-Managed Care-PY Roll-Over		·	<del>-</del>				28
29 r. SGF-SEP				<del></del>			29
30 s SGF-County Match					<del> </del>		30
31 t SB 90 (AB3632)		·	<u> </u>	<u> </u>	<del>                                     </del>		31
32 u, CALWORKS					·	<u> </u>	32
33 v. WO-DCYF					<u> </u>		33
34 w WO-DHS				·			34
35 x WO-OTHERS (Sheriff, Juvile Prob)	·				·		35
36 y MISC DPH REVENUES (CHS Funding, Prop J)							36
37 Z REALIGNMENT FUNDS/MOE	34,773	39,997	42,186	37,186			37
38 88 COUNTY OVERMATCH	43,291	16,762	41,296	45,054			38
39 SUBTOTAL DPH REVENUES		119,063	149,197				39
		** **** ******	of Something Toxingons			tions recommended in Spiritary	ولدور جامد والد
.40 ab OTHER REVENUES (PROVIDER'S)		·		<u> </u>	<u> </u>		40
41 ac GRANTS					<u> </u>		41
42 ad IN-KIND				ļ		*	42
43 ac PROVIDER CLIENT FEES							43
44 at PROVIDER-FOOD STAMP							44
45 ag MISC REVENUES (Fund Raislang, etc.)							45
46 SUBTOTAL PROVIDER REVENUES	0	0	0	0			46
47 TOTAL REVENUES	132,231	119,063	149,197	140,166			47
48 NET COST	0	0			<del> </del>		48
	j		i		<del> </del>		†
UNITS-SVCS/TIME AND UNIT COST:			ļ		<u> </u>		1
PATIENT DAYS OR VISITS/ UNITS OF SERVICE					1 .	•	ŀ
(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)			•	1 .		- 1	1
49 (Mode 5, 10, 45, and 60)	<del> </del>	<del></del>	<del> </del>	<del> </del>	<del> </del>		49
50 UNITS OF TIME (STAFF MINUTE) (Mode 15)	30,000	25,000	30,000	30,000			50
COST PER UNIT OF SERVICES/ CONTRACT			1				Ä
51 RATE (DIVIDE LINE 9 BY (47 OR 48)	4,41	4.76	4.97	4,67	<u> </u>		51

DEPARTMENT OF MENTAL HEALTH Page \_7\_\_ of \_10\_ SUBMISSION DATE: 10/8/10 7 40 7 War 6

PROGRAM BUDGET [MH 1904A'(4/02)]

FISCAL YEAR: 10-11
COUNTY CODE 38: COUNTY OF SAN FRANCISCO
LEGAL ENTITY CODE AND NAME:

PROGRAM TYPE 01 MODE OF SERVICE 15 10 DAY SERVICES

TREATMENT PROGRAM - 8   15 OUTPATIENT SVCS   60 SUPPORT SERVICES		TOTAL	I IE: S
REPORTING UNIT CODE/NAME		TOTAL	
S   MODE OF SVCS/ SERVICE FUNCTION CODE   15-40			
FUNDING USES:			+
1 SALARIES & EMPLOYEE BENEFITS 464,884 2 OPERATING EXPENSE 154,869 CAPITAL OUTLAY (Equipment/Remodeling)		<del> </del>	
2 OPERATING EXPENSE 154,869 CAPITAL OUTLAY (Equipment/Remodeling)		L	┿.
CAPITAL OUTLAY (Equipment/Remodeling)		<del></del>	1 1
	1		1 5
		1	
4 SUBTOTAL DIRECT COSTS 619,559		<del> </del>	+-3
5 INDIRECT COST RATE/AMOUNT% 32,740			5
		<b>-</b>	+
		<del> </del>	1 6
		<del> </del>	1 7
B ACTUAL COST/FEE FOR SVC CONTRACTS			. 8
PIGROSS COST 652,293			<u> </u>
10 DIST. OF ADM SUPPRT & RESRCH & EVAL		<u> </u>	10
11 ADJUSTED GROSS COST 662,293			11
FUNDING SOURCES;	estate manager and a	V 7 84 2 1 1 1 1	
12 a GRANTS:		<del> </del>	12
13 b. SAMHSA GRANTS		<del>                                     </del>	13
14c. PATH GRANTS		1	<del></del>
		<del> </del>	14
	<del></del>	<del> </del>	15
16 e, MH AIDS GRANTS .		<del> </del>	16
17/1 OTHER GRANTS		ļ	17
18 g PATIENT FEES		<u> </u>	18
19th PATIENT INSURANCE			19
20 1 REGULAR SD/MC (FFP Only) 392,075		1	20
21 j HEALTHY FAMILY (FFP Only)		<u> </u>	21
22k EPSDT SD/MC (State Share Est)	<u> </u>	1	22
231 FAMILY MOSAIC CAPITATED MEDICAL			23
24m MEDICARE			24
25In SGF-CSOC Allocation			25
26 o. SGF-Cmmty Svcs (AB2034)		1	26
27 p SGF Managed Care		1	27
28 q. SGF-Managed Care-PY Roll-Over		<del>                                     </del>	28
29 r. SGF-SEP			29
30's SGF-County Match		<b></b>	30
The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s		<del> </del>	31
31t SB 90 (AB3632)		<del> </del>	
32 L. CALWORKS		<del> </del>	32
33 v. WO-DCYF	<del></del>	<del> </del>	33
34 W WO-DHS	<del></del>		34
35 x WO-OTHERS (Sheriff, Juvile Prob)		ļ	35
S6ly MISC DPH REVENUES (CHS Funding, Prop J)		<u> </u>	36
37 z REALIGNMENT FUNDS/MOE 251,693			37
38 ta COUNTY OVERMATCH 8,525		<del> </del>	38
39 SUBTOTAL DPH REVENUES 662,293			39
40 ab OTHER REVENUES (PROVIDER'S)	to strate describination, buyer.	er en et i tr <u>entanta 14</u>	40
			• 41
42 ad IN-KIND		<del>  .                                     </del>	42
43 ae PROVIDER CLIENT FEES		-	43
44 af PROVIDER-FOOD STAMP		<b> </b>	44
45 ag MISC REVENUES (Fund Raisising, etc.)		<u> </u>	45
46 SUBTOTAL PROVIDER REVENUES 0		<u> </u>	46
47 TOTAL REVENUES 652,293 .		<u> </u>	47
48 NET COST 0			48
HAITE SUCCITIAE AND INIT CAST.			
UNITS-SVCS/TIME AND UNIT COST:  PATIENT DAYS OR VISITS/ UNITS OF SERVICE	<del></del>	<del> </del>	+
(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)		1	1
49 (Mode 5, 10, 45, and 60)	1.	1	49
60 UNITS OF TIME (STAFF MINUTE) (Mode 15) 268,396			50
		100000000000000000000000000000000000000	<del>  ""</del>
COST PER UNIT OF SERVICES/ CONTRACT  51 RATE (DIVIDE LINE 9 BY (47 OR 48)  2.43			61

