BOARD of SUPERVISORS



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MEMORANDUM

BUDGET AND FINANCE COMMITTEE SAN FRANCISCO BOARD OF SUPERVISORS

TO:

Supervisor Malia Cohen, Chair

Budget and Finance Committee

FROM:

Linda Wong, Assistant Clerk

DATE:

December 10, 2018

SUBJECT:

COMMITTEE REPORT, BOARD MEETING

Tuesday, December 11, 2018

The following file should be presented as a **COMMITTEE REPORT** at the Board meeting on Tuesday, December 11, 2018, at 2:00 p.m. This item was acted upon at the Committee Meeting on Thursday, December 6, 2018, at 10:00 a.m., by the votes indicated.

Item No. 53 File No. 181075

Resolution approving an Amendment No. 1 to the agreement between the Progress Foundation and the Department of Public Health, for behavioral health services, to increase the agreement amount by \$84,877,827 for an amount not to exceed \$94,523,518 and extend the term by four years from December 31, 2018, for a total agreement term of July 1, 2018, through December 31, 2022.

RECOMMENDED AS A COMMITTEE REPORT

Vote: Supervisor Malia Cohen - Aye Supervisor Sandra Lee Fewer - Aye Supervisor Catherine Stefani - Aye

Board of Supervisors
 Angela Calvillo, Clerk of the Board
 Jon Givner, Deputy City Attorney
 Alisa Somera, Legislative Deputy Director

File No. 181075	Committee Item No. 4 Board Item No. 53
	RD OF SUPERVISORS KET CONTENTS LIST
Committee: Budget & Finance Comm	mittee Date December 4, 201
Board of Supervisors Meeting	Date December 4, 2018
Cmte Board	e Analyst Report port over Letter and/or Report m
OTHER (Use back side if addit	ional space is needed)
Completed by: Linda Wong Completed by: Linda Wong	Date November 30, 2018 Date Pleamner 10, 2018

[Agreement Amendment - Progress Foundation - Behavioral Health Services - Not to Exceed \$94,523,518]

Resolution approving an Amendment No. 1 to the agreement between the Progress Foundation and the Department of Public Health, for behavioral health services, to increase the agreement amount by \$84,877,827 for an amount not to exceed \$94,523,518, and extend the term by four years from December 31, 2018, for a total agreement term of July 1, 2018, through December 31, 2022.

WHEREAS, The Department of Public Health selected the Progress Foundation through two competitive solicitations to provide residential and outpatient mental health treatment services; and

WHEREAS, A copy of the proposed original agreement is on file with the Clerk of the Board of Supervisors in File No. 181075, which is hereby declared to be a part of this Resolution as if set forth fully herein; and

RESOLVED, That the Board of Supervisors hereby authorizes the Director of Public Health and the Director of the Office of Contract Administration/Purchaser, on behalf of the City and County of San Francisco, to execute a contract with Progress Foundation to increase the agreement amount by \$84,877,827 for an amount not to exceed \$94,523,518, and extend the term by four years from December 31, 2018, for a total term of July 1, 2018, through December 31, 2022; and, be it

FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of Public Health to enter into any amendments or modifications to the contract, prior to its final execution by all parties, that the Department determines, in consultation with the City Attorney, are in the best interest of the City, do not otherwise materially increase the obligations or liabilities of the City, are necessary or advisable to

effectuate the purposes of the contract, and are in compliance with all applicable laws; and, be it

FURTHER RESOLVED, That within thirty (30) days of the contract being fully executed by all parties, the Director of Heath and/or the Director of the Office of Contract Administration/Purchaser shall provide the final contracts to the Clerk of the Board for inclusion into the official File No. 181075.

RECOMMENDED:

Greg Wagner

Acting Director of Health

Item 4	Department:
File 18-1075	Department of Public Health (DPH)

EXECUTIVE SUMMARY

Legislative Objectives

The proposed resolution approves Amendment No. 1 to the contract between the Progress Foundation and the Department of Public Health (DPH), for behavioral health services, to (1) increase the agreement not-to-exceed amount by \$84,877,827 from \$9,645,691 to \$94,523,518 and (2) extend the term by four years from December 31, 2018, for a total agreement term of July 1, 2018, through December 31, 2022.

Key Points

- In July 2018, DPH entered into a contract with the Progress Foundation for residential and outpatient behavioral health services for adults. The original contract is for a term of six months, from July 1, 2018 through December 31, 2018 in the amount of \$9,645,691.
- DPH selected the Progress Foundation following issuance of Requests for Proposals for mental health residential treatment programs in October 2017, and mental health outpatient programs for adults/older adults in August 2017.

Fiscal Impact

- Sources of funds for the proposed contract amendment include City General Funds and State and Federal grants.
- Actual expenditures on the contract since July 1, 2018 total \$4,446,715. DPH projects additional expenditures of \$4,811,401 by December 31, 2018, and a total of \$17,973,059 in expenditures in FY 2018-19.
- Based on an annual average cost-of-doing-business adjustment of approximately 2.4 percent (subject to future Board of Supervisors approval) and a 12 percent contingency, expenditures over the 4.5-year contract period from July 1, 2018 to December 31, 2022 are projected to total \$94,523,518, which is \$84,877,827 more than the current not-to-exceed amount of \$9,645,691.

Recommendation

Approve the proposed resolution.

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 July 2018, the Department of Public Health (DPH) entered into a contract with the Progress Foundation for residential and outpatient behavioral health services for adults. The original contract is for a term of six months, from July 1, 2018 through December 31, 2018 in the not-to-exceed amount of \$9,645,691, which is below the \$10 million threshold that requires Board of Supervisors approval.

DPH selected the Progress Foundation following issuance of two Requests for Proposals (RFPs) for: (1) mental health residential treatment programs in October 2017; and (2) mental health outpatient programs for adults/older adults in August 2017. The residential treatment program RFP specified that the contract would have an original term of one year from July 1, 2018 to June 30, 2019, with two options to extend the term for a total of 10 years. The outpatient program RFP specified that the contract would have an original term of one-and-a-half years from January 1, 2018 to June 30, 2019, with two options to extend the term for a total of 10 years.

DETAILS OF PROPOSED LEGISLATION

The proposed resolution approves Amendment No. 1 to the contract between the Progress Foundation and the Department of Public Health, for behavioral health services, to (1) increase the agreement not-to-exceed amount by \$84,877,827 from \$9,645,691 to \$94,523,518 and (2) extend the term by four years from December 31, 2018, for a total agreement term of 4 ½ years from July 1, 2018 through December 31, 2022.

FISCAL IMPACT

Sources of funds for the proposed contract amendment include City General Funds and State and Federal grants.

Actual expenditures on the contract since July 1, 2018 total \$4,446,715. DPH projects additional expenditures of \$4,811,401 by December 31, 2018, and a total of \$17,973,059 in expenditures in FY 2018-19. Based on an annual average cost-of-doing-business adjustment of approximately 2.4 percent¹ and a 12 percent contingency, expenditures over the 4.5-year contract period from July 1, 2018 to December 31, 2022 are projected to total \$94,523,518, which is \$84,877,827 more than the current not-to-exceed amount, as shown in Table 1 below.

¹ Annual Cost of Doing Business increases to contracts with nonprofit organizations are subject to Board of Supervisors approval in the City's annual budget.

Table 1: Actual and Projected Expenditures – July 1, 2018 to December 31, 2022

Contract Term	Actual Expenditures	Projected Expenditures	Total
FY 2018-19	\$4,446,715	\$13,526,344	\$17,973,059
FY 2019-20	\	18,403,595	18,403,595
FY 2020-21		18,844,446	18,844,446
FY 2021-22		19,295,857	19,295,857
July 1, 2022 through			
December 31, 2022		9,879,041	9,879,041
Subtotal	\$4,446,715	\$79,949,283	\$84,395,998
Contingency (12%)			10,127,520
		Total	\$94,523,518
Less Existing Not-to-Exceed Amount New Total Requested Increased Amount		(9,645,691)	
		\$84,877,827	

RECOMMENDATION

Approve the proposed resolution.

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

First Amendment

THIS AMENDMENT (this "Amendment") is made as of November 1, 2018, in San Francisco, California, by and between **Progress Foundation**, a non-profit entity, ("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 performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through multiple Request for Proposals ("RFP"), RFP 7-2017 issued on October 27, 2017 and RFP 8-2017 issued on August 23, 2017, and this modification is consistent therewith; and

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 49869-17/18 and 40587-17/18 on November 20, 2017; and

WHEREAS, approval	for this Amendment	was obtained when	the Board of Supervis	sors
approved Resolution number	on	•		

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

Article 1 Definitions

The following definitions shall apply to this Amendment:

- 1.1 Agreement. The term "Agreement" shall mean the Agreement dated May 14, 2018 between Contractor and City, as amended by this First Amendment.
- 1.2 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement.

The Agreement is hereby modified as follows:

- 2.1 Section 2.1 of the Agreement currently reads as follows:
- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2018, unless earlier terminated as otherwise provided herein.

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

- 2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2022, unless earlier terminated as otherwise provided herein.
 - 2.2 Section 3.3 Compensation of the Agreement currently reads as follows:
- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Nine Million, Six Hundred and Forty-Five Thousand, Six Hundred and Ninety-One Dollars (\$9,645,691). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. 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:

3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Nine Four Million Five Hundred Twenty Three Thousand Five Hundred Eighteen Dollars (\$94,523,518). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

The Appendices listed below are amended as follows:

- 2.3 Appendices A-1 to A-5 dated 07/01/18, are hereby replaced in their entirety with Appendices A-1 to A-5 dated 11/01/18.
- 2.4 Appendices B and B-1 to B-5 dated 05/14/18, are hereby replaced in their entirety with Appendices B and B-1 to B-5 dated 11/01/18.
 - 2.5 Appendix F, Invoices dated 11/01/2018 are hereby added for 2018-19.

Article 3 Effective Date

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

Article 4 Legal Effect

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

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

CITY	CONTRACTOR			
Recommended by:	Progress Foundation	į.		
		ner j ≰		
	SER	11/2/18		
Greg Wagner Date Acting Director of Health Department of Public Health	Steve Fields Executive Director 368 Fell Street San Francisco, CA 94102	Date		
Approved as to Form:	Supplier ID: 0000012820			
Dennis J. Herrera City Attorney				
There				
By: Deputy City Attorney Date				
Approved:				
Alaric Degrafinried Date	ì			
Director of the Office of Contract Administration, and Purchaser				

Contractor Name: Progress Foundation

Program Name: Acute Diversion Unit (ADUs)

Contract ID #: 1000010016

1. Identifiers:

Program Name: La Posada Program Address: 810 Capp St.

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

Telephone: (415) 285-0810 Facsimile: (415) 285-2110 Program Code: 38081, 38080P

Program Name: Avenues

Program Address: 1443 7th Ave.

City, State, Zip Code: San Francisco, CA 94122

Telephone: (415) 242-8034 Facsimile: (415) 242-8039 Program Code: 38A41, 38A43

Program Name: Shrader

Program Address: 50 Shrader St.

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

Telephone: (415) 668-4166 Facsimile: (415) 668-6357 Program Code: 89661, 89660P

Program Name: Dore Residence Program Address: 52 Dore Street

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

Telephone: (415) 553-3115 Facsimile: (415) 553-3119 Program Code: 38GM1, 38GM3

Contractor Address: Progress Foundation

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

Telephone: (415) 861-0828

Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration

Telephone: 415-861-0828

Email Address: sspilker@progressfoundation.org

2. Nature of Document:

☐ Original	☐ Revision to Program Budgets (RP)
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Contract ID #: 1000010016

3. Goal Statement:

The goal of the Acute Diversion Units (ADUs) 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 (CBHS). Clients confined in inpatient psychiatric units and approved by the CBHS 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(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

A. The ADUs 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

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recruit a representative percentage of staff who are bi-lingual, bi-cultural and/or gay/lesbian or transgender, in order to maximize the relevance of the programs to the needs of the San Francisco population. The agency's training program will continue to pay special attention to the specific program needs and styles relevant to various population groups that which we serve.

B. Clients are referred directly from SFGH PES with consultation and consent from Progress Foundation Diversion Evaluation Team (DET) in most cases. Referrals from local inpatient units are approved by the CBHS 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 CBHS 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. Activities will include: treatment plan and goals review, physical health (exercise/movement, nutrition, proper use of medical/dental resources), consumer education

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(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

Contract ID #: 1000010016

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.

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 CBHS 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

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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 FY18-19.

8. Continuous Quality Improvement:

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

- 3. Cultural Competency. 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 inservice 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.
- 4. Satisfaction with services. 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

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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.

5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.

9. Required Language: Not Applicable.

First Amendment

Program Name: Transitional Residential Treatment Programs

Contract ID #: 1000010016

1. Identifiers:

Program Name: La Amistad

Program Address: 2481 Harrison St.

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

Telephone: (415) 285-8100 Facsimile: (415) 285-2448 Program Code: 38091

Program Name: Cortland House

Program Address: 77 Cortland Avenue

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

Telephone: (415) 550-1881 Facsimile: (415) 550-1791 Program Code: 38631

Program Name: Progress House Program Address: 25 Beulah St.

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

Telephone: (415) 668-1511 Facsimile: (415) 668-1300 Program Code: 38371

Program Name: Clay Street

Program Address: 2210 Clay Street

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

Telephone: (415) 776-4647 Facsimile: (415) 776-1018 Program Code: 89851

Program Name: Dorine Loso House Program Address: 405 Baker Street

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

Telephone: (415) 346-7775 Facsimile: (415) 346-7555 Program Code: 38GH1

Program Name: Ashbury House Program Address: 212 Ashbury St.

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

Telephone: (415) 775-6194 Facsimile: (415) 775-1120 Program Code: 89841

Program Name: Transitional Residential Treatment Programs

Contract ID #: 1000010016

Contractor Address: Progress Foundation

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

Telephone: (415) 861-0828

Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration

Appendix A-2

11/01/2018

Telephone: 415-861-0828

Email Address: sspilker@progressfoundation.org

2. Nature of Document:

3. 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 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. 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 CBHS, Human Service Agency (HSA), the Department of Public Health (DPH) and other social service providers in serving this special population.

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. 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

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higher levels of care. At Ashbury House, the length of stay is up to 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.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

a. 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. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the CBHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by CBHS 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 CBHS 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 decision 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

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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.

A transitional residential program designed for persons who are able to take part in the programs in the general community, but who, without the support of counseling, as well as the therapeutic community, would be at risk of returning to the hospital. The clients are required to be involved in the daytime activities which are relevant to their personal goals and conducive to their achieving more self-sufficiency. Twenty-four hour services are provided to clients. The services in the program include, but not limited to these following activities:

Structured group therapeutic activities designed to enhance continued stabilization. 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, 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. 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.

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Individually tailored activities will be scheduled as 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.

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

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

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

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

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

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

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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.

Objectives and Measurements:

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY18-19.

Continuous Quality Improvement:

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

3. Cultural Competency. 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 inservice 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.

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4. Satisfaction with services. 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.

- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Appendix A-3 Contractor Name: Progress Foundation 11/01/2018

Program Name: Transitional Residential Treatment Program

Contract ID #: 1000010016

1. Identifiers:

Program Name: Seniors Program-Rypins House

Program Address: 1405 Guerrero St.

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

Telephone: (415) 821-0697 Facsimile: (415) 821-3568 Program Code: 38531

Program Name: Seniors Program-Rypins Day Treatment

Program Address: 1405 Guerrero St.

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

Telephone: (415) 821-0697 Facsimile: (415) 821-3568 Program Code: 38532

Program Name: Seniors- Carroll House Program Address: 73 Anderson St.

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

Telephone: (415) 529-7121 Facsimile: (415) 821-1610 Program Code: 38541

Contractor Address: Progress Foundation

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

Telephone: (415) 861-0828

Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration

Telephone: 415-861-0828

Email Address: sspilker@progressfoundation.org

2. Nature of Document:

☐ Original ☐ Contract Amendment	☐ Revision to Program Budgets (RPB)
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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

Contractor Name: Progress Foundation Appendix A-3 11/01/2018

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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 up to 90 days.

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

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

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

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

b. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the CBHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by CBHS 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

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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 receives 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, and 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 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 thirteen non-residential clients.

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

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receives 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 works 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

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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 FY18-19.

8. Continuous Quality Improvement:

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

3. Cultural Competency. 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 inservice about client safety, risk assessment and the use of the environment in maintaining safety in

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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.

- 4. Satisfaction with services. 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.
- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Contractor Name:Progress FoundationAppendix A-4Program Name:Supported Living Program11/01/2018

Contract ID #: 1000010016

1. Identifiers:

Program Name: Supported Living Program

Program Address: 711 Taraval St.

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

Telephone: (415)752-3416 Facsimile: (415)752-3483 Program Code: 38380P

Contractor Address: Progress Foundation

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

Telephone: (415) 861-0828

Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration

Telephone: 415-861-0828

Email Address: sspilker@progressfoundation.org

2. Nature of Document:

☐ Original 🖂	Contract Amendment	☐ Revision to	Program Budgets	(RPB)
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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

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Contractor Name: Progress Foundation

Program Name: Supported Living Program

Contract ID #: 1000010016

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(s)/Intervention(s)

See CRDC Page in Appendix B.

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

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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 receives 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.

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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 FY18-19.

8. Continuous Quality Improvement:

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

3. Cultural Competency. 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 inservice 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.

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4. Satisfaction with services. 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.

- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Appendix A-5 11/01/2018

Contractor Name: Progress Foundation
Program Name: Dore Urgent Care Clinic

Contract ID #: 1000010016

1. Identifiers:

Program Name: Dore Street Clinic Program Address: 52 Dore St.

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

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

Program Code: 38I12

Contractor Address: Progress Foundation

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

Telephone: (415) 861-0828

Website: www.progressfoundation.org

Name and Title of Person Completing: Stephanie Spilker, Director of Administration

Telephone: 415-861-0828

Email Address: sspilker@progressfoundation.org

2. Nature of Document:

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 CBHS 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

Contractor Name: Progress Foundation **Program Name:** Dore Urgent Care Clinic

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be accessible to individuals with mobility disabilities.