DEPARTMENT OF MENTAL HEALTH Page <u>8</u> of <u>10</u> SUBNOT: STAD NOISSIMBUS

, PROGRAM BUDGET [MH 1904A (4/02)]
FISCAL YEAR: 10-11
COUNTY CODE 3B: COUNTY OF SAN FRANCISCO
LEGAL ENTITY CODE AND NAME:
TREATMENT PROGRAM - 3

PROGRAM TYPE 01

MODE OF SERVICE 60

10 DAY SERVICES
15 OUTPATIENT SVCS

45 OUTREACH SERVICES 60 SUPPORT SERVICES

TREATMENT PROGRAM - 3		15 OUTPATIE	NT SVCS	60 SUPPOR	T SERVICES			
PROVIDER CODE/NAME	La Posada	Shrader	Avenues	Dore Residential	Le Amistad	Progress House	TOTAL	Ī
E REPORTING UNIT CODE/NAME	38081	89661	38A41		38091	36371		Ē
S MODE OF SYCS/ SERVICE FUNCTION CODE	60-40	60-40	60-40	60-40	60-40	60-40		S
FUNDING USES:								
1 SALARIES & EMPLOYEE BENEFITS				•				1
2 OPERATING EXPENSE	44,550	46,450	51;400	49,301	51,800	43,500		. 2
CAPITAL OUTLAY (Equipment/Remodeling)								
3 over \$5,000 per item				<del></del>				3
4 SUBTOTAL DIRECT COSTS	44,550	46,450	81,400		51,800			4
5 INDIRECT COST RATE/AMOUNT%	. 0	0	0	<del></del>		<del> </del>		5
6 TOTAL DIRECT COSTS	44,550	46,450	51,400	49,301	51,800	43,500		- 6
7 NEGOTIATED NET AMT/NEGOTIATED RATE						<u> </u>		7
8 ACTUAL COST/FEE FOR SVC CONTRACTS								8
9 GROSS COST	44,550	46,450	51,400	49,301	51,800	43,500		9
10 DIST, OF ADM SUPPRT & RESRCH & EVAL .								10
11 ADJUSTED GROSS COST	44,550	46,450	51,400		51,800	43,500		11
FUNDING SOURCES:		,	310 10 1 20, 110			ľ		ĺ
12 a GRANTS:								12
18 b. SAMHSA GRANTS			<del></del>					13
14c, PATH GRANTS						<u> </u>	<del></del>	14
16 d RWJ GRANTS						l		15
16 e. MH AIDS GRANTS						<u> </u>		1,6
17 f OTHER GRANTS								17
18 g · PATIENT FEES		-						18
19h PATIENT INSURANCE								19
201 REGULAR SD/MC (FFP Only)			<del>, , ,,, . , ,</del>	<del></del>				20
21 HEALTHY FAMILY (FFP Only)		· ·						21
22 k EPSDT SD/MC (State Share Est)								22
28I FAMILY MOSAIC CAPITATED MEDICAL				<u> </u>		<del>                                     </del>		23
24 m MEDICARE						<del></del>	<del></del>	24
25 n SGF-CSOC Allocation	• • • • • • • • • • • • • • • • • • • •			<del></del>		<del> </del>		25
26 o. SGF-Cmmty Svcs (AB2034)					-:	<del>                                     </del>	<del></del>	26
		<del></del>				<del></del>		27
27 p SGF Managed Care				<del> </del>	·	<del> </del>	<u> </u>	4
28 q. SGF-Managed Care-PY Roll-Over				<del> </del>		<del>  :: : : :</del>	<del> </del>	28 29
29 r. SGF-SEP				<del> </del>		<del>                                     </del>		+
30 s SGF-County Match						<del> </del>	<u> </u>	30
31 t SB 90 (AB3632)	~		<del></del>			<del> </del>		31
32 u. CALWORKS				<del> </del>		<del> </del>	<del> </del>	32
33 V. WO-DCYF				ļ			<del></del>	33
34 w WO-DHS		<del></del>			<del> </del>	<del> </del>		34
35 x WO-OTHERS (Sheriff, Juvile Prob)	· · · · · · · · · · · · · · · · · · ·	·		<u> </u>	<b></b>	<del> </del>	<del></del>	35
36 y MISC DPH REVENUES (CHS Funding, Prop J)		<u></u>	· · · · · · · · · · · · · · · · · · ·	ļ	<u> </u>	<del> </del>		36
37 z REALIGNMENT FUNDS/MOE				<del> </del>				37
38 aa COUNTY OVERMATCH	44,550			<del></del>	The second second second		<del> </del>	38
39 SUBTOTAL DPH REVENUES	44,550	46,450		49,301			N 10 0 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	39
40 ab OTHER REVENUES (PROVIDER'S)							the a grow water or	40
41 ac GRANTS				<u> </u>			}	41
42 ad IN-KIND								42
43 se PROVIDER CLIENT FEES								43
44 at PROVIDER-FOOD STAMP			i	]				44
45 ag MISC REVENUES (Fund Raisisng, etc.)								45
46 SUBTOTAL PROVIDER REVENUES	o	. 0	0	0	0	0		46
47 TOTAL REVENUES	44,550	46,450	51,400	49,301	51,800	43,500		47
48 NET COST	0							48
-				1				
UNITS-SVCS/TIME AND UNIT COST:	ļ <u>.</u>			<del> </del>	J	<del> </del>		<del></del>
PATIENT DAYS OR VISITS/ UNITS OF SERVICE (CLIENT DAY/HALF DAY/FULL DAY/ HOUR)				1				
49 (Mode 5, 10, 45, and 60)	3,103	3,103	3,723	4,244	4,033	3,103		49
50 UNITS OF TIME (STAFF MINUTE) (Mode 15)								50
COST PER UNIT OF SERVICES/ CONTRACT					<u> </u>		2/22/2006	ĮΨ
51 RATE (DIVIDE LINE 9 BY (47 OR 48)	14.36	14,97	13.81	11.62	12,84	14.02		51
	1 15000	(-44)		1	-map	1-7306	I	

DEPARTMENT OF MENTAL HEALTH Page 9 of 10 SUBMISSION DATE: 10/8/10

PROGRAM BUDGET [MH 1904A (4/02)]

FISCAL YEAR: 10-11 COUNTY CODE 38: COUNTY OF SAN FRANCISCO LEGAL ENTITY CODE AND NAME:

PROGRAM TYPE 01
MODE OF SERVICE 60
10 DAY SERVICES

	JAL ENTITY CODE AND NAME: EATMENT PROGRAM - 3	ni- m-	10 DAY SER\		45 OUTREAC 60 SUPPORT	H SERVICES			
<u> </u>	PROVIDER CODE/NAME	Cortiand	Ashbury	Clay	Rypins	Carroll	Loso House	TOTAL	
Ē	REPORTING UNIT CODE/NAME	38631	89841	89851	38581	38541	38GH1	IOIAL	Ē
s	MODE OF SVCS/ SERVICE FUNCTION CODE	60-40	60-40	60-40	60-40	60-40	60-40		s
	FUNDING USES:								<del></del>
<b>—</b>	SALARIES & EMPLOYEE BENEFITS								
2	OPERATING EXPENSE	43,500	37,492	68,400	27,125	27,125	60,280		
	CAPITAL OUTLAY (Equipment/Remodeling)	40,000	31,482	68,400	21,120	27,120	60,260		
3	over \$5,000 per item		1						3
4	SUBTOTAL DIRECT COSTS	43,500	37,492	68,400	27,126	27,125	. 60,280		4
5	INDIRECT COST RATE/AMOUNT%	0	0	0	0	0	0		5
6	TOTAL DIRECT COSTS	43,500	37,492	68,400	27,125	27,125	60,280		6
7	NEGOTIATED NET AMT/NEGOTIATED RATE								7
В	ACTUAL COST/FEE FOR SVC CONTRACTS								8
9	GROSS COST	43,500	37,492	68,400	27,126	27,125	60,280		9
10	DIST. OF ADM SUPPRT & RESRCH & EVAL								10
	ADJUSTED GROSS COST	43,500	37,492	68,400	27,125	27,125	60,280		11
	•			and the second of	74	THE ROOM TO A SECOND	2010113 1000	रूप १,,४०	K 17 14
_	FUNDING SOURCES:								$\vdash$
12									12
	b. SAMHSA GRANTS							<u> </u>	13
14								ļ	14
15				·			ļ	<u> </u>	15
16						•	<u> </u>		16
17				• 1			·		17
18								ļ	18
19									19
20					<u>-</u>				20
21									21
22	k EPSDT SD/MC (State Share Est)		,		``	•			22
23	FAMILY MOSAIC CAPITATED MEDICAL								231
24	m MEDICARE								L
25	n SGF-CSOC Allocation								L,
26	o. SGF-Crimty Svcs (AB2034)								26
27	p SGF Managed Care								27
28	q. SGF-Managed Care-PY Roll-Over								28
29	r. SGF-SEP			- Anna Anna Anna Anna Anna Anna Anna Ann					29
30	s SGF-County Match								30
31	t SB 90 (AB3632)								31
32	u. CALWORKS								32
33	v. WO-DCYF				-7-20-10/py		•		33
34	w WO-DHS						``		34
35	x WO-OTHERS (Sheriff, Juville Prob)						· · · · · · · · · · · · · · · · · · ·		35
36	y MISC DPH REVENUES (CHS Funding, Prop J)						4-11-14-14-14-14-14-14-14-14-14-14-14-14		36
37	z REALIGNMENT FUNDS/MOE								37
38	aa COUNTY OVERMATCH	43,500	37,492	68,400		27,125	60,280		38
39	SUBTOTAL DPH REVENUES	43,500	37,492	68,400	27,125	27,125	60,280		39
40	ab OTHER REVENUES (PROVIDER'S)		to the states which it is employed.	a excession order transfer	ga Drawerskie (1964)	mandochlar bog annet	TABLET CARROL TABLET STATE OF	Ad ant - a ret, an, by topy year	40
_	ac GRANTS		-				<del></del>		41
	ad IN-KIND							<u> </u>	42
_	ae PROVIDER CLIENT FEES		<u> </u>						43
-					···		•		43
44	ag MISC REVENUES (Fund Raisisng, etc.)		**						45
46	ag MISC REVENUES (FUND Haisising, etc.) SUBTOTAL PROVIDER REVENUES			n		0	, n		48
_	TOTAL REVENUES	43,500	37,492	68,400	27,125	27,125	60,280		47
_	NET COST	40,000		00,700		0			48
+0	HL; VVJ					· · ·			
	UNITS-SVCS/TIME AND UNIT COST:								لــــا
1	PATIENT DAYS OR VISITS/UNITS OF SERVICE						,		
100	(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)	3,103	1,861	4,654	1,862	1,862	4,654		49
49	(Mode 5, 10, 45, and 60) UNITS OF TIME (STAFF MINUTE) (Mode 15)	2,103	1,001	2,00%	,,,,,,	1,402	1,004		$\overline{}$
50								E STEEN WARREN	loa
	COST PER UNIT OF SERVICES/ CONTRACT RATE (DIVIDE LINE 9 BY (47 OR 48)	44-0	00-5	A C	1,	44.55	*0.55		ĺ
51	HATE (DIVIDE LINE S BY (47 OR 40)	14.02	20.15	14.70	14.57	14,57	12.95	50. 144. 7. 14. 14. 14.	<u> </u>