5. Modality(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology:

a. 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. 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: CBHS 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 CBHS psychiatric emergency services system.

Contractor Name:Progress FoundationAppendix A-5Program Name:Dore Urgent Care Clinic11/01/2018

Contract ID #: 1000010016

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 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.

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. 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 FY18-19.

8. Continuous Quality Improvement:

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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

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11/01/2018

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Program Name: Dore Urgent Care Clinic

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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.

- 3. Cultural Competency. 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 inservice 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.
- 4. Satisfaction with services. 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.
- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.

9. Required Language: Not Applicable.

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

(2) <u>Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):</u>

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) <u>Cost 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 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 and MHSA (Prop 63) portion of the CONTRACTOR'S allocation for the applicable fiscal year.

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

2. Program Budgets and Final Invoice

A. Program are listed below:

Appendix A-1 La Posada Appendix A-1a Avenues Appendix A-1b Shrader Appendix A-1c Dore Residence Appendix A-2 La Amistad Appendix A-2a Cortland House Appendix A-2b **Progress House** Appendix A-2c Clay Street Appendix A-2d Dorine Loso House Appendix A-2e Ashbury House Appendix A-3 Seniors Program - Rypins House & DayTtreatment Appendix A-3a Seniors Program - Carroll House Appendix A-4 Supported Living Program (SLP) Appendix A-5 Dore Street Clinic

B. Compensation

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Nine Four Million Five Hundred Twenty Three Thousand Five Hundred Eighteen Dollars (\$94,523,518) for the period of July 1, 2018 through December 31, 2022.

CONTRACTOR understands that, of this maximum dollar obligation, (\$10,127,520) is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws,

regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

- (1) For each fiscal year of the term of this Agreement, CONTRACTOR shall submit for approval of the CITY's Department of Public Health a revised Appendix A, Description of Services, and a revised Appendix B, Program Budget and Cost Reporting Data Collection form, based on the CITY's allocation of funding for SERVICES for the appropriate fiscal year. CONTRACTOR shall create these Appendices in compliance with the instructions of the Department of Public Health. These Appendices shall apply only to the fiscal year for which they were created. These Appendices shall become part of this Agreement only upon approval by the CITY.
- (2) CONTRACTOR understands that, of the maximum dollar obligation stated above, the total amount to be used in Appendix B, Budget and available to CONTRACTOR for the entire term of the contract is as follows, notwithstanding that for each fiscal year, the amount to be used in Appendix B, Budget and available to CONTRACTOR for that fiscal year shall conform with the Appendix A, Description of Services, and 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, 2018 through June 30, 2019	\$ 17,973,059
July 1, 2019 through June 30, 2020	\$ 18,403,595
July 1, 2020 through June 30, 2021	\$ 18,844,446
July 1, 2021 through June 30, 2022	\$ 19,295,857
July 1, 2022 through December 31, 2022	\$ 9,879,041
Subtotal - July 1, 2018 through December 31, 2022	\$ 84,395,998
Contingency	\$ 10,127,520
TOTAL - July 1, 2018 through December 31, 2022	\$ 94,523,518

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.

3. Services of Attorneys

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.

4. State or Federal Medi-Cal Revenues

A. 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.

B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

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.

DHCS Legal Entity Number: 00271

Legal Entity Name/Contractor Name: Progress Foundation
Contract ID Number: 1000010016

Program Code	B-1 3808 La Posada 38081/OP //01/18-06/30/19 911,721 264,667 1,176,388 221,929 1,398,317 129,146 9,2% 1,527,462	\$ 926,695 \$ 277,127 \$ 1,203,822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	B-1b 8966 Shrader 89661/OP 07/01/18-06/30/19 \$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	\$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	B-2 3809 La Amistad 38091 07/01/18-06/30/19 \$ 597,260 \$ 178,180 \$ 175,440 \$ 229,936	B-2a 3863 Cortland 38631 07/01/18-06/30/19 \$ 531,627 \$ 158,979 \$ 690,606 \$ 188,646	8-2b 3837 Progress House 38371MH 07/01/18-06/30/19 \$ 531,268 \$ 159,447 \$ 690,715 \$ 141,819	\$ 757,005 \$ 227,121 \$ 984,126	\$ 709,568 \$ 211,386 \$ 920,954	8-2e 8984 Ashbury 89811 07/01/18-06/30/19	\$ 596,628 \$ 178,163	\$ 25
Program Name	La Posada 38081/OP //01/18-06/30/19 911,721 264,667 1,176,388 221,929 1,398,317 129,146 9,2% 1,527,462	Avenues 38A41/2 07/01/18-06/30/19 \$ 926.695 \$ 277.127 \$ 1,203.822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	Shrader 89561/OP 07/01/18-06/30/19 5 892,332 5 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	Dore Residence 38GM1/3 07/01/18-06/30/15 \$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	La Amistad 38091 07/01/18-06/30/19 \$ 597,260 \$ 178,180 \$ 775,440 \$ 229,936	Cortland 38631 07/01/18-06/30/19 \$ 531,627 \$ 158,979 \$ 690,606	Progress House 38371MH 07/01/18-06/30/19 \$ 531,268 \$ 159,447 \$ 690,715	Clay 89851 07/01/18-06/30/19 \$ 757,005 \$ 227,121 \$ 984,126	Loso House 38GH1 07/01/18-06/30/19 \$ 709,568 \$ 211,386 \$ 920,954	Ashbury 89811 07/01/18-05/30/19 \$ 689,629 \$ 208,590	Seniors/Rypins 38531/2 07/01/18-05/30/19 \$ 596,628 \$ 178,163	Seniors/C 3854* 0 07/01/18-06 \$ 25
Program Code	38081/OP /01/18-06/30/19 911,721 264,667 1,176,388 221,929 1,398,317 129,146 9,2% 1,527,462	38A41/2 07/01/18-06/30/19 \$ 926,695 \$ 277,127 \$ 1,203,622 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$9561/OP 07/01/18-06/30/19 \$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	38GM1/3 07/01/18-06/30/19 \$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	38091 07/01/18-06/30/19 \$ 597,260 \$ 178,180 \$ 775,440 \$ 229,936	38631 07/01/18-06/30/19 \$ 531,627 \$ 158,979 \$ 690,606	38371MH 07/01/18-06/30/19 \$ 531,268 \$ 159,447 \$ 690,715	89851 07/01/18-06/30/19 \$ 757,005 \$ 227,121 \$ 984,126	38GH1 07/01/18-06/30/19 \$ 709,568 \$ 211,386 \$ 920,954	89811	38531/2 07/01/18-05/30/19 \$ 596,628 \$ 178,163	3854° 07/01/18-06 \$ 25
Program Code	38081/OP /01/18-06/30/19 911,721 264,667 1,176,388 221,929 1,398,317 129,146 9,2% 1,527,462	38A41/2 07/01/18-06/30/19 \$ 926,695 \$ 277,127 \$ 1,203,622 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$9561/OP 07/01/18-06/30/19 \$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	38GM1/3 07/01/18-06/30/19 \$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	38091 07/01/18-06/30/19 \$ 597,260 \$ 178,180 \$ 775,440 \$ 229,936	38631 07/01/18-06/30/19 \$ 531,627 \$ 158,979 \$ 690,606	38371MH 07/01/18-06/30/19 \$ 531,268 \$ 159,447 \$ 690,715	89851 07/01/18-06/30/19 \$ 757,005 \$ 227,121 \$ 984,126	38GH1 07/01/18-06/30/19 \$ 709,568 \$ 211,386 \$ 920,954	89811	38531/2 07/01/18-05/30/19 \$ 596,628 \$ 178,163	3854° 07/01/18-06 \$ 25
Salaries	911,721 264,667 1,176,388 221,929 1,398,317 129,146 9,2% 1,527,462	\$ 926,695 \$ 277,127 \$ 1,203,822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	\$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	\$ 597,260 \$ 178,180 \$ 775,440 \$ 229,936	\$ 531,627 \$ 158,979 \$ 690,606	\$ 531,268 \$ 159,447 \$ 690,715	\$ 757,005 \$ 227,121 \$ 984,126	\$ 709,568 \$ 211,386 \$ 920,954	\$ 689,629 \$ 208,590	\$ 596,628 \$ 178,163	\$ 25
Salaries	911,721 264,667 1,176,388 221,929 1,398,317 129,146 9,2% 1,527,462	\$ 926,695 \$ 277,127 \$ 1,203,822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	\$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	\$ 597,260 \$ 178,180 \$ 775,440 \$ 229,936	\$ 531,627 \$ 158,979 \$ 690,606	\$ 531,268 \$ 159,447 \$ 690,715	\$ 757,005 \$ 227,121 \$ 984,126	\$ 709,568 \$ 211,386 \$ 920,954	\$ 689,629 \$ 208,590	\$ 596,628 \$ 178,163	\$ 25
Salaries \$ Employee Benefits \$ Subtotal Salaries & Employee Benefits \$ Operating Expenses \$ Capital Expenses \$ Subtotal Direct Expenses \$ Indirect Expenses \$ Indirect Expenses \$ TOTAL FUNDING USES \$ BHS MENTAL HEALTH FUNDING SOURCES	264,667 1,176,388 221,929 1,398,317 129,145 9.2% 1,527,462	\$ 277,127 \$ 1,203,822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	\$ 974,046 \$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	\$ 597,260 \$ 178,180 \$ 775,440 \$ 229,936	\$ 531,627 \$ 158,979 \$ 690,606	\$ · 531,268 \$ 159,447 \$ 690,715	\$ 227,121 \$ 984,126	\$ 709,568 \$ 211,386 \$ 920,954	\$ 689,629 \$ 208,590	\$ 178,163	
Employee Benefits \$ Subtotal Salaries & Employee Benefits \$ Operating Expenses \$ Capital Expenses \$ Subtotal Direct Expenses \$ Indirect Expenses \$ Indirect Wenness \$ TOTAL FUNDING USES \$ SHS MENTAL HEALTH FUNDING SOURCES	264,667 1,176,388 221,929 1,398,317 129,145 9.2% 1,527,462	\$ 277,127 \$ 1,203,822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 892,332 \$ 261,426 \$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	\$ 276,672 \$ 1,250,718 \$ 280,964 \$ 1,531,682	\$ 178,180 \$ 775,440 \$ 229,936	\$ 158,979 \$ 690,606	\$ 159,447 \$ 690,715	\$ 227,121 \$ 984,126	\$ 211,386 \$ 920,954	\$ 208,590	\$ 178,163	
Subtotal Salaries & Employee Benefits 5 Operating Expenses 5 Capital Expenses 5 Subtotal Direct Expenses 5 Indirect Expenses 5 Indirect Expenses 5 TOTAL FUNDING USES 5 BHS MENTAL HEALTH FUNDING SOURCES 5	1,176,388 221,929 1,398,317 129,145 9.2% 1,527,462	\$ 1,203,822 \$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 1,153,758 \$ 272,504 \$ 1,426,262 \$ 131,726	\$ 1,250,718 \$ 280,964 \$ 1,531,682	\$ 775,440 \$ 229,936	\$ 690,606	\$ 690,715	\$ 984,126	\$ 920,954			\$ 8
Operating Expenses Capital Expenses	221,929 1,398,317 129,145 9.2% 1,527,462	\$ 251,942 \$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 272,504 \$ 1,426,262 \$ 131,726	\$ 280,964 \$ 1,531,682	\$ 229,936					\$ 898,219	£ 774704	
Capital Expenses Subtatal Direct Expenses Indirect Expenses Indirect Expenses Indirect Expenses Substatal Direct Expenses Substata Direct Expenses Substata Direct Expenses Substata Direct Expenses Substata Direct Expense Substata Direct Expenses Substata Direct Expenses Substata Direct Expense	1,398,317 129,145 9.2% 1,527,462	\$ 1,455,764 \$ 134,451 9.2% \$ 1,590,215	\$ 1,426,262 \$ 131,726	\$ 1,531,682		\$ 188,645	444 040					
Subtotal Direct Expenses 5 Indirect Expenses 5 Indirect Expenses 5 TOTAL FUNDING USES 5 BHS MENTAL HEALTH FUNDING SOURCES 5	129,145 9.2% 1,527,462	\$ 134,451 9.2% \$ 1,590,215	\$ 131,726		4 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		\$ 141,019	\$ 245,640	\$ 294,542	\$ 239,632	\$ 188,860	\$ 12
Indirect Expenses S Indirect % TOTAL FUNDING USES BHS MENTAL HEALTH FUNDING SOURCES	129,145 9.2% 1,527,462	\$ 134,451 9.2% \$ 1,590,215	\$ 131,726									
Indirect % TOTAL FUNDING USES SHEMENTAL HEALTH FUNDING SOURCES	9.2% 1,527,462	9.2% \$ 1,590,215			\$ 1,005,376	\$ 879,251	\$ 832,534	\$ 1,229,766	\$ 1,215,496	\$ 1,137,851	\$ 963,651	\$ 46
TOTAL FUNDING USES \$ BHS MENTAL HEALTH FUNDING SOURCES	1,527,462	\$ 1,590,215	1 9.2%		\$ 92,854	\$ 81,206		\$ 113,578	\$ 112,260			15 4
BHS MENTAL HEALTH FUNDING SOURCES	i Parkania Parkania			9.2%	9.2%	9,2%	9.2%	9.2%	9.2%	9.2%	9,2%	9.2%
BHS MENTAL HEALTH FUNDING SOURCES		page market by	\$ 1,557,988	\$ 1,673,145	\$ 1,098,230	\$ 960,457	\$ 909,425	\$ 1,343,344	\$ 1,327,756	\$ 1,242,940	\$ 1,052,662	
			January (Section 1992) projekty strong (Section 1994)				ran jeungen en		page (also garang)	Toka disebagai penggalangan	вородиоврска по Гранска виде	(1.50 (1.54)
MH Adult Fed SDMC FFP (50%)		の対象性がある。							Early Council comp. 21			
MH Adult County General Fund	503,287	\$ 652,881 \$ 411,504	\$ 530,697 \$ 529,819	\$ 658,624		\$ 327,365 \$ 300,370	\$ 373,131 \$ 202,892	\$ 509,434 \$ 187,120	\$ 521,698			
The state of the s	585,737 405,235	1111201	\$ 529,819	\$ 471,824 \$ 483,633	\$ 359,582 \$ 311,272	\$ 300,370 \$ 283,709	\$ 202,892		\$ 118,384 \$ 587,179			
MH Adult State 1991 MH Realignment \$ MH WO HSA Calworks	405,235	\$ 465,187	\$ 430,677	\$ 483,633	\$ 311,272	\$ 283,709	\$ 282,321	\$ 542,786	\$ 587,179	\$ 276,724 \$ 405,859	320,310	12
MH Adult County GF WO CODB										\$ 10,146		
	*	-			 				T	14,1,1-	·	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES \$	1,494,259	\$ 1,529,572	\$ 1,491,193	\$ 1,614,081	\$ 1,042,859	\$ 911,444	\$ 858,344	\$ 1,239,340	\$ 1,227,261	\$ 1,172,688	\$ 985,400	\$ 48
BHS SUD FUNDING SOURCES	570 W.E.S.	San San Page	Annathic runs		4.6053.5156.757	Haliola Marina	LEFEN LEFT TOPA	Gradian Sept.	200 p 2 4 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Part New York Trade	Service and the a	10 m
SAS 300 FORDING SOURCES							177. 22 20 11 11 12 1			-		
									 			
	Vinana a rum											
TOTAL BHS SUD FUNDING SOURCES \$	-,	s -	s -	s -	s -	s -	\$ -	s -	s -	s -	\$ -	\$
OTHER DPH FUNDING SOURCES	Sina virida	STREET, SALE	1-20-01-01-05-05-05-05-05-05-05-05-05-05-05-05-05-	9-19-19-50-1-V	编数 图 4.60 00 00 00 00 00 00 00 00 00 00 00 00 0	Markettalet.	Kalang Kabur	ACHEROV, ALEX	V. 15. 74.54	A Military Cooking	Salahiran (A)	TAMAR S
				-								1
										***************************************	T	
				1								
TOTAL OTHER DPH FUNDING SOURCES \$		s -	s -	s -	s -							
TOTAL DPH FUNDING SOURCES \$	1,494,259	\$ 1,529,572	\$ 1,491,193	\$ 1,614,081	\$ 1,042,859	\$ 911,444	\$ 858,344	\$ 1,239,340	\$ 1,227,261	\$ 1,172,688	\$ 985,400	\$ 48
NON-DPH FUNDING SOURCES	4 M Carato and	Fronto Ella Tollan	172 PAR WELL 17 (18)	SECTORES	eval av. sevet	CREASE HOLD	Factor set Calmenter	afidetti i stati	träde birti Eustralia	Secretaria de la composição de la compos	\$	
Revenue from use of ADU units by Non-DPH Entities \$	21,203	\$ 48,643	\$ 54,795	\$ 47,064	-		\$ 21,081	\$ 22,004	\$ 18,495	\$ 40,252	\$ 37,262	•
Non DPH 3rd Party Patient/Client Fees \$												
TOTAL NON-DPH FUNDING SOURCES \$				\$ 59,064	\$ 55,371	\$ 49,013	\$ 51,081	\$ 104,004	+			
TOTAL NOW-DELL COMPINS SOURCES \$	33,203	1 00,543	1 00,795	1 9 39,064	1 9 30,3/1	1 43,013	1 9 31,081	104,004	1.9 100,495	1.0,252	1 9 07,202	1
TOTAL FUNDING SOURCES (DPH AND NON-DPH) \$	1,527,462	\$ 1,590,215	\$ 1,557,988	\$ 1,673,145	\$ 1,098,230	\$ 960,457	\$ 909,425	\$ 1,343,344	\$ 1,327,756	\$ 1,242,940	\$ 1,052,662	\$ 50
A THE LOND AND DOUGHOUS IN THE MAD HOUSE HE	1,021,402	1 4 1,000,210	1 4 1,001,388	1,010,143	1,000,200	1 300,401	1 505,420	1,040,044	1,521,750	1,545,340	1 4 1,032,002	1.4 30
Prepared By Day	wa Chanok			Phone Number	 							