DEPARTMENT OF MENTAL HEALTH Page 10 of 10 SUBMISSION DATE: 10/8/10

PROGRAM BUDGET [MH 1904A (4/02)]
FISCAL YEAR: 10-11
COUNTY CODE 38: COUNTY OF SAN FRANCISCO
LEGAL ENTITY CODE AND NAME:
TREATMENT PROGRAM - 3

PROGRAM TYPE 01
MODE OF SERVICE\_Other\_ 10 DAY SERVICES 15 OUTPATIENT SVCS

45 OUTREACH SERVICES 60 SUPPORT SERVICES

TRE	ATMENT PROGRAM - 3		15 OUTPATIE	NT SVCS	60 SUPPOR	T SERVICES			
	PROVIDER CODE/NAME	Ashbury	Ashbury	Ashbury			Sub-Total	TOTAL	
Ε	REPORTING UNIT CODE/NAME	CALWORKS	CALWORKS	CALWORKS					Ē
S	MODE OF SVCS/ SERVICE FUNCTION CODE	05-65	60-78	60-40					s
	FUNDING USES:		,	•					
1	SALARIES & EMPLOYEE BENEFITS	203,680	73,581				277,261	11,034,045	1 -
2	OPERATING EXPENSE	36,021	13,014	21,108			70,143		
	CAPITAL OUTLAY (Equipment/Remodeling)	50,027	70,077			[	70,740	0,201,000	-
3	over \$5,000 per item					[	о о		3
4	SUBTOTAL DIRECT COSTS	239,701	86,695	21,108	0	0	347,404	14,318,875	1
5	INDIRECT COST RATE/AMOUNT%	15,494	5,697	0		0	21,091	991,966	
6	TOTAL DIRECT COSTS	255,195	92,192	21,108	0		<del>                                     </del>		<del>-</del>
7	NEGOTIATED NET AMT/NEGOTIATED RATE	250,750				<u>-</u>	0	0,010,071	<del>  `</del>
8	ACTUAL COST/FEE FOR SVC CONTRACTS					<b></b>	Ö	0	1 2
	GROSS COST	255 405	00.400	01.400					-
		255,195	92,192	21,108	0		1	15,310,841	
	DIST. OF ADM SUPPRT & RESRCH & EVAL ADJUSTED GROSS COST	205	00 100	01 100	<del></del>	ļ <u>-</u>	0	0	10
	ADJUSTED GROSS COST	255,195	92,192	21,108	0	0	368,495	15,310,841	1 11
- 1	FUNDING SOURCES:				•				1
12	GRANTS: .						0	O	12
13	D. SAMHSA GRANTS						0		-
	PATH GRANTS						0		1
15					· · · · · · · · · · · · · · · · · · ·		0		<del></del>
				· · · ·	· · · · · · · · · · · · · · · · · · ·	<b></b>	······································		
16						<u></u>	0		<del>}</del>
17	**************************************						0	·	<del></del>
18	F-1976-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1					<b></b>	0		+
19	n PATIENT INSURANCE						0		-
20	REGULAR SD/MC (FFP Only)						0	6,811,049	20
21	HEALTHY FAMILY (FFP Only)						0	0	21
22	k EPSDT SD/MC (State Share Est)						0	. 0	22
23	FAMILY MOSAIC CAPITATED MEDICAL	-					0	D	23
24	<u> </u>						0	D	<del>-</del>
26							o		-
	p. SGF-Cmmty Svcs (AB2034)			***************************************			0	-	<del>: -</del>
27					<del> </del>		0		<del>,</del> -
	AND THE RESERVE OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF						<del>                                     </del>		-
28	· · · · · · · · · · · · · · · · · · ·				<u> </u>	<del></del>	0		
29					<u> </u>	ļ	0		-
30						<del> </del>	0		1
31	SB 90 (AB3632)						- Ρ	0	3.
32	u. CALWORKS						0	0	32
33	v. WO-DCYF				<u> </u>	<u> </u>	0	i o	33
34	w WO-DHS CALWORKS	255,195	92,192	21,108		]	368,495	368,495	34
35	w WO-OTHERS (Sheriff, Juvile Prob)						0	0	35
36	MISC DPH REVENUES (CHS Funding, Prop J)						0	0	36
37							0	4,372,374	_
	AR COUNTY OVERMATCH			•		1	0		-
39	SUBTOTAL DPH REVENUES	255,195	92,192	21,108	C		368,495	<del></del>	_
:	, JODIOTAL DI TITALI CHOLD				11.00.00	<del>                                      </del>	1 : 000,700	*** ********	1
40	ab. OTHER REVENUES (PROVIDER'S)					<u> </u>		0	40
41	ac GRANTS						0	0	4
42	ad IN-KIND						· · o	0	
$\rightarrow$	ae PROVIDER CLIENT FEES					1	0	<del>,</del>	<del></del>
_	af PROVIDER-FOOD STAMP				l	1	0		<del>,                                     </del>
_	ag MISC REVENUES (Fund Raisising, etc.)					1	0		
46	SUBTOTAL PROVIDER REVENUES	0	0	0	0			<del></del>	_
	TOTAL REVENUES	265,195		21,108			368,495		
_	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s								
48	NET COST	. 0	Ō	0	0	(	0	0	48
- [	Units-SVCS/TIME and unit cost:				1	l	1		
-	PATIENT DAYS OR VISITS/ UNITS OF SERVICE				<b> </b>		1	1	<u> </u>
- 1	(CLIENT DAY/HALF DAY/FULL DAY/ HOUR)			}	1	1	1	1	)
49	(Mode 5, 10, 45, and 60)	1,241	1,241	. 1,241	<u> </u>	1	<u> </u>	1	49
	UNITS OF TIME (STAFF MINUTE) (Mode 15)			l	ļ			1	50
50	DIGITA OF TIME (STAFF MIND LE) (MODE 19)								
50	COST PER UNIT OF SERVICES/ CONTRACT				<u> </u>		<b>多数的数据</b>		<u> </u>

DEPARTMENT OF MENTAL HEALTH Page 1 of 1 SUBMISSION DATE:

## CRDC (Cost Reporting Data Collection Form).

FROGRAM BUDGET [MH 1904A (4/02)]

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FISCAL YEAR: \_02-03\_\_ COUNTY CODE 38: COUNTY OF SAN FRANCISCO LEGAL ENTITY CODE AND NAME:

PROGRAM TYPE 01
MODE OF SERVICES

LEGAL ENTITY CODE AND NAME: TREATMENT PROGRAM - 3		10 DAY SER 15 OUTPATE		45 OUTREAD	CH SERVICES			
1 PROVIDER CODE/NAME		18 00 17 74 11	LIVI 3VC3	- 00 SOFFOR	SELANCES	1	TOTAL	Π,
E REPORTING UNIT CODE/NAME	, , , , , , , , , , , , , , , , , , ,						10174	Ē
S MODE OF SVCS/SERVICE FUNCTION CODE						<del> </del>		S S
FUNDING USES:						<del> </del>		-
SALARIES & EMPLOYEE BENEFITS								
							0	
2 OPERATING EXPENSE CAPITAL OUTLAY (Equipment/Remodeling)							0	2
3 over \$5,000 per item							٠ ،	3
4 SUBTOTAL DIRECT COSTS	0	0	0	0	· 0	0		7
5 INDIRECT COST RATE/AMOUNT%	0			0			. 0	<del></del>
6 TOTAL DIRECT COSTS	0	0		0	~~~~	<del>                                     </del>	0	- 3
7 NEGOTIATED NET AMT/NEGOTIATED RATE	<u> </u>			<u>_</u>				- 9
8 ACTUAL COST/FEE FOR SVC CONTRACTS								<del> </del>
							. 0	— <u> </u>
9 GROSS COST	0	0	0	0	0	0	0	<del> </del>
10 DIST. OF ADM SUPPRT & RESRCH & EVAL							0	10
11 ADJUSTED GROSS COST	O		₹			0	0	11
FUNDING SOURCES:	(1) with an aret harmon halfe	Col. 144.10. 131111. 145.14	Paris soursther Plakers.					1 7
12 a GRANTS:							0	12
13b. SAMHSA GRANTS							0	-
14c. PATH GRANTS					***************************************	<u> </u>	0	
16 d RWJ GRANTS						<del> </del>	0	
				<del></del>		<del> </del>		1
16 e. MH AIDS GRANTS			<u>.</u>				0	
17 ( OTHER GRANTS ·						<u> </u>	0	17
18 g PATIENT FEES							0	
19h PATIENT INSURANCE							0	19
20   REGULAR SD/MC (FFP Only)							0	20
21 / HEALTHY FAMILY (FFP Only)							0	
22 k EPSDT SD/MC (State Share Est)							0	22
231 FAMILY MOSAIC CAPITATED MEDICAL	,						0	23
24 m MEDICARE							0	7
25 n SGF-CSOC Allocation		-	, , , , , , , , , , , , , , , , , , , ,				0	L.
26 o. SGF-Cmmty Svcs (AB2034)							0	26
27 p SGF Managed Care							0	-
28 q. SGF-Managed Care-PY Roll-Over							0	
29 r. SGF-SEP							0	7
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3111 SD 30 (MC3032)							0	1
32 u. CALWORKS		· ·					0	
33 v. WO-DCYF							. 0	
34 W WO-DHS							0	34
35 x WO-OTHERS (Sheriff, Juville Prob)							•	36
36 y MISC DPH REVENUES (CHS Funding, Prop J)	•						0	
37 Z REALIGNMENT FUNDS/MOE							. 0	37
38 ag COUNTY OVERMATCH		•					0	38
39 SUBTOTAL DPH REVENUES	0		0		. 0	I	٥ ء	
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## Appendix C Insurance Waiver

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### Appendix D Additional Terms

7	HIPAA
4.	11111 // //

Accountability Act	acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. agree that CONTRACTOR falls within the following definition under the HIPAA regulations:
	A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
$\boxtimes$	A Business Associate subject to the terms set forth in Appendix E:
$\overline{\cdot}$	Not Applicable, CONTRACTOR will not have access to Protected Health Information.

### 2. THIRD PARTY BENEFICIARIES

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

#### 3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

- A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.
- B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.
- C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.
- D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

#### 4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.

### Appendix E

### BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

### RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

### 1. Definitions

- a. Breach shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. Business Associate shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. Covered Entity shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. Data Aggregation shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. Designated Record Set shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media.