DHCS Legal Entity Number:	***	, с.		nent of Public Health		3		Page;
Legal Entity Name/Contractor Name:		n						Fiscal Year:
Contract ID Number:		<u></u>					undi	ing Notification Date
*NOTE: Assumes 2.39% COLA on each year's total contract	1000010010						unu	·
amount to reflect the CODB ratio of total funding subject to a CODB.								
SSSS transfer and the transfer that the control of the state of the st	SUBTOTAL:	-		SUBTOTAL:		SUBTOTAL:		SUBTOTAL:
	(see *NOTE)	.		(see *NOTE)		(see *NOTE)		(see *NOTE)
1,02395458	FISCAL YEAR #2	- 1		FISCAL YEAR #3		FISCAL YEAR #4		FISCAL YEAR #4.5
Funding Term	07/01/19-06/30/2	U .	to i	07/01/20-06/30/21	- C	7/01/21-06/30/22	#/T.T.	07/01/22-12/31/22
FUNDING USES		040	-	44.000.700	<u> </u>	44.070.775	•	5.070.400
Salaries			\$	11,399,700	\$	11,672,775	\$	5,976,196
Employee Benefits Subtotal Salaries & Employee Benefits			\$ \$	3,200,523 14,600,223	\$	3,277,190 14,949,965	\$	1,677,847
Subtotal Salaries & Employee Benefits Operating Expenses			\$	3,454,092	\$		\$	7,654,043
Capital Expenses		,200	\$	3,434,092	\$	3,536,833	\$	1,810,778
Subtotal Direct Expenses		948	\$	18,054,315	\$	18,486,798	\$	9,464,821
Indirect Expenses			\$	1,661,244	\$	1,701,038	\$	870,893
Indirect %		,	Ť	9.2%	Ψ	9.2%	Ť	9.2%
TOTAL FUNDING USES	\$ 19,254	.329	\$	19,715,559	\$	20,187,836	\$	10,335,714
		cried i	10.00		15 (2.55) (4.55)			3,5000,11
BHS MENTAL HEALTH FUNDING SOURCES	200000000000000000000000000000000000000	45.49	Nie.		4226		333	
MH Adult Fed SDMC FFP (50%)	\$ 7,155	,864	\$	7,327,280	\$	7,502,802	\$	3,841,264
MH Adult County General Fund	\$ 5,032		\$	5,152,790	\$	5,276,223	\$	2,701,306
MH Adult State 1991 MH Realignment	\$ 5,789	,517	\$	5,928,202	\$	6,070,210	\$	3,107,810
MH WO HSA Calworks	\$ 415	5,581	\$	425,536	\$	435,730	\$	223,084
MH Adult County GF WO CODB	\$ 10	,388	\$	10,638	\$	10,892	\$	5,577
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 18,403	,595	\$	18,844,446	\$	19,295,857	\$	9,879,041
BHS SUD FUNDING SOURCES								
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TOTAL BHS SUD FUNDING SOURCES	\$	-	\$	-	\$	-	\$	
OTHER DPH FUNDING SOURCES					15.7	and the Allegan State	37.5	
· .			<u> </u>				ļ	
			<u> </u>		ļ		<u> </u>	
			 				 	
TOTAL OTHER DPH FUNDING SOURCES			_				ļ	
TOTAL DPH FUNDING SOURCES	\$ 18,403	3,595	\$	18,844,446	\$	19,295,857	\$	9,879,041
NON-DPH FUNDING SOURCES	ALGERT OF THE				10 Sap			
Revenue from use of ADU units by Non-DPH Entities		9,823	_	481,077	\$	492,600	+	252,200
Non DPH 3rd Party Patient/Client Fees	\$ 380	0,911	\$	390,036	\$	399,379	\$	204,473
TOTAL NON-DPH FUNDING SOURCES	\$ 850	0,734	\$	871,113	\$	891,979	\$	456,673
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 19,254	4,329	\$	19,715,559	\$	20,187,836	\$	10,335,714
	D 01						_	
Prepared By	Dave Chenok						1	Phone Number

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name Progress Foundation	Page:	7
Contract ID Number 1000010016	Fiscal Year:	2018-2019
	Funding Notification Date:	09/20/18

1. SALARIES & EMPLOYEE BENEFITS

Position Title	•	FTE	Amount
Payroll and Benefits Specialist		1.54	\$ 116,576
HR Generalist		1.54	\$ 79,552
Relief Counselor Manager		0.77	\$ 55,437
Bookeeper		1.54	\$ 93,188
Assistant Director of Clinical Services		0.77	\$ 70,880
Executive Director		0.77	\$ 178,649
Director of Administration		0.77	\$ 73,374
Human Resource Manager		0.77	\$ 98,444
Receptionist		0.77	\$ 38,183
Chief Operating Oficer		0.77	\$ 31,118
Controller	•	0.77	\$ 86,413
Senior Accountant		0.77	\$ 49,223
Survey Control of the	Subtotal:	11.55	\$ 971.035.00

Employee Benefits: 22.3% \$ 216,914.00 Total Salaries and Employee Benefits: 1,187,949.00

2. OPERATING COSTS

Telephone Utilities Repair and Maintenance Dues and Subscriptions Staff Education Legal	\$ \$ \$ \$	20,761 6,875 16,258 10,237
Repair and Maintenance Dues and Subscriptions Staff Education	\$ \$ \$	16,258
Dues and Subscriptions Staff Education	\$	
Staff Education	\$	10,237
Legal		4,020
	\$	97,016
Auto- Consists of mileage reimbursement and ride-share costs for Central Office staff to and from programs and for travel outside SF for conferences and and related. Includes auto reimbursement for Maintenance staff averaging \$6K per individual. Includes any associated		
auto/travel costs. Reimbursed at \$0.545 per mile	\$	48,055
Audit	\$	55,624
Office Expense (Stationary & Supplies including small equipment- \$25,000, Postage- \$3,000, Printing and Copier Costs-\$9,000, Shredding- \$1,000, P/R Processing- \$2,000, Recruiting \$5,000, Registration and Renewals- \$2,500, Other Office Expense- \$2,560)	\$	50,060
Bank Charges Check Clearing- \$2,000, Desk Top Deposits- \$1,400, Statements- \$2,600, Fraud Filters- \$950, Monthly on-line Basic banking transactions- \$9,754) Miscellaneous	\$	16,704 1,794
IT Consulting- Software and Hardware- SF portion of Monthly expenses for new automated phone system- \$5,000, Monthly System Support expenses- \$26,000, Annual accounting system update and related support- expense \$5,000, Upgrades (H/W, S/W) for five workstations, each \$1,400, Misc- approx- \$2,792.	\$	45,792
Financial and other Consulting (includes specialty recruiting)	\$	23,284
in manifold and other concerning (morades operately rootaling)	Ψ	20,201
Total Operating Costs	\$	396,479.00

Total Inc	irect Costs \$	1 501 100 00 1
) I Otal III C	11601 002121 0	1.584.428.00 1

DUCC Logal Futher Number	Appendix B - DPH 2: Depar	ment of Public H	eath Cost Report	ng/Data Collectio	n (CRDC)
DHCS Legal Entity Number	Progress Foundation				
Provider Number	3000	•			Fundir
### ##################################	Program Name	La Posada	La Posada	La Posada	1 dilai
	Program Code	38081	3808OP	38081	
Mode	/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49	
	(SOLO (MIT) OF MODALITY (SOD)				
		24-Hr Adult Crisis	OP-Medication	SS-Life Support-	
	Service Description	Residential	Support	Bd&Care	
	Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
FUNDING USES				VECTORIES (MATERIAL)	
<u> </u>	Salaries & Employee Benefits	1,118,660	57,727	==	
	Operating Expenses	144,621		77,308	
- Marie - Constant - C	Capital Expenses				
The state of the s	Subtotal Direct Expenses	1,263,281	57,727	77,308	
	Indirect Expenses	116,722	5,311	7,112	
DUOMENTAL SUCAL TUE IN ON CONTROL	TOTAL FUNDING USES	1,380,003	63,038	84,420	
BHS MENTAL HEALTH FUNDING SOURCE			3 394N (QU) 3 (32 / 1 2 c)		
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	482,274	21,013		
MH Adult County General Fund	251984-10000-10001792-0001	459,292	42,025	84,420	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	405,234		·	
This row left blank for funding sources not in drop-dowr		1 040 000			
	EALTH FUNDING SOURCES	1,346,800	63,038	84,420	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				THE PERSON NAMED IN
	<u> </u>				
This row left blank for funding sources not in drop-dowr	IS SUD FUNDING SOURCES				
				NAMES OF CONTROL OF THE CONTROL	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-dowr	list				
TOTAL OTHE	R DPH FUNDING SOURCES	-	-	-	
	AL DPH FUNDING SOURCES		63,038	84,420	
NON-DPH FUNDING SOURCES					
Non DPH 3rd Party Patient/Client Fees	NA NA	12,000			
Revenue from use of ADU units by Non-DPI		21,203			
	N-DPH FUNDING SOURCES		-	-	
TOTAL FUNDING SOU	I IRCES (DPH AND NON-DPH)	1,380,003	63,038	84,420	
BHS UNITS OF SERVICE AND UNIT COST			Janes Branch	-51766-1476-1476-1476-1	
	Number of Beds Purchased				
SUD Only - Number of Outpatie	nt Group Counseling Sessions				,
SUD Only - Licensed Capacity for	Narcotic Treatment Programs			1	
,		Fee-For-Service	Fee-For-Service	Fee-For-Service	
	Payment Method		(FFS)	(FFS)	
	DPH Units of Service	2,521	23,594	2,521	
	Unit Type	Client Day	Staff Minute	Client Full Day	0
Cost Per Unit - DPH Rate (DP	H FUNDING SOURCES Only)		\$ 2.67	\$ 33.49	\$ -
Cost Per Unit - Contract Rate (DPH & No	n-DPH FUNDING SOURCES)	\$ 547.40		\$ 33.49	\$ -
Published F	Rate (Medi-Cal Providers Only)		\$ 9.00		
	Unduplicated Clients (UDC)		177	177	

Program Name: <u>La Posada</u>
Program Code: <u>38081/3808OP</u>

		то	TAL	HMI	IMCC730515	ADU un		m use of Non-DPH es		t-Auth-Proj- Activity		-Auth-Proj- Activity
Funding Term		/01/18	3-06/30/19		1/18-06/30/19			6/30/19				
Position Title	FTE		Salaries	FTE	Salaries	FTE		alaries	FTE	Salaries	FTE	Salaries
Program Director	1.00		79,188	0.98	\$ 77,761	0.02		1,427				
Asistant Director	2.00		112,486	1.96	\$ 110,459	0.04		2,027				
Nurse Practitioner	0.40	\$	72,931	0.39	\$ 71,617		\$	1,315				
Clerk	0.38	\$	12,764	0.37	\$ 12,534		\$	230				
Counselor	11.00	\$	506,629	10.80	\$ 497,498	0.20		9,132				
Relief Staff	2.46	\$	76,771	2.42	\$ 75,387	0.04		1,384				
Admin. Asst	0.06	\$	2,805	0.06	\$ 2,754	0.00		51				
Clerk	0.02	\$	1,034	0.02	\$ 1,015	0.00	\$	19				
Director of Clinical Services	0.08	\$	11,400	0.08	\$ 11,195	. 0.00	\$	205				
Asst Dir Clinical Services	0.08	\$	7,221	0.08	\$ 7,091	0.00	\$	130				
DET	0.08	\$	7,061	0.08	\$ 6,934	0.00	\$	127				
Compliance Officer	0.08	\$	7,061	0.08	\$ 6,934	0.00	\$	127				
Snr. Maint Tech	0.08	\$	5,314	0.08	\$ 5,218		\$	96				
Maint Tech	0.16	\$	9,056	0.16	\$ 8,893	0.00	\$	163				
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Totals:	17.88	\$	911.721	17,56	\$ 895,288	0.32	\$	16,433	0.00	\$ -	0.00	\$ -
Totals;	17.08	ΙΦ	911,721	17,56	j φ - 695,∠88	0.32	ΙΦ.	10,433	0.00		1 0.00	φ
Employee Benefits:	29.03%] \$	264,667	29.03%	\$ 259,896	29.03%	\$	4,770	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	1,176,387]	\$ 1,155,184]	\$	21,203		\$ -]	\$ -

 Program Name
 La Posada

 Program Code
 38081/38080P

K			CI: 4 D	Dept-Auth-Proj-	Dept-Auth-Proj-
Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -	\$ -			
Mortgage Interest	\$ 28,582	\$ 28,582			
Depreciation	\$ 7,846	\$ 7,846			
Utilities (telephone, electricity, water, gas)	\$ 28,075	\$ 28,075			
Building Repair/Maintenance	\$ 12,575	\$ 12,575			
Occupancy Total:	\$ 77,078	\$ 77,078	\$ -	\$ -	\$ -
Office Supplies	\$ 22,570	\$ 22,570			
Photocopying .	\$ -				
Program Supplies	\$ 13,093	\$ 11,171	\$ 1,922		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 35,663	\$ 33,741	\$ 1,922	\$ -	\$ -
Training/Staff Development	\$. 2,697	\$ 2,245	\$ 452		
Insurance	\$ 13,300	\$ 10,590	\$ 2,710		
Professional License	\$ -	·			
Permits	\$ -	,			
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 15,997	\$ 12,835	\$ 3,162	\$ -	\$ -
Local Travel	\$ 3,257	\$ 3,257			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				·
Staff Travel Total:	\$ 3,257	\$ 3,257	\$ -	\$ -	\$ -
Consultant/Subcontractor: UC Regents -					
Nursing; various dates, 376.45 hrs per year @					
104.17/hour=\$39,215	\$ 39,215	\$ 32,771	\$ 6,444		
Alternative Technology - IT Network support					·
and troubleshooting, 152.98 hours at \$61 per hour=\$9,332	\$ 9,332	\$ 8,860	\$ 472		
Consultant/Subcontractor Total:		\$ 41,631	 	\$ -	\$ -
Food	\$ 39,678	\$ 39,678	3,310		*
Linen	\$ 1,709	\$ 39,070	,		
Prescriptions	\$ 1,709	1,709			
Other Total:	<u> </u>	\$ 41,387	<u> </u>	\$ -	\$ -
L. Stiller Totals	11,007	1 7 71,007		1 T	
TOTAL OPERATING EXPENSE	\$ 221,929	\$ 209,929	\$ 12,000	\$ -	 \$ -

Salaries & Employee Benefits	Fundir
Program Code 38A41 38A43 38A41	
Program Code 38A41 38A43 38A41	
Mode/SFC (MH) or Modality (SUD)	
Service Description Residential Support Bd&Care	
Funding Term (mm/dd/yy: 07/01/18-06/30/19 07/01/	
Salaries & Employee Benefits	
Salaries & Employee Benefits	
Operating Expenses	
Capital Expenses Subtotal Direct Expenses 1,255,523 81,800 118,441 Indirect Expenses 116,029 7,525 10,897 TOTAL FUNDING USES 1,371,552 89,325 129,338 BHS MENTAL HEALTH FUNDING SOURCI Dept:Auth:Proj-Activity MH Adult Fed SDMC FFP (50%) 251984-10000-10001792-0001 631,846 21,035 MH Adult County General Fund 251984-10000-10001792-0001 213,876 68,290 129,338 MH Adult State 1991 MH Realignment 251984-10000-10001792-0001 465,187 This row left blank for funding sources not in drop-down list TOTAL BHS MENTAL HEALTH FUNDING SOURCES 1,310,909 89,325 129,338 BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES	
Subtotal Direct Expenses 1,255,523 81,800 118,441 Indirect Expenses 116,029 7,525 10,897 TOTAL FUNDING USES 1,371,552 89,325 129,338 BHS MENTAL HEALTH FUNDING SOURC Dept-Auth-Proj-Activity	
Indirect Expenses	
TOTAL FUNDING USES	
## BHS MENTAL HEALTH FUNDING SOURC! Dept-Auth-Proj-Activity	
MH Adult Fed SDMC FFP (50%) 251984-10000-10001792-0001 MH Adult County General Fund 251984-10000-10001792-0001 213,876 68,290 129,338 MH Adult State 1991 MH Realignment 251984-10000-10001792-0001 This row left blank for funding sources not in drop-down list TOTAL BHS MENTAL HEALTH FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES TOTAL BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON-DPH 3rd Party Patient/Client Fees NA 12,000 Revenue from use of ADU units by Non-DPH Entities 48,643	
MH Adult County General Fund 251984-10000-10001792-0001 213,876 68,290 129,338 MH Adult State 1991 MH Realignment 251984-10000-10001792-0001 465,187 This row left blank for funding sources not in drop-down list TOTAL BHS MENTAL HEALTH FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES TOTAL BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL OTHER DPH FUNDING SOURCES TOTAL OTHER DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NA 12,000 Revenue from use of ADU units by Non-DPH Entities A6,643	
MH Adult State 1991 MH Realignment 251984-10000-10001792-0001 465,187 This row left blank for funding sources not in drop-down list TOTAL BHS MENTAL HEALTH FUNDING SOURCES 1,310,909 89,325 129,338 BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES	~~~~
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TOTAL BHS MENTAL HEALTH FUNDING SOURCES 1,310,909 89,325 129,338 BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES 1,310,909 89,325 129,338 BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES	
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TOTAL OTHER DPH FUNDING SOURCES	
TOTAL DPH FUNDING SOURCES 1,310,909 89,325 129,338 NON-DPH FUNDING SOURCES Non DPH 3rd Party Patient/Client Fees NA 12,000 Revenue from use of ADU units by Non-DPH Entities 48,643	
NON-DPH FUNDING SOURCES Non DPH 3rd Party Patient/Client Fees NA 12,000 Revenue from use of ADU units by Non-DPH Entities 48,643	
Non DPH 3rd Party Patient/Client Fees NA 12,000 Revenue from use of ADU units by Non-DPH Entities 48,643	
Revenue from use of ADU units by Non-DPH Entities 48,643	
TOTAL NON-DPH FUNDING SOURCES 60,643	
TOTAL FUNDING SOURCES (DPH AND NON-DPH) 1,371,552 89,325 129,338	-
Number of Beds Purchased	<u> </u>
SUD Only - Number of Outpatient Group Counseling Sessions	
SUD Only - Licensed Capacity for Narcotic Treatment Programs	
Fee-For-Service Fee-For-Service Fee-For-Service	
Payment Method (FFS) (FFS) (FFS)	
DPH Units of Service 3.302 28.642 3.302	
Unit Type Client Day Staff Minute Client Full Day	
	0
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES) \$ 415.37 \$ 3.12 \$ 39.17	
Published Rate (Medi-Cal Providers Only) \$ 650.00 \$ 9.00	\$ -
Unduplicated Clients (UDC) 224 224 224	

Program Name Avenues
Program Code 38A41/38A43

	тот			IMCC730515	ADU Di	ue from use of units by Non- PH Entities		t-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term	07/01/18-			1/18-06/30/19		1/18-06/30/19					
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Program Director	1.00	\$ 73,409	0.96	\$ 70,443		\$ 2,966	<u> </u>				
Asistant Director	2.00	\$ 109,715	1.92	\$ 105,282		\$ 4,433					
Nurse Practitioner	0.50	\$ 91,164	0.48	\$ 87,480		\$ 3,684					
Clerk	0.37	\$ 12,764	0.36	\$ 12,248		\$ 516					
Counselor	11.50	\$ 507,830	11.04	\$ 487,309		\$ 20,521					
Relief Staff	2.46	\$ 78,711	2.36	\$ 75,530		\$ 3,181					
Admin. Asst	0.06	\$ 2,924	0.06	\$ 2,800	0.00	\$ 118	1				
Clerk	0.02	\$ 1,078	0.02	\$ 1,034		\$ 44					
Director of Clinical Services	0.08	\$ 11,881	0.08	\$ 11,40	0.00	\$ 480					
Asst Dir Clinical Services	0.08	\$ 7,526	0.08	\$ 7,22	2 0.00						
DET	0.08	\$ 7,359	0.08	\$ 7,06	2 0.00	\$ 297					
Compliance Officer	0.08	\$ 7,359	0.08	\$ 7,06	2 0.00	\$ 297					
Snr. Maint Tech	0.08	\$ 5,538	0.08	\$ 5,314	0.00	\$ 224					
Maint Tech	0.16	\$ 9,437	0.15	\$ 9,050	0.01	\$ 381					
	0.00	\$ -									
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Totals:	18,47	\$ 926,695	17.72	\$ 889,24	8 0.75	\$ 37,447	0.00	\$ -	0.00	\$ -	
Totals.	15.47	1 4 020,000	1 11.12	1 + 000,24	- 1 0.70	1 + 07,7777		1 7		L.T.	
Employee Benefits:	29.90%	\$ 277,127	29.91%	\$ 265,93	1 29.90%	6 \$ 11,196	0.00%	<u> </u>	0.00%	<u> </u>	
TOTAL SALARIES & BENEFITS		\$ 1,203,822		\$ 1,155,17	9	\$ 48,643		\$ -		\$ -	

Program Name Avenues
Program Code 38A41/38A43

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -	\$ -			
Mortgage Interest	\$ 28,582	\$ 28,582			
Depreciation	\$ 33,911	\$ 33,911			
Utilities (telephone, electricity, water, gas)	\$ 33,194	\$ 33,194			
Building Repair/Maintenance	\$ 15,594	\$ 15,594			
Occupancy Total:	\$ 111,281	\$ 111,281	\$ -	\$ -	\$ -
Office Supplies	\$ 20,268	\$ 20,268	* * * * * * * * * * * * * * * * * * * *		
Photocopying	\$ -				
Program Supplies	\$ 11,206	\$ 8,892	\$ 2,314		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 31,474	\$ 29,160	\$ 2,314	\$ -	\$ -
Training/Staff Development	\$ 2,254	\$ 1,710	\$ 544		
Insurance	\$ 15,769	\$ 13,283	\$ 2,486		
Professional License	\$ -				
Permits	\$ -			,	
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 18,023	\$ 14,993	\$ 3,030	\$ -	\$ -
Local Travel	\$ 519	\$ 519			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 519	\$ 519	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 282.35 hrs per year					
@104.17/hour=\$29,412 Alternative Technology- IT Network support and troubleshooting, 162.25 hrs per year at	\$ 29,412	\$ 23,186	\$ 6,226		
\$61 per hour=\$9.897	\$ 9,897	\$ 9,467	\$ 430		
Consultant/Subcontractor Total:		\$ 32,653	\$ 6,656	\$ -	\$ -
Food	\$ 49,784	\$ 49,784			
Linen	\$ 1,552	\$ 1,552			
Prescriptions	\$ -				
Other Total:		\$ 51,336	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 251,942	\$ 239,942	\$ 12,000	\$ -	-

DUCC Logal Fatily Number	Appendix B - DPH 2: Depar	tment of Public H	eath Cost Reporti	ng/Data Collection	n (CRDC)
DHCS Legal Entity Number	Progress Foundation				
Provider Number					
Provider Number	0900				Fundi
	Program Name	Shrader	Shrader	Shrader	randi
· · · · · · · · · · · · · · · · · · ·	Program Code	89661	8966OP	89661	
Mode	e/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49	······································
Wode	cror o (Mili) or modality (605)				
		24-Hr Adult Crisis	OP-Medication	SS-Life Support-	
	Service Description	Residential	Support	Bd&Care	MARKET MARKET THE PARTY OF THE
	Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
FUNDING USES					
	Salaries & Employee Benefits	1,086,414	67,344	400 740	
	Operating Expenses	145,956		126,548	
	Capital Expenses				
	Subtotal Direct Expenses	1,232,370	67,344	126,548	
	Indirect Expenses	113,888	6,196	11,642	
	TOTAL FUNDING USES	1,346,258	73,540	138,190	
BHS MENTAL HEALTH FUNDING SOURC		tarkanoje – staje			Paragraph (C)
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	493,927	36,770		
MH Adult County General Fund	251984-10000-10001792-0001	354,859	36,770	138,190	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	430,677			
This row left blank for funding sources not in drop-dowr	ı list				
TOTAL BHS MENTAL H	EALTH FUNDING SOURCES	1,279,463	73,540	138,190	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		式 14. X 医4. X 医4. X 是		3116047774
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TOTAL BI	IS SUD FUNDING SOURCES	-	-	-	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity	MARKET SALES IN AUTO			
This row left blank for funding sources not in drop-down	n list				
TOTAL OTHE	R DPH FUNDING SOURCES	-	-	-	
TOTA	AL DPH FUNDING SOURCES	1,279,463	73,540	138,190	
NON-DPH FUNDING SOURCES				HEROES OF THE STATE	Water builty
Non DPH 3rd Party Patient/Client Fees	NA NA	12,000			
Revenue from use of ADU units by Non-DPI	H Entities	54,796			
	N-DPH FUNDING SOURCES		_	-	
	T .	1			
TOTAL FUNDING SOL	JRCES (DPH AND NON-DPH)	1,346,259	73,540	138,190	
BHS UNITS OF SERVICE AND UNIT COST		leve on the venter		Sand Part Control	terrioren au
	Number of Beds Purchased	The second secon	American Service and American Services (April 2)		A STATE OF THE PARTY OF THE PAR
SUD Only - Number of Outpatie					
SUD Only - Licensed Capacity for			<u> </u>	 	
Election Capacity Ion	Ad. 5545 Fredament Fredame	Fee-For-Service	·Fee-For-Service	Fee-For-Service	
,	Payment Method		(FFS)	(FFS)	
	DPH Units of Service				
	Unit Type		Staff Minute	Client Full Day	0
Cost Per Unit - DDH Rate (DD	PH:FUNDING SOURCES Only)	L		\$ 45.73	\$ -
Cost Per Unit - Contract Rate (DPH & No				\$ 45.73	
	Rate (Medi-Cal Providers Only)			1 70.70	
Fublished F	Unduplicated Clients (UDC)		224	224	
1	oridapitoatoa Olicitto (ODO)	'I <u></u> -	I	1 447	Ī

Program Name Shrader
Program Code 89661/8966OP

		TOTAL	HMHMCC730515		ADU DP	ue from use units by No PH Entities	n-		l-Auth-Proj- Activity		Dept-Auth-Proj- Activity		
Funding Term		01/18-06/30/19		/01/1	8-06/30/19		/18-06/30/1						
Position Title	FTE	Salaries	FTE		Salaries	FTE	Salarie		FTE	Salaries	FTE	Salaries	
Program Director		\$ 78,207	0.95	\$	74,493	0.05		714			l		
Asistant Director	2.00	\$ 112,183	1.91	\$	106,855	0.09		328					
Psychiatrist	0,38	\$ 81,817	0.36	\$	77,931	0.02		886					
Clerk .	0.38	\$ 12,784	0.36	\$	12,177	0.02		607					
Counselor	11.00	\$ 487,658	10.48	\$	464,498	0,52		160					
Relief Staff	2.17	\$ 67,684	2.07	\$	64,470	0.10		214					
Admin. Asst	0,06	\$ 2,863	0.06	\$	2,727	0.00		136					
Clerk	0.02	\$ 1,056	0.02	\$	1,006	0.00	\$	50					
Director of Clinical Services	0.08	\$ 11,634	0.08	\$	11,081	0.00		553					
Asst Dir Clinical Services	0,08	\$ 7,370	0.08	\$	7,020	0.00		350					
DET	0.08	\$ 7,206	0.08	\$	6,864	0.00		342					
Compliance Officer	0.08	\$ 7,206	0.08	\$	6,864	0.00		342					
Snr. Maint Tech	0.08	\$ 5,423	0.08	\$	5,165	0.00	\$	258					
Maint Tech	0.16	\$ 9,241	0.15	\$	8,802	0.01	\$	439					
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	0.00	\$ -	†	 		 	 					 -	
Totals:	17.57	\$ 892,332	16.74	\$	849,953	0.83	\$ 42,	379	0.00	\$ -	0.00	\$ -	
Employee Benefits:	29.30%	\$ 261,426	29 30%	1.8	249,009	29 30%	\$ 12	417	0.00%		0.00%		
	_0.0070	201,420	120.0070	1 4	2-10,000	120.0070	15		3.0070	l	0.0070	<u> </u>	
TOTAL SALARIES & BENEFITS		\$ 1,153,758]	\$	1,098,962]	\$ 54	796		\$ -		\$ -	

Program Name Shrader
Program Code 89661/OP

Expense Categories & Line Items	TOTA	AL.	нм	HMCC730515	CI	lient Program Fees	Dept-Auth-Pi Activity	oj-	Dept-Auth-Proj- Activity
Funding Term	07/01/18-0	6/30/19	07/0	01/18-06/30/19	07/	/01/18-06/30/19			
Rent	\$	1,200	\$	1,200					
Mortgage Interest	\$	50,868	\$	50,868					
Depreciation	\$	49,549	\$	49,549					
Utilities (telephone, electricity, water, gas)	\$	32,726	\$	32,726					
Building Repair/Maintenance	\$	14,716	\$	14,716					
Occupancy Total:	\$	149,059	\$	149,059	\$	-	\$		\$ -
Office Supplies	\$	21,812	\$	21,812					
Photocopying	\$	_							
Program Supplies	\$	12,166	\$	10,118	\$	2,048			
Computer Hardware/Software	\$	-							
Materials & Supplies Total:	\$	33,978	\$	31,930	\$	2,048	\$	_	\$ -
Training/Staff Development	\$	2,469	\$	1,801	\$	668			,
Insurance	\$	15,461	\$	13,061	\$	2,400			
Professional License	\$	-							
Permits	\$	-							
Equipment Lease & Maintenance	\$	_							:
General Operating Total:	\$	17,930	\$	14,862	\$	3,068	\$	-	\$ -
Local Travel	\$	1,682	\$	1,682			,		·
Out-of-Town Travel	\$	-							
Field Expenses	\$	-						****	
Staff Travel Total:	\$	1,682	\$	1,682	\$	-	\$		\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 164.21 hrs per year @104.17/hour=\$17,106	\$	17,106	\$	10,686	\$	6,420	·		
Alternative Technology-IT Network support and troubleshooting, 158.62 hrs per year at \$61 per hour=\$9,676	\$	9,676	\$	9,212	\$	464			
Consultant/Subcontractor Total:		26,782		19,898	\$	6,884	\$	_	\$ -
Food	\$	40,858	\$	40,858				***************************************	
Linen	\$	2,215		2,215				*************	
Prescriptions	\$	_	T		I^{-}			***************************************	, , , , , , , , , , , , , , , , , , , ,
Other Total:	\$	43,073	\$	43,073	\$	-	\$	-	\$ -
TOTAL OPERATING EXPENSE	1 &	272,504	T \$	260,504	T ¢	12,000	t		-
TOTAL OF ERATING EXPENSE	<u> Ψ</u>	212,004	1 4	200,304	ΙΨ_	12,000	Ψ		ΙΨ -

DHCS Legal Entity Numbe Provider Name	Progress Foundation				·
Provider Numbe	38GM				Fundir
**************************************	Program Name	Dore Residence	Dore Residence	Dore Residence	
	Program Code		38GM3	38GM1	
Mod	e/SFC (MH) or Modality (SUD)	05/40-49	15/60-69	60/40-49	
,	Service Description	24-Hr Adult Crisis Residential	OP-Medication Support	SS-Life Support- Bd&Care	
Fundin	g Term (mm/dd/yy-mm/dd/yy):		07/01/18-06/30/19	07/01/18-06/30/19	
FUNDING USES			s hadamas a catalogica -	rendration and the second	fario-judia@aggs-H
	Salaries & Employee Benefits	1,173,750	76,968		
	Operating Expenses			139,587	
	Capital Expenses				
	Subtotal Direct Expenses	1,315,127	76,968	139,587	
	Indirect Expenses		7,082	12,842	
	TOTAL FUNDING USES		84,050	152,429	
BHS MENTAL HEALTH FUNDING SOURC	Dept-Auth-Proj-Activity				看着这一直就是1965——
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	616,599	42,025		
MH Adult County General Fund	251984-10000-10001792-0001	277,370	42,025	152,429	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	483,633			
This row left blank for funding sources not in drop-dow	n list				
	HEALTH FUNDING SOURCES	1,377,602	84,050	152,429	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity			(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	
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	<u> </u>				
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	HS SUD FUNDING SOURCES			-	-
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-dow	n list				
TOTAL OTH	ER DPH FUNDING SOURCES	-	-	-	
ТОТ	AL DPH FUNDING SOURCES	1,377,602	84,050	152,429	
NON-DPH FUNDING SOURCES		elent Bilater Det			
Non DPH 3rd Party Patient/Client Fees	· NA	12,000			
Revenue from use of ADU units by Non-DP	H Entities	47,064			
TOTAL NO	ON-DPH FUNDING SOURCES	59,064		-	
TOTAL FUNDING SO	URCES (DPH AND NON-DPH)	1,436,666	84,050	152,429	
BHS UNITS OF SERVICE AND UNIT COS		Market Land Control	\$246.000.000.000		\$2.500 X 2500 A 500 A 1
SUD Only - Number of Outpatie					
SUD Only - Licensed Capacity fo					
	Payment Method	Fee-For-Service	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
	DPH Units of Service				
	Unit Type		Staff Minute	Client Full Day	0
Cost Per Unit - DPH Rate (DF	PH FUNDING SOURCES Only)		\$ 2.31	\$ 38.56	\$ -
Cost Per Unit - Contract Rate (DPH & No				\$ 38.56	\$
	Rate (Medi-Cal Providers Only)		<u> </u>		
	Unduplicated Clients (UDC)		247	247	

Program Name Dore Residence
Program Code 38GM1/3

		TC	DTAL	HMI	імс	C730515	ADU i	ınits	om use of by Non- tities		t-Auth-Pi Activity	roj-		-Auth-Proj- Activity
Funding Term		01/1	8-06/30/19		1/18	-06/30/19		/18-0	6/30/19					
Position Title	FTE		Salaries	FTE		Salaries	FTE		alaries	FTE	Salaı	ries	FTE	Salaries
Program Director	1.00	\$	77,483	0.96	\$	74,567	0.04	\$	2,916					
Asistant Director	2.00	\$	113,523	1.92	\$	109,251	0.08	\$	4,272					
Psychiatrist ·	0.50	\$	109,090	0.48	\$	104,985	0.02	\$	4,105					
Clerk	0.38	\$	12,764	0.37	\$	12,284	0.01	\$	480					
Nurse Practitioner	0.50	\$	66,567	0.48	\$	64,062	0.02	\$	2,505					
Counselor	12.00	\$	454,582	11.55	\$	437,476	0.45	\$	17,106					
Relief Staff	2.69	\$	84,012	2.59	\$	80,851	0.10	\$	3,161					
Admin. Asst	0.07	\$	3,085	0.07	\$	2,969	0.00	\$	116					
Clerk	0.03	\$	1,137	0.03	\$	1,094	0.00	\$	43					
Director of Clinical Services	0.09	\$	12,535	0.09	\$	12,063	0.00	\$	472					
Asst Dir Clinical Services	0.09	\$	7,940	0.09	\$	7,641	0.00	\$. 299					
DET	0.09	\$	7,764	0.09	\$	7,472	0.00	\$	292	-				
Compliance Officer	0.09	\$	7,764	0.09	\$	7,472	0.00	\$	292	***************************************				
Snr. Maint Tech	0.09	\$	5,843	0.09	\$	5,623	0.00	\$	220					
Maint Tech	0.18	\$	9,957	0.17	\$	9,582	0.01	\$	375					
	0.00	\$	-		<u> </u>									
	0,00	\$	•			·								
	0.00	\$	-	 	 			<u> </u>						
	0.00	\$						 						
	0.00	\$						<u> </u>	****					
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Totals:		\$	974,046	19.05	\$	937,392	0.75	\$	36,654	0.00	\$		0.00	\$ -
Totals.	19.00	ΙΦ	374,040	1 13.03	ΙΦ	937,392	0.73	ΙΨ	30,034	0.00	ļΨ		0.00	
Employee Benefits:	28.40%	\$	276,672	28.40%	\$	266,262	28.40%	\$	10,410	0.00%			0.00%	
TOTAL SALARIES & BENEFITS		\$	1,250,718]	\$	1,203,654]	\$	47,064]	\$	-		\$ -