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- g. Electronic Health Record shall have the meaning given to such term in the HITECT Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- Privacy Rule shall mean the HIPAA Regulation that is codified at 45 C.F.F. Parts 160 and 164, Subparts A and E.
- j. Protected Health Information or PHI means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- Protected Information shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- 1. Security Rule shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. Unsecured PHI shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

### 2. Obligations of Business Associate

- a. Permitted Uses. BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].
- b. Permitted Disclosures. BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from

CMS #7011 P-500 (5-10) such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. Appropriate Safeguards. BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. Reporting of Improper Access, Use or Disclosure. BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.R.R. Section 164.308(b)].
- f. Business Associate's Agents. BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. Amendment of PHI. Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected

Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- Accounting Rights. Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include; (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j. Governmental Access to Records. BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services(the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k. Minimum Necessary. BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- 1. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

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- m. Business Associate's Insurance. BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. Notification of Breach. During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. Breach Pattern or Practice by Covered Entity. Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. Audits, Inspection and Enforcement. Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

### 3. Termination

- a. Material Breach. A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
  - b. Judicial or Administrative Proceedings. CE may terminate the

Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

c. Effect of Termination. Upon termination of the Contract for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA or its agents or subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections of Section 2 of this Addendum to such information, and limit further use of such PHI to those purposes that make the return or destruction of such PHI infeasible[45 C.F.R. Section 164.504(e)(ii)(2)(I)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed.

### 4. Limitation of Liability

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

### 5. Disclaimer

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

### 6. Certification

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

#### Amendment

a. Amendment to Comply with Law. The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA

CMS #7011 P-500 (5-10) Progress Foundation July 1, 2010 does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

### 8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

### 9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

### 10. Effect on Contract

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Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

### 11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

### 12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

Appendix F Invoice . ; . . ..

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

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15-60 Medication Suport	25,000	V a			5 4.70		0.000		0,00%		25,000,000	245725			\$1,177,371.24
A - 2 (b) Progress House	3,103		<u></u>		\$ 133.6	s -	0.000		0.00%		3,103.000		414.	748.98	
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A - 2 (d) Ashbury	3,103				\$ 14.00	· · ·	0.000		0.00%		3,103,000		43,	504.06	\$ 689,052.64
05-55 Adult Residential .	1,881				\$ 194.93		0.000		0.00%		1,861,000		1	746.12	
10-95 Rehab DTX - Full Day 60-40 Room and Board	1,032				\$ 164.5 \$ 20.1		0.000		0.00%		1,032.000 1,861.000			645.58 499,15	\$ 570,091.83
A - Z (e) Clay								5.5							
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60-40 Room and Board A - 4 Supported Living	3,103				\$ 14.0	2 5 -	0,000		0,00%		3,103,000		43,	504.08	\$ 765,591,43
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CMH6/G6A6/CH916/25/2010 INVOICE

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

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Jul New Contract 10-25

### Appendix G

# Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

### Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at <a href="http://www.sfgov.org/site/npcontractingtf">http://www.sfgov.org/site/npcontractingtf</a> index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions for concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

### **Dispute Resolution Procedure**

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

• Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The

CMS #7011 P-500·(5-10) Progress Foundation July 1, 2010 Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at <a href="http://www.sfgov.org/site/npcontractingtf">http://www.sfgov.org/site/npcontractingtf</a> index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

### Appendix H

### San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists,

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

### Appendix I

### Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

CMS #7011 P-500 (5-10)



### P.O. BOX 420807, SAN FRANCISCO, CA 94142-0807

#### CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

ISSUE DATE: 04-01-2010

GROUP: 000488
POLICY NUMBER: 0000637-2010
CERTIFICATE ID: 1
CERTIFICATE EXPIRES: 04-01-2011
04-01-2010/04-01-2011

CITY & COUNTY OF SAN FRANCISCO CMHS 1380 HOWARD ST #443 SAN FRANCISCO CA 94103 NA

This is to certify that we have issued a valid Workers' Compensation insurance policy in a form approved by the California Insurance Commissioner to the employer named below for the policy period indicated.

This policy is not subject to cancellation by the Fund except upon 30 days advance written notice to the employer.

We will also give you 30 days advance notice should this policy be cancelled prior to its normal expiration.

This certificate of insurance is not an insurance policy and does not amend, extend or after the coverage afforded by the policy listed herein. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate of insurance may be issued or to which it may pertain, the insurance afforded by the policy described herein is subject to all the terms, exclusions, and conditions, of such policy.

Authorized Representative .

Interim President and CEO

EMPLOYER'S LIABILITY LIMIT INCLUDING DEFENSE COSTS: \$1,000,000 PER OCCURRENCE.

ENDORSEMENT #2065 ENTITLED CERTIFICATE HOLDERS' NOTICE EFFECTIVE 04-01-2002 IS ATTACHED TO AND FORMS A PART OF THIS POLICY.