Program Name <u>Dore Residence</u>
Program Code <u>38GM1/3</u>

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		•
Rent	\$ -	\$ -			
Mortgage Interest	\$ 55,516	\$ 55,516			
Depreciation	\$ 49,420	\$ 49,420			
Utilities (telephone, electricity, water, gas)	\$ 32,709	\$ 32,709			'
Building Repair/Maintenance	\$ 16,684	\$ 16,684			
Occupancy Total:	\$ 154,329	\$ 154,329	\$	\$ -	\$ -
Office Supplies	\$ 25,422	\$ 25,422			
Photocopying	\$ -				
Program Supplies	\$. 15,548	\$ 10,714	\$ 4,834		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 40,970	\$ 36,136	\$ 4,834	\$ -	\$ -
Training/Staff Development	\$ 2,522	\$ 1,358	\$ 1,164		
Insurance	\$ 13,253	\$ 8,217	\$ 5,036		
Professional License	\$ -				
Permits	\$				·
Equipment Lease & Maintenance	\$ -				·
General Operating Total:	\$ 15,775	\$ 9,575	\$ 6,200	\$ -	\$ -
Local Travel	\$ 1,970	\$ 1,970			
Out-of-Town Travel	\$ -			·	
Field Expenses	\$ -				
Staff Travel Total:	\$ 1,970	\$ 1,970	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -		· \$ -		
Alternative Technology- IT Network support and troubleshooting, 171.51 hrs per year at					
\$61 per hour=\$10,462 Consultant/Subcontractor Total:	\$ 10,462 \$ 10.462	\$ 9,496 \$ 9,496		\$ -	\$ -
	\$ 10,462	\$ 52,042	φ 900	Ψ -	<u> </u>
Food	\$ 52,042	 			
Linen	\$ 5,416	φ 5,416			
Prescriptions Other Total:		\$ 57,458	\$ -	\$ -	\$ -
Other rotar.	J 7,430	1 4 07,400	L.Y	LT	1 *
TOTAL OPERATING EXPENSE	\$ 280,964	\$ 268,964	\$ 12,000	l \$ -	-

DHCS Legal Entity Number	00271 Progress Foundation				
Provider Number					
1 Tovider Mulliber	0000				Fundi
**************************************	Program Name	La Amistad	La Amistad		
	Program Code	38091	38091		
Mode Mode	/SFC (MH) or Modality (SUD)	05/65-79	60/40-49		
	Service Description	24-Hr Adult Residential	SS-Life Support- Bd&Care		
Funding	Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
FUNDING USES			PERKETE TERMEN		
	Salaries & Employee Benefits	775,440			
	Operating Expenses	85,218	144,718		
	Capital Expenses	202 272			l
	Subtotal Direct Expenses	860,658	144,718	•	
	Indirect Expenses TOTAL FUNDING USES	79,540 940,198	13,314 158,032		
BHS MENTAL HEALTH FUNDING SOURCE		340,130	130,032	National State of the State of	
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	372,005	- Section of the Section of Section 1988	19 6 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	n de la financia de la manda de la competencia de la competencia de la competencia de la competencia de la comp
MH Adult County General Fund	251984-10000-10001792-0001	201,550	158,032		
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	311,272	100,002		
· · · · · · · · · · · · · · · · · · ·		011,272			
This row left blank for funding sources not in drop-down	list			**************************************	
TOTAL BHS MENTAL H	EALTH FUNDING SOURCES	884,827	158,032	-	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		HER BOTTOM	1900年2017年3月1日年	
	·				
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	IS SUD FUNDING SOURCES				
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		1 See State Affiliase Affiliase Statement		
This row left blank for funding sources not in drop-down	list				
	R DPH FUNDING SOURCES	· -	-	=	
TOTA	AL DPH FUNDING SOURCES	884,827	158,032		
NON-DPH FUNDING SOURCES			-64.000 Black		17-14-15-08-15-16-16-16-16-16-16-16-16-16-16-16-16-16-
Non DPH 3rd Party Patient/Client Fees	NA	30,000			
Revenue from use of ADU units by Non-DPI		25,371			
TOTAL NO	N-DPH FUNDING SOURCES	55,371	- · · · · · · · · · · · · · · · · · · ·		
TOTAL FUNDING SOU	IRCES (DPH AND NON-DPH)	940,198	158,032	-	
BHS UNITS OF SERVICE AND UNIT COST			1600 780 080000	#20 By State Seed	
	Number of Beds Purchased				
SUD Only - Number of Outpatier					
SUD Only - Licensed Capacity for	Narcotic Treatment Programs				
	Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	
	DPH Units of Service				
	Unit Type		Client Full Day	0	0
Cost Per Unit - DPH Rate (DP				\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & No				\$ -	\$ -
Published R	Rate (Medi-Cal Providers Only)		75		
	Unduplicated Clients (UDC)	75	75	<u></u>	

Program Name	La Amistad
Program Code	38091

. ,			OTAL			C730515	ADU DF	unit 'H E	rom use of s by Non- Entities		t-Auth-l Activity			-Auth-Proj- Activity
Funding Term		/01/1	18-06/30/19		1/18	3-06/30/19			-06/30/19					
Position Title	FTE		Salaries	FTE		Salaries	FTE		Salaries	FTE	Sal	aries	FTE	Salaries
Program Director	1.00	\$	79,188	0.97		76,597	0.03	\$	2,591					
Asistant Director	1.00	\$	55,888	0.97	\$	54,059	0.03	\$	1,829					
Nurse Practitioner	0.10	\$	18,233	0.10	\$	17,636	0.00	\$	597					
Counselor	8,00	\$	355,397	7.74		343,769	0.26	\$	11,628					
Relief Staff	1.66	\$	51,700	1.61	\$	50,008	0.05	\$	1,692					
Admin. Asst	0.05	\$	2,029	0.05		1,963	0.00	\$	66					
Clerk	0.02	\$. 748	0.02	\$	724	0.00	\$	24					
Director of Clinical Services	0,06	\$	8,246	0.06	\$	7,976	0.00	\$	270					
Asst Dir Clinical Services	0.06	\$	5,223	0.06	\$	5,052	0.00	\$	171					
DET	0.06	\$	5,107	0.06	\$	4,940	0.00	\$	167					
Compliance Officer	0.06	\$	5,107	0.06	\$	4,940	0,00	\$	167		<u> </u>			
Snr. Maint Tech	0.06	\$	3,844	0.06	\$	3,718	0.00	\$	126				ł	
Maint Tech	0.12	\$	6,550	0.12	\$	6,336	0.00	\$	214					
·	0.00	\$	-											
	0.00	\$	-											
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Totals:	12.25	\$	597,260	11.85	\$	577,718	0.40	\$	19,542	0.00	\$	-	0.00	\$ -
F	00.0001	I &	470 400	00.000/	Tæ	470.054	100 000	1 6	E 000	0.000/	1		0.00%	
Employee Benefits:	29,83%	1 \$	178,180	∠9.83%	T \$	172,351	129.83%	1.4	5,829	0.00%	L		1 0.00%	
TOTAL SALARIES & BENEFITS		\$	775,440		\$	750,069]	\$	25,371		\$]	\$ -

Program Name La Amistad
Program Code 38091/OP

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 69,396	\$ 69,396			
Mortgage Interest	\$ -				
Depreciation	\$ 1,343	\$ 1,343			
Utilities (telephone, electricity, water, gas)	\$ 25,368	\$ 25,368			
Building Repair/Maintenance	\$ 9,014	\$ 9,014			
Occupancy Total:	\$ 105,121	\$ 105,121	\$ -	\$ -	\$
Office Supplies	\$ 12,031	\$ 1,715	\$ 10,316		
Photocopying	\$ -				·
Program Supplies	\$ 13,899	\$ 13,899			
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 25,930	\$ 15,614	\$ 10,316	\$ -	\$ -
Training/Staff Development	\$ 1,655	\$ 61	\$ 1,594		
Insurance	\$ 7,783	\$ 183	\$ 7,600		
Professional License	\$ -				. ,
Permits	\$ -				
Equipment Lease & Maintenance	\$				
General Operating Total:	\$ 9,438	\$ 244	\$ 9,194	\$ -	\$ -
Local Travel	\$ 2,451	\$ 2,451			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -	,			
Staff Travel Total:	\$ 2,451	\$ 2,451	\$ -	\$	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 305.39 hrs per year					
@\$104.17/hour=\$31,812 Alternative Technology- IT Network support and troubleshooting, 107.75 hrs per year at	\$ 31,812	\$ 23,016	\$ 8,796		
\$61 per hour=\$6,573	\$ 6,573				
Consultant/Subcontractor Total:	\$ 38,385	\$ 27,895	\$ 10,490	\$ -	\$ -
Food	\$ 46,596	\$ 46,596			
Linen	\$ 2,015	\$ 2,015		,	
Prescriptions	\$ -				
Other Total:	\$ 48,611	\$ 48,611	\$ -	-	\$ -
TOTAL OPERATING EXPENSE	\$ 229,936	\$ 199,936	\$ 30,000	T\$ -	T\$ -
TOTAL OF EXAMING EXPENSE	<u>μ</u> <u>∠∠υ,υ</u> υ	<u>133,330</u>	<u> </u>	14	ΙΨ -

	Appendix B - DPH 2: Depar	unent of Public n	eath Cost Report	ng/Data Conectio	II (CKDC)
DHCS Legal Entity Number					
	Progress Foundation				
Provider Number	3863				
					Fundi
	Program Name		Cortland		
	Program Code		38631		
Miode .	e/SFC (MH) or Modality (SUD)	05/65-79	60/40-49		· · · · · · · · · · · · · · · · · · ·
		24-Hr Adult	SS-Life Support-		
	Service Description	Residential	Bd&Care		
Funding	g Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
FUNDING USES					
	Salaries & Employee Benefits	690,606			
	Operating Expenses	65,169	123,476		
t.	Capital Expenses				
	Subtotal Direct Expenses	755,775	123,476	-	
	Indirect Expenses	69,846	11,360		
	TOTAL FUNDING USES	825,621	134,836	-	
BHS MENTAL HEALTH FUNDING SOURC	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	327,365			the second second second second
MH Adult County General Fund	251984-10000-10001792-0001	165,534	134,836		
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	283,709	, , , , , , , , , , , , , , , , ,		
This row left blank for funding sources not in drop-dowr	n list		4		V-1
	EALTH FUNDING SOURCES	776,608	134,836	-	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	CERTIFICATION CONTRACTOR OF THE CONTRACTOR OF TH	101,000 111111,12020 1140,4455011	Salahiran da	na je po preparativa de locació
	Dept-Addi-1 10-Activity	1 as directors preferanted advances and		A GARGE A ROSE AND A STATE OF THE PARTY OF T	C Charles and a serial policy and the
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	IS SUD FUNDING SOURCES				
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity		yeldez ésülterkéseketek		
OTHER DITITION DING GOOK GES	Dept-Addi-F10j-Activity	are say be a some of the			44 Control of Street, 15 (15 (15 (15 (15 (15 (15 (15 (15 (15
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	R DPH FUNDING SOURCES	,			
	AL DPH FUNDING SOURCES		134,836	1	
	AL DETT FUNDING SOURCES		134,030	estenta natura se se se o como de durano	North Sold firms and stocked on the
NON-DPH FUNDING SOURCES Non DPH 3rd Party Patient/Client Fees	NA NA	28,000	50 G 42 A SCHOOL STORY OF STORY	Project Control of the Control of th	
Revenue from use of ADU units by Non-DPI					
	N-DPH FUNDING SOURCES	21,013			
TOTAL NC	M-DPH FUNDING SOURCES	49,013	-	-	
TOTAL CUMPING COL	L COEG (DOLL AND MONEDO)	00=004	404.000		
	JRCES (DPH AND NON-DPH)	825,621	134,836	-	
BHS UNITS OF SERVICE AND UNIT COST					Section Column
	Number of Beds Purchased				
SUD Only - Number of Outpatie					
SUD Only - Licensed Capacity for	Narcotic Treatment Programs		F F 5	<u> </u>	
		Fee-For-Service	Fee-For-Service	Fee-For-Service	
	Payment Method		(FFS)	(FFS)	
	DPH Units of Service	3,104	3,104		
	Unit Type		Client Full Day	0	0
	H FUNDING SOURCES Only)				\$ -
Cost Per Unit - Contract Rate (DPH & No			\$ 43.44	\$ -	-
Published F	Rate (Medi-Cal Providers Only)				
	Unduplicated Clients (UDC)	40	40		

Program Name Cortland
Program Code 38631

			TAL	HMHMCC730515		Revenue from use of ADU units by Non- DPH Entities			Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity		
Funding Term		/01/18	3-06/30/19			06/30/19		1/18	3-06/30/19				
Position Title	FTE		Salaries	FTE		Salaries	FTE	_	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$	74,013	0.97	\$	71,761	0.03	\$	2,252				
Asistant Director	1.00	\$	54,440	0.97	\$	52,784	0.03	\$	1,656				
Nurse Practitioner	0.10	\$	13,070	0.10	\$	12,672		\$	398				
Counselor	7.00	\$	316,060	6.79	\$	306,443	0.21	\$	9,617				
Relief Staff	1.34	\$	41,994	1.31	\$	40,716		\$	1,278				
Admin. Asst	0.04	\$	1,765	0.04	\$	1,711	0.00	\$	54				
Clerk	0.02	\$	651	0,02	\$	631	0.00	\$	20				
Director of Clinical Services	0.05	\$	7,171	0.05	\$	6,953	0.00	\$	218				
Asst Dir Clinical Services	0.05	\$	4,542	0.05	\$	4,404	0.00	\$	138				
DET	0.05	\$	4,441	0.05	\$	4,306	0.00	\$	135				
Compliance Officer	0.05	\$	4,441	0.05	\$	4,306	0.00	\$	135				
Snr. Maint Tech	0.05	\$	3,343	0.05	\$	3,241	0.00	\$	102		3		
Maint Tech	0.10	\$	5,696	0.10	\$	5,523	0.00	\$	173				
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Totals		\$	531,627	10,53	\$	515,451	0.32	\$	16,176	0.00	\$ -	0.00	\$ -
1000		<u> </u>	331,327	1 .5,50	1.4	5.5,,01	1	1 4	1,70		<u> </u>	1 5.50	L.T
Employee Benefits:	29.90%	\$	158,979	29.90%	\$	154,142	29.90%	\$	4,837	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	690,606		\$	669,593]	\$	21,013]	\$ -]	\$ -

Program Name Cortland
Program Code 38631

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Fu Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	,	
Rent	\$ 72,216	\$ 72,216			
Mortgage Interest	\$ -				
Depreciation	\$ -				
Utilities (telephone, electricity, water, gas)	\$ 22,818	\$ 22,818			
Building Repair/Maintenance	\$ 10,086	\$ 10,086			
Occupancy Total:	\$ 105,120	\$ 105,120	\$ -	\$ -	\$ -
Office Supplies	\$ 14,945	\$ 14,945	·		
Photocopying	\$ -				
Program Supplies .	\$ 6,163	\$ 1,109	\$ 5,054		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 21,108	\$ 16,054	\$ 5,054	\$ -	\$ -
Training/Staff Development	\$ 2,060	\$ 286	\$ 1,774		
Insurance	\$ 10,855	\$ 1,219	\$ 9,636		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -	•			
General Operating Total:	\$ 12,915	\$ 1,505	\$ 11,410	-	\$ -
Local Travel	\$ 526	\$ 526			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 526	\$ 526	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing: various dates, 141.17 hrs per year		4.000			
@\$104.17/hour=\$14,706 Alternative Technology- IT Network support and troubleshooting, 95.54 hrs per year at \$61	\$ 14,706		\$ 9,774		
per hour= \$5,828	\$ 5,828	\$ 3,266	\$ 2,562		
Consultant/Subcontractor Total:	\$ 20,534	\$ 8,198	\$ 12,336	\$ -	\$ -
Food	\$ 26,892	\$ 26,892			
Linen	\$ 1,550	\$ 1,550			
Prescriptions	\$ -				
Other Total:	\$ 28,442	\$ 28,442			-
TOTAL OPERATING EXPENSE	\$ 188.645	\$ 159,845	\$ 28,800	-	-

Published I	Rate (Medi-Cal Providers Only) Unduplicated Clients (UDC)		40		
Cost Per Unit - Contract Rate (DPH & No			\$ 20.44	\$ -	\$
	H FUNDING SOURCES Only)			.\$ -	
	Unit Type		Client Full Day	0	0
	3,104				
	Payment Method DPH Units of Service				
		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
SUD Only - Licensed Capacity for					
SUD Only - Number of Outpatie	nt Group Counseling Sessions				
Authorities (Chipagnet Africa Labora Andis	Number of Beds Purchased				
BHS UNITS OF SERVICE AND UNIT COST			1627503 CA TV (476)		A STANSON OF THE PROPERTY OF
TOTAL FUNDING SOL	JRCES (DPH AND NON-DPH)	845,985	63,440	-	
		1			
	ON-DPH FUNDING SOURCES		-	-	
Revenue from use of ADU units by Non-DPI		21,081			
Non DPH 3rd Party Patient/Client Fees	NA NA	30,000			
NON-DPH FUNDING SOURCES					1875,875,855,855
	AL DPH FUNDING SOURCES		63,440	-	
TOTAL OTHE	ER DPH FUNDING SOURCES	w	-	-	
This row left blank for funding sources not in drop-dow	n list				
THE CHEMICAL STREET	J. Dept-Addi-Fioj-Addivity	po por colonia de la como de la colonia della colonia de la colonia de l	Complete the state of the state	The transfer of the second of	e gara mesa e magger si jir që 1999.
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity				
	HS SUD FUNDING SOURCES				<u> </u>
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BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
	EALTH FUNDING SOURCES	794,904	63,440	-	All Managary Associated to the control of
This row left blank for funding sources not in drop-down		704.004	20.442		
	1				
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	282,321			
MH Adult County General Fund	251984-10000-10001792-0001	139,452	63,440		
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	373,131			
BHS MENTAL HEALTH FUNDING SOURC	1			in or a constant property of	
	TOTAL FUNDING USES	845,985	63,440		
	Indirect Expenses	71,546	5,345		
	Subtotal Direct Expenses	774,439	58,095	-	
	Capital Expenses		-		
	Operating Expenses	83,724	58,095		
	Salaries & Employee Benefits	690,715	741 - 141 MARIA MARIA		
FUNDING USES			2.75 75 00,001 10		
Funding	g Term (mm/dd/yy-mm/dd/yy):				
	Service Description	Residential	Bd&Care	ĺ	
	, , , , , , , , , , , , , , , , , , , ,	24-Hr Adult	SS-Life Support-		
Mode	e/SFC (MH) or Modality (SUD)	05/65-79	60/40-49		
	Program Code	38371	38371		
	Program Namol	Progress House	Progress House		FUI
Provider Number	3837				Fun
	Progress Foundation	•	1		
DHCS Legal Entity Number					
	00074				