**EMPLOYER** 

PROGRESS FOUNDATION (A NON-PROFIT CORP.) NA 368 FELL ST SAN FRANCISCO CA 94102

M0408

PRINTED : 03-17-2010

日	AUUKU					06/24/	<i>1</i> 2010 6					
PRO	ODUCER ERNEST BLOOMFIELD & ASSI ÉHABILITATION & RECOVER	Serial # 100371	HIS CERTONLY AND	TIFICATE IS NOT CONFERS NOT THIS CERTIFICA	ED AS A MATTER OF O RIGHTS UPON THE TE DOES NOT AMENI FFORDED BY THE PO	INFORMA CERTIFI CEXTEN	TION ICATE D OR					
	22 BATTERY STREET, SUITE 5 SAN FRANCISCO, CA. 94111	503	COMPANIES AFFORDING COVERAGE									
	5ART RARCISCO, CA. 94111		COMPANY A	I AMERICAN STATES INS. CO.								
INS	PROGRESS FOUNDATION	ON, INC.	COMPANY FIRST NATIONAL INSURANCE CO.									
	368 FELL'STREET SAN FRANCISCO, CA 94	1102	COMPANY C	1 SENERAL INSURANCE (A)								
	ı		COMPANY Z	/ / / / / / / / / / / / / / / / / / /								
co	VERAGES											
	INDICATED, NOTWITHSTANDING CERTIFICATE MAY BE ISSUED OF	OLICIES OF INSURANCE LISTED BELOW H ANY REQUIREMENT, TERM OR CONDITIO R MAY PERTAIN, THE INSURANCE AFFORI OF SUCH POLICIES, LIMITS SHOWN MAY H	N OF ANY CONTRA DED BY THE POLK	ACT OR OTHER DOC CIES DESCRIBED HE	CUMENT WITH RESPECT TO EREIN IS SUBJECT TO ALL	WHICH TH	HIS					
CO LTR		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMIT	S						
	GENERAL LIABILITY	01CH 568 907-40	6/30/10	6/30/11	GENERAL AGGREGATE		,000,000					
Α	A COMMERCIAL GENERAL LIABILITY			- ,	PRODUCTS - COMP/OF AGG		,000,000					
	CLAIMS MADE X OCCUR			•	PERSONAL & ADV INJURY		000,000					
	OWNER'S & CONTRACTOR'S PROT			·	EACH OCCURRENCE FIRE DAMAGE (Any one fire)		200,000					
					MED EXP (Any one person)	\$	10,000					
В	AUTOMOBILE LIABILITY  X ANY AUTO	01CH 568 712-40	6/30/10	6/30/11	COMBINED SINGLE LIMIT		,000,000					
_	ALL OWNED AUTOS SCHEDULED AUTOS	,			BODILY INJURY (Per person)	s						
	X HIRED AUTOS X NON-OWNED AUTOS				BODILY INJURY (Per accident)	\$						
					PROPERTY DAMAGE	\$						
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	\$						
	ANY AUTO				OTHER THAN AUTO ONLY:	,						
		·			EACH ACCIDENT	\$						
	EXCESS LIABILITY					\$	<del></del>					
	UMBRELLA FORM				EACH OCCURRENCE	\$						
	OTHER THAN UMBRELLA FORM	,			AGGREGATE	\$						
	WORKER'S COMPENSATION AND				WC STATU- OTH- TORY LIMITS ER	4						
	EMPLOYERS' LIABILITY				EL EACH ACCIDENT	\$	<del></del>					
	THE PROPRIETOR/				EL DISEASE - POLICY LIMIT	\$						
	PARTNERS/EXECUTIVE CASE CONTINUES OFFICERS ARE: EXCL				EL DISEASE - EA EMPLOYEE	\$	<del>* · · · · · · · · · · · · · · · · · · ·</del>					
D <sub>.</sub>	EMPLOYEE DISHONESTY	HLP773 93 80C 01CH 568 9072-40	6/30/10 6/30/10	6/30/10 6/30/11 \$1,000,000 OCC/\$3,000,000 AGG.								
CEI INT TEI	EREST AS A FUNDING SOUR N DAY NOTICE OF CANCELLA	ICLES/RPECIAL ITEMS ICERS, AGENTS & EMPLOYEES A CE FOR THE NAMED INSURED (S ITION FOR NONPAYMENT OF PRI	SEE ATTACHED			TO THE	IR					
W.E.	MEGATE HOLDER		CANGELLATIC									
	CITY & COUNTY OF SAN COMMUNITY BEHAVIOR 1380 HOWARD STREET SAN FRANCISCO, CA 94	AL HEALTH SERVICES , 4TH FLOOR	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENCENTAGE XXXXXIII.  30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.									
			AUTHORIZED REPRESENTATIVE									

6236

C:\fmpro\certpros.Fp5

TO COMMERCIAL GENERAL LIABILITY CG 20 26 07 04

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

# ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

**SCHEDULE** 

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

City & County of San Francisco, Its Officers, Agents & Employees Community Behavioral Health Service
1380 Howard St., 4<sup>th</sup> Floor
San Francisco, CA 94103

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

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

A. In the performance of your ongoing operations; or

B. In connection with your premises owned by or rented to you.

INSURED: Progress Foundation, Inc.

Page 1 of 1

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

### **ADDITIONAL INSURED**

CA 71 35 12 93

This endorsement modifies insurance provided under the following:

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

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

Endorsement effective June 30, 2010 .	Policy No. 01 CH 568 712-40
Named Insured Progress Foundation, Inc.	Countersigned by
	. (Authorized Representative)
	Schedule
Name of Person or Organization:	
City & County of San Francisco, Its Officers, Agents & Employees Community Behavioral Health Services 1380 Howard St., 4 <sup>th</sup> Floor San Francisco, CA 94103	
Premium: \$ INCLUDED	

(If no entry appears above, information required 10 complete this endorsement will be shown in the Declarations as applicable to this endorsement)

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

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

CA 71 35 12 93

Page 1 of 1

# Amendment of the Whole in Committee. 12/1/10

FILE NO. 100927

# RESOLUTION NO. 563-10

- 1	
1 2	[Contract Approval - 18 Non-Profit Organizations and the University of California of San Francisco - Behavioral Health Services - \$674,388,406]
3	Resolution retroactively approving \$674,388,406 in contracts between the Department
4	of Public Health and 18 non-profit organizations and the University of California at San
5	Francisco, to provide behavioral health services for the period of July 1, 2010 through
6	December 31, 2015.
7	N-
8	WHEREAS, The Department of Public Health has been charged with providing needed
9	behavioral health services to residents of San Francisco; and,
0	WHEREAS, The Department of Public Health has conducted Requests for Proposals
1	or has obtained appropriate approvals for sole source contracts to provide these services; and
2	WHEREAS, The San Francisco Charter Chapter 9.118 requires contracts over \$10
3	million to be approved by the Board of Supervisors; and
4	WHEREAS, Contracts with providers will exceed \$10 million for a total of
5	\$674,388,406, as follows:
6	Alternative Family Services, \$11,057,200;
7.	Asian American Recovery Services, \$11,025,858;
8	Baker Places, \$69,445,722;
9	Bayview Hunters Point Foundation for Community Improvement, \$27,451,857;
0	Central City Hospitality House, \$15,923,347;
21	Community Awareness and Treatment Services (CATS), \$12,464,714;
2	Community Vocational Enterprises (CVE), \$9,705,509;
23.	Conard House, \$37,192,197;
4	Edgewood Center for Children and Families, \$29,109,089;
25	Family Service Agency, \$45,483,140:

Mayor Newsom

Page 1 12/01/10

Hyde Street Community Service, \$17,162,210; 1 Instituto Familiar de la Raza, \$14,219,161; 2 3 Progress Foundation, \$92,018,333; Richmond Area Multi-Services, \$34,773,853; 4 5 San Francisco Study Center, \$11,016,593; Seneca Center, \$63,495,327; 6 7 Walden House, \$54,256,546; Westside Community Mental Health Center, \$43,683,160; 8 9 Regents of the University of California, \$74,904,591; and 10 WHEREAS, The Department of Public Health estimates that the annual payment of 11 some contracts may be increased over the original contract amount, as additional funds 12 become available between July 2010 and the end of the contract term; now, be it 13 RESOLVED, That the Board of Supervisors hereby retroactively approves these 14 contracts for the period of July 1, 2010, through December 31, 2015; and, be it FURTHER RESOLVED. That the Board of Supervisors hereby authorizes the Director 15 of the Department of Public Health and the Purchaser, on behalf of the City and County of 16 17 San Francisco, to execute agreements with these contractors, as appropriate; and, be it 18 FURTHER RESOLVED, That the Board of Supervisors requires the Department of Public Health to submit a report each June with increases over the original contract amount, 19 20 as additional funds become available during the term of contracts. 21 22 RECOMMENDED: APPROVED: 23 Mitchell Katz, M.D. Mark Morewitz, Secretary to the 24 Director of Health Health Commission

Page 2 12/01/10

25

Mayor Newsom



# City and County of San Francisco Tails

City Hall

1 Dr. Carlton B. Goodlett Place
San Francisco, CA 94102-4689

### Resolution

File Number: 100927

Date Passed: December 07, 2010

Resolution retroactively approving \$674,388,406 in contracts between the Department of Public Health and 18 non-profit organizations and the University of California at San Francisco, to provide behavioral health services for the period of July 1, 2010, through December 31, 2015.

December 01, 2010 Budget and Finance Committee - AMENDED, AN AMENDMENT OF THE WHOLE BEARING NEW TITLE

December 01, 2010 Budget and Finance Committee - RECOMMENDED AS AMENDED

December 07, 2010 Board of Supervisors - ADOPTED

Ayes: 11 - Alioto-Pier, Avalos, Campos, Chiu, Chu, Daly, Dufty, Elsbernd, Mar, Maxwell and Mirkarimi

File No. 100927

I hereby certify that the foregoing Resolution was ADOPTED on 12/7/2010 by the Board of Supervisors of the City and County of San Francisco.

Mayor Gavin Newsom

<u>December 8, 2010</u>

Date Approved

Angela Calvillo Clerk of the Board

# **Progress Foundation**

\$120,991,077

File No. 151043

## FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL

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

City Elective Officer Information (Please print clearly.)								
Name of City elective officer(s):	City elective office(s) held:							
Members, Board of Supervisors	Members, Board of Supervisors							
Contractor Information (Please print clearly.)	The structure of the st							
Name of contractor: PROGRESS FOUNDATION								
Please list the names of (1) members of the contractor's board of dire financial officer and chief operating officer; (3) any person who has a any subcontractor listed in the bid or contract; and (5) any political additional pages as necessary.  (1) Scot Russell, Lee Aurich, Bob Schindewolf, Seth Katzman, Marty (2) Steve Fields CEO, Neil Dickman acting COO  (3) N/A	on ownership of 20 percent or more in the contractor; (4) committee sponsored or controlled by the contractor. Use							
(3) N/A (4) N/A								
(5) N/A								
(6) 1.112	· · · · · · · · · · · · · · · · · · ·							
Contractor address: 368 FELL STREET, SAN FRANCISCO, CA 94	102							
Date that contract was approved:	Amount of contract: Not to exceed \$120,991,077							
mental illness with treatment alternatives to institutional placement. We are a private, non-profit mental health agency operating in San Francisco, Napa and Sonoma Counties. The primary treatment philosophy of Progress Foundation is described by the Principles of Social Rehabilitation, which emphasize the role of a home-like treatment environment, the importance of building honorable therapeutic relationships and the significance of encouraging the active participation of the client in his or her own treatment planning.								
Comments:								
This contract was approved by (check applicable):								
☐ the City elective officer(s) identified on this form								
a board on which the City elective officer(s) serves San Fran	cisco Board of Supervisors at Name of Board							
☐ the board of a state agency (Health Authority, Housing Author Board, Parking Authority, Redevelopment Agency Commission Development Authority) on which an appointee of the City electrons.	, Relocation Appeals Board, Treasure Island							
Print Name of Board								
Filer Information (Please print clearly.)								
Name of filer: Angela Calvillo, Clerk of the Board	Contact telephone number: (415) 554-5184							
Address: City Hall, Room 244, 1 Dr. Carlton B. Goodlett Pl., San Francisco, C.	E-mail: A 94102 Board.of.Supervisors@sfgov.org							
Signature of City Elective Officer (if submitted by City elective office	r) Date Signed							
Signature of Board Secretary or Clerk (if submitted by Board Secretary	y or Clerk) Date Signed							