Program Name Progress House
Program Code 38371

	7		OTAL			C730515	ADU DF	units 'H Ei	om use of s by Non- ntities	Dept-Auth-Proj Activity			Dept-Auth-Proj- Activity	
Funding Term		01/1	8-06/30/19			-06/30/19			06/30/19					
Position Title	FTE		Salaries	FTE		Salaries	FTE		Salaries	FTE	Sa	alaries	FTE	Salaries
Program Director	1.00	\$	74,469	0.97	\$	72,196	0.03	\$	2,273					
Asistant Director	1.00	\$	56,148	0.97	\$	54,434	0.03	\$	1,714					
Nurse Practitioner	0.10	\$	15,512	0.10	\$	15,039	0.00	\$	473					
Counselor	7.00	\$	311,053	6.79	\$	301,559	0.21	\$	9,494					
Relief Staff	1.40	\$	43,785	1.37	\$	42,449	0.03	\$	1,336					
Admin. Asst	0.04	\$	1,668	0.04	\$	1,617	0.00	\$	51					
Clerk	0.02	\$	615	0.02	\$	596	0.00	\$	19					
Director of Clinical Services	0.05	\$	6,780	0.05	\$	6,573	0.00	\$	207					
Asst Dir Clinical Services	0.05	\$	4,295	0.05	\$	4,164	0.00	\$	131					
DET	0.05	\$	4,199	0.05	\$	4,071	0.00	\$	128					
Compliance Officer	0.05	\$	4,199	0,05	\$	4,071	0.00	\$	128					
Snr. Maint Tech	0.05	\$	3,160	0.05	\$	3,064	0.00	\$	96					
Maint Tech	0.10	\$	5,385	0.10	\$	5,221	0.00	\$	164					
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Totals:		\$	531,268	10.59	\$	515,054	0.32	\$	16,214	0.00	\$		0.00	\$ -
· Totals.	1 10.01	ΙΨ	001,200	1 10.00	ΙΨ	0,0,004	J 0.02	ι Ψ	10,214	0.00	Ψ		0.00	
Employee Benefits:	30.01%	\$	159,447	30.01%	\$	154,580	30.02%	\$	4,867	0.00%			0.00%	
TOTAL SALARIES & BENEFITS		\$	690,715]	\$	669,634]	\$	21,081] .	\$]	\$ -

Program Name Progress House
Program Code 38371

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -				
Mortgage Interest	\$ -				
Depreciation	\$ 1,185	\$ 1,185			
Utilities (telephone, electricity, water, gas)	\$ 22,288	\$ 22,288			
Building Repair/Maintenance	\$ 7,732	\$ 7,732	,		
Occupancy Total:	\$ 31,205	\$ 31,205	\$ -	\$ -	\$ -
Office Supplies	\$ 12,555	\$ 7,955	\$ 4,600		
Photocopying	\$ -	·			
Program Supplies	\$ 6,392	\$ 56	\$ 6,336		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 18,947	\$ 8,011	\$ 10,936	\$ -	\$ -
Training/Staff Development	\$ 2,097	\$ 1,069	\$ 1,028		
Insurance	\$ 6,650	\$ 150	\$ 6,500		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 8,747	\$ 1,219	\$ 7,528	\$ -	\$ -
Local Travel	\$ 1,360	\$ 1,360			
Out-of-Town Travel	\$ -				·
Field Expenses	\$ -		·		
Staff Travel Total:	\$ 1,360	\$ 1,360	\$ -	\$ -	- \$
Consultant/Subcontractors:UC Regents - Nursing; various dates, 399.50 hours per year @104.17/hour=\$41,616	\$ 41,616	\$ 31.616	\$ 10,000		
Alternative Technology- 11 Network support and troubleshooting, 87.25 hrs per year at \$61 per hour=\$5,322			\$ 1,536		
per nour=\$5,322 Consultant/Subcontractor Total:	\$ 5,322 \$ 46,938	\$ 3,786 \$ 35,402		\$ -	\$ -
Food	\$ 32,359	\$ 33,402	Ψ 11,536	-	Ψ
Linen	\$ 32,339	\$ 32,339	 		
Prescriptions	\$ 2,203	φ 2,203	 	<u> </u>	
Other Total:		\$ 34,622	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 141.819	\$ 111.819	\$ 30,000	-	ls -

DHCS Legal Entity Number	er 00271		cam oost report	ng/Data Concent	II (ONDO)
Provider Name Provider Numbe	e Progress Foundation 8985				Fundi
	Program Name	Clay	Clay		i unui
·	Program Code	89851	89851		
Mod	de/SFC (MH) or Modality (SUD)	05/65-79	60/40-49		
·	Service Description	24-Hr Adult Residential	SS-Life Support- Bd&Care		
Fundir	ng Term (mm/dd/yy-mm/dd/yy):		07/01/18-06/30/19		
FUNDING USES	ig Term (minda/yy-minda/yy).	01/01/10-00/30/13	07701710-00730713	ago dakoba diname	
I DINDING OOLS	Salaries & Employee Benefits	984,126		<u> </u>	[14] [14] 在14] [14] [14] [14] [14] [14] [14] [14] [
	Operating Expenses	164,997	80,643		
	Capital Expenses	104,557	00,040		
	Subtotal Direct Expenses	1,149,123	80,643	. н	
	Indirect Expenses	106,159	7,419		
	TOTAL FUNDING USES	1,255,282	88,062		
BHS MENTAL HEALTH FUNDING SOURCE		1,200,202	i santuucitus aasaassa	ASSISTATE OF THE STATE OF	rest in destroin in Miles, A
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	509,434	of Minusell (States bases and)	AND ASSESSED TO THE PART OF LAND ASTRON	Lagrance between the region and the
MH Adult Fed 3DMC FFF (30%) MH Adult County General Fund	251984-10000-10001792-0001	99,058	88,062		
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	542,786	00,002		
IMIT Addit State 1991 MIT Realignment	231984-10000-10001792-0001	342,700			
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TOTAL BHS MENTAL I	HEALTH FUNDING SOURCES	1,151,278	88,062		
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	1,131,210	00,002		
, in 3001 outputs 300Kets	Dept-Auti-Proj-Activity	THE PROPERTY PROPERTY.	Contract of the second of the	Caralla - Albada and a service	Marine Marine Marine Commission (Marine Marine)
	<u> </u>				
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TOTAL R	HS SUD FUNDING SOURCES	_	_	·	
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity	Pitti kajulia Engrida		Samue Restalements - La	Carlos des mente accessos
C III C III II II II II II II II II II I	Dept-Authoriop-Activity		in Process and the Property Control to		i,
This row left blank for funding sources not in drop-dov	un list				
TOTAL OTU	ER DPH FUNDING SOURCES				
	AL DPH FUNDING SOURCES	4 454 270	00 063	-	*
			88,062	Harris de la Company de la Com	no colorestallas e e a coloresta de
NON-DPH FUNDING SOURCES		90,000			9564 (Cara a S. C.) 1865 A
Non DPH 3rd Party Patient/Client Fees	NA NA	82,000			
Revenue from use of ADU units by Non-DF	ON-DPH FUNDING SOURCES	22,004			
IOTAL N	T TONDING SOURCES	104,004	-		
TOTAL FUNDING SO	URCES (DPH AND NON-DPH)	1,255,282	88,062	-	
BHS UNITS OF SERVICE AND UNIT COS		This professional and a			Superstant Service
	Number of Beds Purchased				
SUD Only - Number of Outpation					
SUD Only - Licensed Capacity for					
		Fee-For-Service	Fee-For-Service	Fee-For-Service	
	Payment Method		(FFS)	(FFS)	1
	4,964				
	Client Day	Client Full Day	0	0	
Cost Per Unit - DPH Rate (D	Unit Type PH FUNDING SOURCES Only)		\$ 17.74	\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & N				\$ -	\$ -
	Rate (Medi-Cal Providers Only)		17.77		T
i ublished	Unduplicated Clients (UDC)	20	20		
	onduplicated offents (ODO)				<u> </u>

Program Name Clay
Program Code 89851

		TC	DTAL	НМН	MCC73	30515	Revenue from use of ADU units by Non- DPH Entitles			Dept-Auth-Proj- Activity			Dept-Auth-Proj- Activity	
Funding Term		/01/18	B-06/30/19		/18-06/				-06/30/19					
Position Title	FTE		Salaries	FTE		aries	FTE		Salaries	FTE	Salaries	F'	TE	Salaries
Program Director	1.00	\$	74,162	0.98	\$	72,504	0.02	\$	1,658					
Nurse Practitioner	0.20	\$	31,024	0.20	\$	30,330	0.00	\$	694					
Counselor	12.00	\$	531,601	11.73		519,715	0.27	\$	11,886		*****			
Relief Staff	2.40	\$	75,067	2.35	\$	73,389	0.05	\$	1,678					
Admin. Asst	0.05	\$	2,486	0.05	\$	2,430	0.00	\$	56					
Clerk	0.03	\$	917	0.03	\$	896	0.00	\$	21					
Director of Clinical Services	0.07	\$	10,102	0.07	\$	9,876	0.00	\$	226					
Asst Dir Clinical Services	0.07	\$	6,399	0.07	\$	6,256	0.00	\$	143					
DET	0.07	\$		0.07	\$	6,117		\$	140					
Compliance Officer	0.07	\$	6,257	0.07	\$	6,117	0.00	\$	140					
Snr. Maint Tech	0.07	\$	4,709	0.07	\$	4,604	0.00	\$	105					
Maint Tech	0.14	\$	8,024	0.14	\$	7,845	0.00	\$	179					
	0.00	\$						<u> </u>						
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Totals	: 16.17	\$	757,005	15.81	\$	740,079	0.36	\$	16,926	0.00	\$	- 10	0.00	\$ -
Employee Benefits:	30.00%	\$	227,121	30.00%	\$	222,043	30.00%	\$	5,078	0.00%		0.	00%	
				7			_			1				
TOTAL SALARIES & BENEFITS		\$	984,126	_	\$	962,122	1	\$	22,004]	\$			\$ -

Appendix B - DPH 4: Operating Expenses Detail

Program Name Clay
Program Code 89851

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -				
Mortgage Interest	\$ 35,072	\$ 35,072			
Depreciation	\$ 17,224	\$ 17,224			
Utilities (telephone, electricity, water, gas)	\$ 28,232	\$ 28,232			
Building Repair/Maintenance	\$ 22,736	\$ 22,736			
Occupancy Total:	\$ 103,264	\$ 103,264	\$ -	\$ -	\$ -
Office Supplies	\$ 17,949	\$ 2,575	\$ 15,374	2000	
Photocopying	\$ -		,		•
Program Supplies	\$ 21,314	\$ 1,314	\$ 20,000		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 39,263	\$ 3,889	\$ 35,374	\$ -	\$ -
Training/Staff Development	\$ 5,752	\$ 3,188	\$ 2,564		
Insurance	\$ 14,431	\$ 431	\$ 14,000		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 20,183	\$ 3,619	\$ 16,564	\$	\$ -
Local Travel	\$ 2,325	\$ 2,325			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 2,325	\$ 2,325	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 356.21 hours per year					
@\$104.17/hour=\$37,106	\$ 37,106	\$ 7,106	\$ 30,000	<u> </u>	
Alternative Technology- IT Network support					
and troubleshooting, 136.26 hrs per year at \$61 per hour=\$8,312	\$ 8,312	\$ 8,250	\$ 62		
Consultant/Subcontractor Total:		 		\$ -	\$ -
Food	\$ 33,487	\$ 33,487	- 55,002	<u> </u>	T
Linen	\$ 1,700	\$ 1,700			
Prescriptions	\$ 1,700	1,700			
Other Total:	T	\$ 35,187	\$ -	s -	\$ -
Other Total.	- 33,107	ΙΨ . 33,107	<u> </u>	<u> </u>	17
TOTAL OPERATING EXPENSE	\$ 245,640	\$ 163,640	\$ 82,000	-	T\$ -

	Appendix B - DPH 2: Depar	unent of Fublic H	eath Cost Reporti	igrbata conectio	II (CKDC)
DHCS Legal Entity Number	00271			•	
	Progress Foundation				
Provider Number	38GH				
					Fundi
	Program Name	Loso House	Loso House		
	Program Code	89851	89851		
Mode	SFC (MH) or Modality (SUD)	05/65-79	60/40-49		
		24-Hr Adult	SS-Life Support-		
•	Service Description	Residential	Bd&Care		
Funding	Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
FUNDING USES	# 0255 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		BALLS MENTERS IN SEC.		SECRETARIST SECTION
	Salaries & Employee Benefits	920,954			
	Operating Expenses	193,378	101,164		
	Capital Expenses				
	Subtotal Direct Expenses	1,114,332	101,164	-	•
	Indirect Expenses	102,953	9,307		
,	TOTAL FUNDING USES	1,217,285	110,471	-	
BHS MENTAL HEALTH FUNDING SOURCE			Sale Geles (Sales Selection		新岛地区是现在分词各种
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	521,698			
MH Adult County General Fund	251984-10000-10001792-0001	7,913	110,471		
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	587,179	110,171		
Will radio cate 100 Will reduighment	201001 10000 10001702 0001	007,170			
This row left blank for funding sources not in drop-dowr	list				
	EALTH FUNDING SOURCES	1,116,790	110,471		
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	orthad continue to the	Make the desirable to		
BIOCODA ONDINO GOOKGEO	Dept-Adtit-FTO-Activity	1. 13-5 productions out to a series of the Control	or Taylor spirit, and participate	er farme skipe at farmer en still e	Afterbready, Artergrates Profes
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	IS SUD FUNDING SOURCES				
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity	Voice School Street		-EL-MINIE PLANTED IN THE PARTY	NG NG BASANTAN JULEAN AND
Office Of	Dept-Autii-F10j-Activity	George and a first box at the state of the	- was span enjoys not so was say.	and the second s	(2.000.00.00.00.00.00.00.00.00.00.00.00.0
This row left blank for funding sources not in drop-dowr	l				
	R DPH FUNDING SOURCES				
	AL DPH FUNDING SOURCES		110,471		
NON-DPH FUNDING SOURCES	AL DETT FORDING SCORCES	1,110,730	110,471	•	arise into tomo 2000 e veito avano.
Non DPH 3rd Party Patient/Client Fees	NA NA	82,000			的现在分词 医克克特氏病
Revenue from use of ADU units by Non-DPI		18,495			
	N-DPH FUNDING SOURCES				
TOTAL NO	T TONDING SCORCES	100,455	<u> </u>		•
TOTAL FUNDING SOL	IDCES (DDU AND NON DDU)	4 247 205	440.474		ļ
	JRCES (DPH AND NON-DPH)		110,471		Filippe remarks are sufficient as
BHS UNITS OF SERVICE AND UNIT COST		Market Sales Sales An			
CUD COT NOT A CONTRACT	Number of Beds Purchased				
SUD Only - Number of Outpatie	nt Group Counseling Sessions		-		
SUD Only - Licensed Capacity for	inarcotic i reatment Programs		Foo For Cardia	Fac For O	
	Dayman t 84 - th - d	Fee-For-Service	Fee-For-Service	Fee-For-Service	
	Payment Method		(FFS)	(FFS)	
	DPH Units of Service				<u> </u>
	Unit Type		Client Full Day	0 · ·	0
Cost Per Unit - DPH Rate (DP				\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & No			\$ 25.43	\$ -	\$ -
Published F	Rate (Medi-Cal Providers Only)				
	Unduplicated Clients (UDC)	18	18		

Program Name Loso House
Program Code 38GH1

			DTAL			C730515	ADU i	unit	from use of ts by Non- Entities		t-Auth-F Activity		Dept	-Auth-Proj- Activity
Funding Term		/01/1	8-06/30/19	07/01	/18-	06/30/19								
Position Title	FTE		Salaries	FTE		Salaries	FTE		Salaries	FTE	Sala	aries	FTE	Salaries
Program Director	1.00		78,207	0.98	\$	76,636	0.02	\$						
Nurse Practitioner	0.20	\$	31,024	0.20	\$	30,401	0.00	\$						
Counselor	11.00	\$	489,493	10.78	\$	479,663	0.22	\$						
Relief Staff	2.12	\$	66,218	2.08	\$	64,888	0.04	\$	1,330					
Admin. Asst	0.05	\$	2,457	0.05	\$	2,408	0.00	\$	49					
Clerk	0.02	\$	906	0.02	\$	888	0.00	\$	18					•
Director of Clinical Services	0.07	\$	9,985	0.07	\$	9,784	0,00	\$	201					
Asst Dir Clinical Services	0.07	\$	6,325	0.07	\$	6,198	0.00	\$						
DET	0.07	\$	6,184	0.07	\$	6,060	0.00	\$	124					
Compliance Officer	0.07	\$	6,184	0.07	\$	6,060	0.00	\$	124					
Snr. Maint Tech	0.07	\$	4,654	0.07	\$	4,561	0.00	\$	93					
Maint Tech	0.14	\$	7,931	0.14	\$	7,772	0.00	\$	159					
	0.00	\$	-					T						
•	0,00	\$	-					T		******				
	0,00	\$	-	<u> </u>				T	· · · · · · · · · · · · · · · · · · ·					
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Totals		1 \$	709,568	14.58	\$	695,319	0,30	1 \$	14,249	0.00	\$		0.00	\$ -
Totals	17.00	ΙΨ	, 00,000	17.00	1.4	000,010	1 0,00	Ι.Ψ	17,270	0.00	L.*		0.00	
Employee Benefits:	29.79%	\$	211,386	29.79%	\$	207,140	29.80%	\$	4,246	0.00%			0.00%	
TOTAL SALARIES & BENEFITS		\$	920,954]	\$	902,459]	\$	18,495		\$	-]	\$ -

Program Name Loso House
Program Code 38GH1

					Fi
Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ -				
Mortgage Interest	\$ 82,450	\$ 82,450			
Depreciation	\$ 47,308	\$ 47,308			
Utilities (telephone, electricity, water, gas)	\$ 33,972	\$ 33,972			
Building Repair/Maintenance	\$ 21,088	\$ 21,088			
Occupancy Total:	\$ 184,818	\$ 184,818	\$ -	\$ -	\$ -
Office Supplies	\$ 25,920	\$ 544	\$ 25,376	-	
Photocopying	\$ -				
Program Supplies	\$ 11,742	\$ 2,826	\$ 8,916		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 37,662	\$ 3,370	\$ 34,292	\$ -	\$ -
Training/Staff Development	\$ 13,544	\$ 2,686	\$ 10,858		
Insurance	\$ 14,518	ļ	\$ 14,350		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 28,062	\$ 2,854	\$ 25,208	\$ -	\$ -
L'ocal Travel	\$ 879	\$ 879			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 879	\$ 879	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 141.17 hrs oer year @ \$104.17/hour=\$14,706	\$ 14,706	\$ 706	\$ 14,000		
Alternative Technology- IT Network support and troubleshooting, 139.85 hrs per year at \$61 per hour=\$8,531	\$ 8,531	\$ 31	\$ 8,500		·
Consultant/Subcontractor Total:	<u> </u>	\$ 737	\$ 22,500	\$ -	\$ -
Food	\$ 25,237	\$ 18,332	Ψ 22,300	1	<u> * </u>
	\$ 16,332	\$ 10,552			
Linen	\$ 1,552	φ 1,552			
Prescriptions Other Total:	<u> </u>	\$ 19,884	\$ -	s -	\$ -
Other Total:	Φ 19,004	jψ 19,004	1 4	<u> </u>	
TOTAL OPERATING EXPENSE	\$ 294,542	\$ 212,542	\$ 82,000	T\$ -	\$ -
				<u>.l. '</u>	1 '

	Appendix B - DPF	l 2: Department	of Public Heath	Cost Reporting/	Data Collection	(CRDC)	
	The second secon					PARTY AND PROPERTY OF THE PARTY	•
S Legal Entity Number	00271						

				00271	DHCS Legal Entity Number
Provider Name Progress Foundation Provider Number 8984					
Florider Number 6904 Funding P				0304	Floyidei Number
Program Name Ashbury Ashbury Ashbury	Ashbury	Ashbury	Ashbury	Program Name	
Program Code 89841 89841 89841 .	89841	89841	89841	Program Code	
Mode/SFC (MH) or Modality (SUD) 05/65-79 60/40-49 60/78		60/40-49	05/65-79	SFC (MH) or Modality (SUD)	Mode
24-Hr Adult SS-Life Support- MediCal Client	MediCal Client				٠.
Service Description Residential Bd&Care Support Exp					
Funding Term (mm/dd/yy-mm/dd/yy): 07/01/18-06/30/19 07/01/18-06/30/19 07/01/18-06/30/19		the same of the sa	07/01/18-06/30/19		
		第二十二次是1000年1月1日日1日	400.000		
Salaries & Employee Benefits 492,360 405,859	405,859	400.070			
Operating Expenses 137,554 102,078		102,078	137,554		
Capital Expenses Capita	407.050	400.070	200 044		
Subtotal Direct Expenses 629,914 102,078 405,859 -					
Indirect Expenses 85,552 9,391 10,146					
	416,005		/15,466		DUC MENTAL HEALTH PUNDING COURCE
JNDING SOURCE Dept-Auth-Proj-Activity		(A) [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2			
		111.100			MH Adult Fed SDMC FFP (50%)
		111,469			MH Adult County General Fund
	405.050		276,724		MH Adult State 1991 MH Realignment
251962-10002-10001803-0014 - 405,859					MH WO HSA Calworks
	10,146		-		MH Adult County GF WO CODB
	446.005	444 400	CATOMA		This row left blank for funding sources not in drop-down
BHS MENTAL HEALTH FUNDING SOURCES 645,214 111,469 416,005 -	416,005	111,469			BHS SUD FUNDING SOURCES
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				<u> </u>	
rices not in drandown list		***************************************		list	This row left blank for funding sources not in drop-down
TOTAL BHS SUD FUNDING SOURCES	-	-			
		visor Siladi Kite, is a politica a c	iracing 40 a glassacida		OTHER DPH FUNDING SOURCES
DOPT MAINT FOR THE PARTY OF THE				Dope Ham 1 10 / House	
rces not in drop-down list				list	This row left blank for funding sources not in drop-dowr
TOTAL OTHER DPH FUNDING SOURCES	-	-	-		
TOTAL DPH FUNDING SOURCES 645,214 111,469 416,005 -	416,005	111,469	645,214	L DPH FUNDING SOURCES	TOTA
RCES	APRILED FORESE		and the second	novi i pregoliše peja sucial na	NON-DPH FUNDING SOURCES
			30,000	NA	Non DPH 3rd Party Patient/Client Fees
units by Non-DPH Entities 40,252			40,252	Entities	Revenue from use of ADU units by Non-DPF
TOTAL NON-DPH FUNDING SOURCES 70,252	. м	-	70,252		
L FUNDING SOURCES (DPH AND NON-DPH) 715,466 111,469 416,005 -	416,005				
AND UNIT COST		2017年1月27日1日日本			
Number of Beds Purchased					
Imber of Outpatient Group Counseling Sessions					
nsed Capacity for Narcotic Treatment Programs				Narcotic Treatment Programs	SUD Only - Licensed Capacity for
Fee-For-Service Fee-For-Service Fee-For-Service			1		
Payment Method (FFS) (FFS) (FFS)					
DPH Units of Service 3,104 3,104 1,242	1,242	3,104	3,104	DPH Units of Service	
Staff Hour or Client Day, depending on	Day, depending on				
Unit Type Client Day Client Full Day contract 0	contract.	Client Full Day		Unit Type	
3/1/ 1/po		05.04	e 207.07	HEINDING SOURCES ONLY	Cost Par Unit DDU Data (DD
3/1/2 1/90	\$ 334.95	35.91			
3/1/2 1/90		\$ 35.91			
it - DPH Rate (DPH FUNDING SOURCES Only) \$ 207.87 \$ 35.91 \$ 334.95 \$ - \$	\$ 334.95	\$ 35.91	\$ 230.50	n-DPH FUNDING SOURCES) ate (Medi-Cal Providers Only)	Cost Per Unit - Contract Rate (DPH & No

Program Name Ashbury
Program Code 89841

	τ	OTAL		нмн	мс	C730515	ADU	units	om use of s by Non- ntities	Dept-Auth-Proj- Activity		Dept-Auth-Proj- Activity	
Funding Term		18-06/30/1	9	07/01		3-06/30/19	07/0	1/18-	06/30/19				
Position Title	FTE	Sala	aries	FTE		Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$	82,010	0.96	\$	78,335	0.04	\$	3,675				
Asistant Director	1.00	\$	55,245	0,96	\$	52,769	0.04	\$	2,476				
Nurse Practitioner	0.10	\$	13,070	0.10	\$	12,484	0,00	\$	586				
Counselor	9.50	\$	438,095	9.07	\$	418,463	0.43		19,632				
Relief Staff	1.90	\$	59,401	1.81	\$	56,739	0.09	\$	2,662				
Admin. Asst .	0.05	\$	2,302	0.05	\$	2,199	0.00		103				
Clerk	0.02	\$	849	0.02	\$	811	0.00	\$	38				
Director of Clinical Services	0.07	\$	9,354	0.07	\$	8,935	0.00	\$	419				
Asst Dir Clinical Services	0.07	\$	5,925	0.07	\$	5,659	0.00	\$	266				
DET	0.07	\$	5,794	0.07	\$	5,534	0.00	\$	260				
Compliance Officer	0.07	\$	5,794	0.07	\$	5,534	0.00	\$	260				
Snr. Maint Tech	0.07	\$	4,360	0.07	\$	4,165	0.00	\$	195				
Maint Tech	0.14	\$	7,430	0.13	\$	7,097	0.01	\$	333				
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Totals:	14.06	\$	689,629	13.43	\$	658,724	0.63	\$	30,905	0.00	\$ -	0.00	\$ -
Employee Benefits:	30.25%	\$	208,590	30.25%	\$	199,243	30.24%	6 \$	9,347	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	898,219]	\$	857,967].	\$	40,252]	\$ -]	\$ -

Program Name <u>Ashbury</u> Program Code <u>89841</u>

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Program Fees	HMHM-CALW-BH	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ -				
Mortgage Interest	\$ 19,598	\$ 19,598			
Depreciation	\$ 26,811	\$ 26,811			
Utilities (telephone, electricity, water, gas)	\$ 31,596	\$ 31,596			
Building Repair/Maintenance	\$ 19,445	\$ 15,809		\$ 3,636	
Occupancy Total:	\$ 97,450	\$ 93,814	\$ -	\$ 3,636	\$ -
Office Supplies	\$ 17,301	\$ 17,301			
Photocopying	\$ -			,	
Program Supplies .	\$ 22,431	\$ 13,649	\$ 5,502	\$ 3,280	
Computer Hardware/Software	\$ -			,	
Materials & Supplies Total:	\$ 39,732	\$ 30,950	\$.5,502	\$ 3,280	\$ -
Training/Staff Development	\$ 2,144	\$ 58	\$ 2,086		
Insurance	\$ 9,567	\$ 899	\$ 7,232	\$ 1,436	
Professional License	\$ -			·	
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 11,711	\$ 957	\$ 9,318	\$ 1,436	\$ -
Local Travel	\$ 292	\$ 292			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 292	\$ 292	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing: various dates, 376.46 hrs per year @ \$104.17/hour=\$39,216	\$ 39,216	\$ 28.828	\$ 9,362	\$ 1,026	
Alternative Technology- IT Network support and troubleshooting, 123.93 hrs per year at \$61 per hour=\$7,560	\$ 7,560	\$ 974			
Consultant/Subcontractor Total:		\$ 29,802		\$ 1,794	\$ -
Food	\$ 42,122	\$ 42,122		.,	
Linen	\$ 1,549	\$ 1,549			
Prescriptions	\$ -	1,0.0			
Other Total:		\$ 43,671	\$ -	\$ -	\$ -
		,	T		
TOTAL OPERATING EXPENSE	\$ 239,632	\$ 199,486	\$ 30,000	\$ 10,146	\$ -

DHCS Legal Entity Number	00271 Progress Foundation	anche of a abite in	cati cost reporti	ig/Data Concettor	T(ORDO)
Provider Number					Fundir
	Program Name	Seniors-Rypins	Seniors-Rypins	Seniors-Rypins	Particular and Control of the Contro
	Program Code	38531	38532	38531	
Mode	e/SFC (MH) or Modality (SUD)	05/65-79	10/95-99	60/40-49	
	Service Description	24-Hr Adult Residential	DS_Day Rehab Full day	SS-Life Support-	
Lundine	Term (mm/dd/yy-mm/dd/yy):		07/01/18-06/30/19		
FUNDING USES	i Term (mm/dd/yy-mm/dd/yy).	07701716-06/30/19	07/01/10-00/30/19	07701710-00/30/19	anan marken banda da ba da l
	Salaries & Employee Benefits	471,485	303,306		and management of the second of the
	Operating Expenses	44.857	303,300	144,003	
	Capital Expenses	11,007		144,000	
	Subtotal Direct Expenses	516,342	303,306	144,003	
	Indirect Expenses	47,859	27,904	13,248	
	TOTAL FUNDING USES	564,201	331,210	157,251	
BHS MENTAL HEALTH FUNDING SOURCE	Dept-Auth-Proj-Activity				
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	233,404	142,100		
MH Adult County General Fund	251984-10000-10001792-0001	73,805	52,530	157,251	
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	189,730	136,580		
This row left blank for funding sources not in drop-dow			,		
	EALTH FUNDING SOURCES	496,939	331,210	157,251	···
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity				
This row left blank for funding sources not in drop-dow TOTAL BH OTHER DPH FUNDING SOURCES	n list IS SUD FUNDING SOURCES Dept-Auth-Proj-Activity		-		
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	R DPH FUNDING SOURCES	400,000	204.040	457.054	-
4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AL DPH FUNDING SOURCES	496,939	331,210	157,251	
NON-DPH FUNDING SOURCES Non DPH 3rd Party Patient/Client Fees	N/A	30,000			
Revenue from use of ADU units by Non-DPI	NA NA	37,262			
	N-DPH FUNDING SOURCES		_		-
	 JRCES (DPH AND NON-DPH)	564,201	331,210	157,251	
BHS UNITS OF SERVICE AND UNIT COST					Constitution of the
Serble Trees (Search and Serble) and the	Number of Beds Purchased				
SUD Only - Number of Outpatie					
SUD Only - Licensed Capacity for	Narcotic Treatment Programs		<u> </u>		
	Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	
	DPH Units of Service				
	Unit Type		Client Full Day	Client Full Day	0
	H FUNDING SOURCES Only)		\$ 80.39	\$ 84.45	\$ -
Cost Per Unit - Contract Rate (DPH & No			 	\$ 84.45	\$ -
Published I	Rate (Medi-Cal Providers Only) Unduplicated Clients (UDC)		\$ 400.00 50	40	
	Onduplicated Clients (ODC)	19 .	1 30	19	

Program Name Seniors-Rypins
Program Code 38531

		T	OTAL	НМН	MC	C730515	ADU i	unit H E	rom use of is by Non- intities		t-Auth-Pro Activity	J-		-Auth-Proj- Activity
Funding Term		/01/1	8-06/30/19			06/30/19		1/18	-06/30/19					
Position Title	FTE		Salaries	FTE		Salaries	FTE		Salaries	FTE	Salarie	s	FTE	Salaries
Program Director	0.70	\$	52,128	0.67	\$	49,621	0.03	\$	2,507					
Asistant Director .	0.70	\$	39,952	0.67	\$	38,031	0.03	\$	1,921					
Nurse Practitioner	0.07	\$	9,149	0.07	\$	8,709	0.00	\$	440					
Clerk	0.18	\$	5,957	0.17	\$	5,671	0.01	\$	286					
Counselor	8.80	\$	401,940	8.38	\$	382,609	0.42	\$	19,331					
Admin Assistant	0,05	\$	2,013	0.05	\$	1,916	0.00	\$	97					
Clerk	0.04	\$	743	0.04	\$. 707	0.00	\$	36					
Dir of Clinical Services	0.05	\$	8,179	0.05	\$	7,786	0.00	\$	393					
Asst Dir Clinical Services	0.05	\$	5,181	0.05	\$	4,932	0.00	\$	249			I		
DET	0.05	\$	5,066	0.05	\$	4,822	0.00	\$	244					
Compliance Officer	0.05	\$	5,066	0.05	\$	4,822	0.00	\$	244					
Snr. Maint Tech	0.05	\$	3,812	0.05	\$	3,629	0.00	\$	183					
Maint Tech	0.10	\$	6,494	0.10	\$	6,182	0.00	\$	312					
Relief Counselors	1.63	\$	50,948	1.55	\$	48,498	0.08	\$	2,450					
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Totals:	12.52	\$	596,628	11.92	\$	567,935	0.60	\$	28,693	0.00	\$		0.00	\$ -
Employee Benefits:	29.86%	\$	178,163	29.86%	\$	169,594	29.86%	\$	8,569	0.00%			0.00%	
TOTAL SALARIES & BENEFITS		\$	774,791].	\$	737,529]	\$	37,262]	\$	-		\$ -

Program Name Seniors-Rypins
Program Code 38531

Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19	
Rent	\$ 86,260	\$ 86,260			
Mortgage Interest	\$ -				
Depreciation	\$ 5,485	\$ 5,485			
Utilities (telephone, electricity, water, gas)	\$ 23,387	\$ 23,387			
Building Repair/Maintenance	\$. 7,627	\$ 7,627			
Occupancy Total:	\$ 122,759	\$ 122,759	\$ -	\$ -	\$ -
Office Supplies	\$ 7,424	\$ 4,298	\$ 3,126		
Photocopying	\$ -				
Program Supplies	\$ 6,206	\$ 1,196	\$ 5,010		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 13,630	\$ 5,494	\$ 8,136	\$ -	\$ -
Training/Staff Development	\$ 1,768	\$ 436	\$ 1,332		
Insurance	\$ 10,072	\$ 334	\$ 9,738		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 11,840	\$ 770	\$ 11,070	\$ -	\$ -
Local Travel	\$ 3,123	\$ 3,123			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 3,123	\$ 3,123	\$ -	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 18.95 hrs per year @					
\$104.17/hour=\$1,974 Alternative Technology- IT Network support and troubleshooting, 109.23 hrs per year at	\$ 1,974	\$ 180	\$ 1,794		
\$61 per hour=\$6,663	\$ 6,663				
Consultant/Subcontractor Total:			\$ 1,794	-	\$
Food	\$ 27,013	\$ 27,013			
Linen ·	\$ 1,858	\$ 1,858			
Prescriptions	\$ -			· ·	
Other Total:	\$ 28,871	\$ 28,871		\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 188,860	\$ 167,860	Te 24.000		16
TOTAL OPERATING EXPENSE	T 108,860	\$ 167,860	\$ 21,000	\$ -	-

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Progress Foundation				
.3854				Fundir
Program Name	Seniors-Carroll	Seniors-Carroll		I diidii
see a (min) of medality (adap)		33.73 13		
i	24-Hr Adult	SS-Life Support-		
Service Description	Residential	Bd&Care		
g Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19	07/01/18-06/30/19		
	感起基础的			MARKE END CHAR
	337,807			
Operating Expenses	65,466	58,331		
Capital Expenses				
Subtotal Direct Expenses	403,273	58,331		-
Indirect Expenses	37,256	5,366		
TOTAL FUNDING USES	440,529	63,697	-	-
Dept-Auth-Proj-Activity	心的主题等等。由			
251984-10000-10001792-0001	147,404			
251984-10000-10001792-0001	151,627	63,697		
251984-10000-10001792-0001	124,862			
	423,893	63,697	-	
Dept-Auth-Proj-Activity		25 330 a. v (13) 4 a. v		anders viteral
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Depte Auti-F 10 - Activity se		The state of State of the State		BAN MANAGAN TAN SAN SAN SAN SAN SAN SAN SAN SAN SAN S
	-	-	*	
	423,893	63,697	_	-
	\$80.76450Hg/H01437482Y	Age Manage News	到44.8年初5年	要相談的 不知识的现在分
N-DPH FUNDING SOURCES	16,636	-	-	-
I JRCES (DPH AND NON-DPH)	440 529	63.697	-	
		- Company of the second of the	same configuration of the second	annual des de la company de la Contraction de la
Jour Housilone, Togiano	Fee-For-Service	Fee-For-Service	Fee-For-Service	
Payment Method	1			
				·
		Client Full Day	0	0
PH FUNDING SOURCES Only)		\$ 34.21	\$ -	\$ -
				
		\$ 34.21	\$ -	- 1
on-DPH FUNDING SOURCES) Rate (Medi-Cal Providers Only)	\$ 236.59	\$ 34.21	\$ -	\$ -
	Program Name Program Code e/SFC (MH) or Modality (SUD) Service Description g Term (mm/dd/yy-mm/dd/yy): Salaries & Employee Benefits Operating Expenses Capital Expenses Indirect Expenses Indi	Program Name	Program Name	Program Name Program Code 38541

Program Name Seniors-Carroll
Program Code 38541

·			OTAL .	нмн	MCC730515	A	λDU ι DP	init H E	rom use of s by Non- Entities	Dept-Auth-Proj- Activity			-Auth-Proj- Activity
Funding Term		01/1	8-06/30/19		/18-06/30/19				-06/30/19				
Position Title	FTE		Salaries	FTE	Salaries		TE		Salaries	FTE	Salaries	FTE	Salaries
Program Director	0.30	\$	22,341	0.30	\$ 22,03		0.00		307				
Asistant Director	0.30	\$	17,122	0.30	\$ 16,88		0.00		235				
Nurse Practitioner	0.03	\$	3,921	0.03	\$ 3,86		0.00	\$	54				
Clerk -	0.08	\$	2,553	0.08	\$ 2,51		0.00	\$. 35				
Counselor	3.80	\$	172,261	3.75	\$ 169,89		0.05	.\$	2,364				
Admin Assistant	0.02	\$	863	0.02	\$ 85		0.00	\$	12				
Clerk	0.01	\$	318	0.01	\$ 31		0.00	\$	4				
Dir of Clinical Services	0.03	\$	3,505	0.03	\$ 3,45		0.00	\$	48				
Asst Dir Clinical Services	0.03	\$	2,220	0,03	\$ 2,19		0.00	\$	30				
DET	0.03	\$	2,171	0.03	\$ 2,14	1 C	0,00	\$	30				
Compliance Officer	0.03	\$	2,171	0.03	\$ 2,14		0.00	\$	30				
Snr. Maint Tech	0.03	\$	1,634	0.03	\$ 1,61	2 0	0.00	\$	22				
Maint Tech	0.06	\$	2,784	0.06	\$. 2,74	3 C	0.00	\$	38				
Relief Counselors	0.70	\$	21,835	0.69	\$ 21,53	5 C	0.01	\$	300				
	0.00	\$	-										
	0.00	\$	-										
	0.00	\$	-							***************************************			
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	0.00	\$	-										
	0.00	\$											
·	0.00	\$	-										
	0.00	\$						1					-
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	0.00	\$	-	1	<u> </u>			T					
	0.00	\$	-	†	<u> </u>	_		 		·			
Totals:	5.45	\$	255,699	5.38	\$ 252,19	0 (0.07	\$	3,509	0.00	\$ -	0.00	\$ -
Employee Benefits:	32.11%	\$	82,108	32.11%	\$ 80,98	1 32.	.12%	\$	1,127	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	337,807		\$ 333,17	1		\$	4,636		\$ -		\$ -

Program Name Seniors-Carroll
Program Code 38541

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Client Fees	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19	07/01/18-06/30/19		
Rent	\$ 36,968	\$ 36,968			
Mortgage Interest	\$ -	\$ -			
Depreciation	\$ 2,350	\$ 2,350			
Utilities (telephone, electricity, water, gas)	\$ 20,023	\$ 16,641	\$ 3,382		
Building Repair/Maintenance	\$ 7,555	\$ 4,481	\$ 3,074	·	·
Occupancy Total:	\$ 5 66,896	\$ 60,440	\$ 6,456	\$ -	\$ -
Office Supplies	\$ 7,468	\$ 2,958	\$ 4,510		
Photocopying .	\$ -				
Program Supplies	\$ 2,660	\$ 520	\$ 2,140		
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 10,128	\$ 3,478	\$ 6,650	\$ -	\$ -
Training/Staff Development	\$ 757	\$ 142	\$ 615		
Insurance	\$ 4,317	\$ 627	\$ 3,690		
Professional License	\$ -				
Permits	\$ -				·
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 5,074	\$ 769	\$ 4,305	\$ -	\$ -
Local Travel	\$ 1,339	\$ 723	\$ 616		
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 1,339	\$ 723	\$ 616	\$ -	\$ -
Consultant/Subcontractors: UC Regents - Nursing; various dates, 241.26 hrs per year @					
\$104.17/hour=\$25,132	\$ 25,132	\$ 22,877	\$ 2,255		
Alternative Technology-IT Network support and troubleshooting, 46.82 hrs per year at \$61					
per hour=\$2.856	\$ 2.856	\$ 2,138	\$ 718		
Consultant/Subcontractor Total:	\$ 27,988	\$ 25,015	 	\$ -	\$ -
Food	\$ 11,576	\$ 11,576			T
Linen	\$ 796	\$ 796			
Prescriptions	\$ -	700			
Other Total:		\$ 12,372	\$ -	\$ -	\$ -
		,			
TOTAL OPERATING EXPENSE	\$ 123,797	\$ 102,797	\$ 21,000	-	\$ -

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

DUCCLEETER	Appendix B - DPH 2: Depar	tment of Public He	eath Cost Reporti	ng/Data Collectio	n (CRDC)
DHCS Legal Entity Number	002/1				
Provider Name Provider Number	Progress Foundation				
Provider Number	3030				Fundir
	Program Name	SLP		<u></u>	
	Program Code	3838OP	,		
Mode	e/SFC (MH) or Modality (SUD)	15/10-57, 59			
		·			
		00.444.0			
	Service Description	OP-MH Svcs			
	Term (mm/dd/yy-mm/dd/yy):	07/01/18-06/30/19			
FUNDING USES			14.15.15.15.15.15.15.15.15.15.15.15.15.15.		\$1285E55E5
	Salaries & Employee Benefits	544,002			
	Operating Expenses	245,565			
	Capital Expenses				
	Subtotal Direct Expenses	789,567	-	-	
	Indirect Expenses	67,002			
DUCAMENTAL SUEAU TU EUNDING COURS	TOTAL FUNDING USES	856,569	-		-
BHS MENTAL HEALTH FUNDING SOURCE					
MH Adult Fed SDMC FFP (50%)	251984-10000-10001792-0001	318,198			
MH Adult County General Fund	251984-10000-10001792-0001	195,655			<u> </u>
MH Adult State 1991 MH Realignment	251984-10000-10001792-0001	325,376			
	L				
This row left blank for funding sources not in drop-dow	EALTH FUNDING SOURCES	839,229			
BHS SUD FUNDING SOURCES		039,229			Data alakirkan, Katiliki Ki
DH3 30D FUNDING 300KCE3	Dept-Auth-Proj-Activity		in the light application of the second		3150 Magazini
					<u> </u>
This row left blank for funding sources not in drop-dow	n list				
TOTAL BE	S SUD FUNDING SOURCES	_	-	-	<u> </u>
OTHER DPH FUNDING SOURCES	41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010 - 41010				
	Dept-Addi-Troj-Addivity	- 22 Care 12 Care 1 Are			
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This row left blank for funding sources not in drop-dow	n list				
TOTAL OTHE	R DPH FUNDING SOURCES		-		
TOTA	AL DPH FUNDING SOURCES	839,229	-	_	
NON-DPH FUNDING SOURCES		ない基準を対象を表示		\$100 ACC - 100 ACC	
Non DPH 3rd Party Patient/Client Fees	NA				
Revenue from use of ADU units by Non-DPI	H Entities	17,340			
TOTAL NO	N-DPH FUNDING SOURCES	17,340	-		
	JRCES (DPH AND NON-DPH)	856,569	_	-	
BHS UNITS OF SERVICE AND UNIT COST		TERROR STATES		Table 174 April 184	
	Number of Beds Purchased				
SUD Only - Number of Outpatie			ļ		<u> </u>
SUD Only - Licensed Capacity for	Narcotic I reatment Programs				
	D	Fee-For-Service			
	Payment Method				1
	DPH Units of Service				
	Unit Type		0	. 0	0
	PH FUNDING SOURCES Only)			\$ -	\$ -
Cost Per Unit - Contract Rate (DPH & No			\$ -	\$ -	\$ -
Published F	Rate (Medi-Cal Providers Only)		ļ		<u> </u>
Ī	Unduplicated Clients (UDC)	73	1	I	I

Program Name SLP
Program Code 3838OP

		то	TAL	НМН	мс	C730515	ADU	unit	rom use of s by Non- ntities		t-Auth-Proj- Activity		-Auth-Proj- Activity
Funding Term	07/	01/18	-06/30/19	07/01	/18-	06/30/19	07/01	1/18	-06/30/19				
Position Title	FTE		Salaries	FTE		Salaries	FTE		Salaries	FTE	Salaries ·	FTE	Salaries
Program Director	1,00	\$	79,188	0.97	\$	76,664	0.03	\$	2,524				
Asistant Director	1.00	\$	60,421	0.97	\$	58,495	0.03	\$	1,926				
Case Manager	4.50	\$	254,364	4.36	\$	246,256	0.14	\$	8,108				
Relief Staff	0.04	\$	1,375	0.04	\$	1,331	0.00	\$	44				
Admin. Asst	0.04	\$	1,491	0.04	\$	1,443	0.00	\$	48				
Clerk	0.04	\$	550	0.04	\$	532	0.00	\$	18				
Director of Clinical Services	0.04	\$	6,060	0.04	\$	5,867	0.00	\$	193		l		
Asst Dir Clinical Services	0.04	\$	3,839	0.04	\$	3,717	0.00	\$	122				
DET	0.04	\$	3,753	0.04	\$	3,633	0.00	\$	120				
Compliance Officer	0.04	\$	3,753	0.04	\$	3,633	0.00	\$	120				
Snr. Maint Tech	0.04	\$	2,825	0.04	\$	2,735	0.00	\$	90				
Maint Tech	0.08	\$	4,814	0.08	\$	4,661	0.00	\$	153				
	0.00	\$	-										
	0.00	\$	-										
	0,00	\$	-										
	0.00	\$	-										
	0.00	\$	-										
	0.00	\$	-	1				1					
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1	0.00	\$	-	1	T			1					
1	0.00	\$	-					1					
	0.00	\$	-			<u> </u>		T					
Totals:	6.90	\$	422,433	6.68	\$	408,967	0:22	\$	13,466	0.00	\$ -	0.00	\$ -
Employee Benefits:	28.78%	\$	121,569	28.78%	\$	117,695	28.77%	\$	3,874	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	544,002	1	\$	526,662]	\$	17,340	1	\$ -]	\$ -

Program Name SLP
Program Code 3838OP

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Expense Categories & Line Items	TOTAL	HMHMCC730515	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19			
Rent .	\$ 22,000	\$ 22,000			
Mortgage Interest	\$ -	\$ -			
Depreciation	\$ -	\$ -	•		
Utilities (telephone, electricity, water, gas)	\$ 21,382	\$ 21,382			
Building Repair/Maintenance	\$ 7,939	\$ 7,939			
Occupancy Total:	\$ 51,321	\$ 51,321	\$ -	\$ -	\$ -
Office Supplies	\$ 9,077	\$ 9,077			
Photocopying	\$ -				
Program Supplies	\$ 611	\$ 611			
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 9,688	\$ 9,688	\$ -	\$ -	\$ -
Training/Staff Development	\$ 1,015	\$ 1,015			
Insurance	\$ 6,453	\$ 6,453	,		
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 7,468	\$ 7,468	\$ -	\$ -	\$ -
Local Travel	\$ 5,621	\$ 5,621			
Out-of-Town Travel	\$ -		` `		
Field Expenses	\$ -	,			
Staff Travel Total:	\$ 5,621	\$. 5,621	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -				
Alternative Technology- IT Network support and troubleshooting, 84.07 hrs per year at \$61 per hour=\$5,128	\$ 5,128	\$ 5,128			
Consultant/Subcontractor Total:	\$ 5,128	\$ 5,128	\$ -	\$ -	\$ -
Food .	\$ -				
Client Expense (Rent Subsidy net Client Pay)	\$ 166,082	\$ 166,082			
Linen	\$ 217	\$ 217			
Prescriptions	\$ 40	\$ 40			
Other Total:	\$ 166,339	\$ 166,339	-	-	-
TOTAL OPERATING EXPENSE	\$ 245,565	\$ 245,565	Ts -	\$ -	T\$ -

DHCS Legal Entity Number 00271 Provider Name Progress Foundation Program Name Program Na	DUOCLESTER	Appendix B - DPH 2: Depar	tment of Public H	eath Cost Reporti	ng/Data Collectio	n (CRDC)
Program Name			-			
Program Name			- ,			. •
Program Name	Provider Number	3811	-			منالم سرات
Program Code 38112		Program Nama	Doro Clinia			runair
Mode/SFC (MH) or Modality (SUD) 10/25-29	1					
Service Description Urgent Care	Mod					· · · · · · · · · · · · · · · · · · ·
Service Description	· Wiode	e/SPC (MH) of Modality (SOD)	10/25-29			
Service Description		•	DS-Crisis Stah			
Funding Term (mm/dd/y-mm/dd/yy) 07/01/18-06/30/19		Service Description				
Salaries & Employee Benefits 2,523,746	Funding					
Salaries & Employee Benefits 2,523,746		Term (min/dd/yy-min/dd/yy).	07701710-00/30/19	earthar a Charles are realised and are	STERNAL HARST-THE CLAR	tiky in aliant Prinde and a color
Operating Expenses 368,596 Capital Expenses	FUNDING GOLD	Salarios & Employee Benefita	2 522 746			
Capital Expenses Subtotal Direct Expenses 2,882,342						
Subtotal Direct Expenses 2,892,342						
Indirect Expenses 267,130						
TOTAL FUNDING USES 3,159,472				-	•	-
## Adult Fed SDMC FFP (50%)						
## Adult Fed SDMC FFP (50%)	DUC MENTAL HEALTH ELINDING COLIDO			- Caracteria de la Caracteria de Caracteria	Pika Para Paika Paika Pangana	e est translate data value ser i
## Adult County General Fund 251984-10000-10001792-0001 807,460 ## Adult State 1991 MH Realignment 251984-10000-10001792-0001 808,805 ## Adult State 1991 MH Realignment 251984-100001792-0001 ## Adult State 1991 MH Realignment 251984-10001792-0001				State of the Constant of the C		
## Adult State 1991 MH Realignment 251984-10000-10001792-0001 808,805 his row left blank for funding sources not in drop-down list						
his row left blank for funding sources not in drop-down list TOTAL BHS MENTAL HEALTH FUNDING SOURCES 3,079,799 3HS SUD FUNDING SOURCES Dept-Auth-Proj-Activity his row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES DTHER DPH FUNDING SOURCES Dept-Auth-Proj-Activity his row left blank for funding sources not in drop-down list TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON DPH JUNDING SOURCES NON DPH 3rd Party Patient/Client Fees NA Revenue from use of ADU units by Non-DPH Entities TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) SUD Only - Number of Outgatent Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs Fee-For-Service Payment Method DPH Units of Service Unit Type Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) \$ 93.92 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	IVIH Adult County General Fund					
TOTAL BHS MENTAL HEALTH FUNDING SOURCES 3,079,799	IVIH Adult State 1991 IVIH Realignment	251984-10000-10001792-0001	808,805			
TOTAL BHS MENTAL HEALTH FUNDING SOURCES 3,079,799						
TOTAL BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity Total BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity TOTAL BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity Dep			2 070 700			
his row left blank for funding sources not in drop-down list TOTAL BHS SUD FUNDING SOURCES Dept-Auth-Proj-Activity bis row left blank for funding sources not in drop-down list TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NA Revenue from use of ADU units by Non-DPH Entities TOTAL FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH FUNDING SOURCES) TOTAL FUNDING SOURCES (DPH AND NON-DPH FUNDING SOURCES) TOTAL FUNDING SOURCES (DPH FUNDING SOURCES) TOTAL FUNDING		·	3,079,799		Community of the contract of the contract	ing this environment in the forest constantion
TOTAL BHS SUD FUNDING SOURCES - - -	BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	1			1000 00 C Resident
TOTAL BHS SUD FUNDING SOURCES - - -						
TOTAL BHS SUD FUNDING SOURCES - - -						
TOTAL BHS SUD FUNDING SOURCES - - -		l				
DTHER DPH FUNDING SOURCES Dept-Auth-Proj-Activity This row left blank for funding sources not in drop-down list TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON DPH 3rd Party Patient/Client Fees NA Revenue from use of ADU units by Non-DPH Entities TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH) SUD Only - Number of Beds Purchased SUD Only - Licensed Capacity for Narcotic Treatment Programs Fee-For-Service Payment Method DPH Units of Service Payment Method Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only) Published Rate (Medi-Cal Providers Only) TOTAL FUNDING SOURCES Only \$ 93.92 \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$						
Total other during sources not in drop-down list TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NA Revenue from use of ADU units by Non-DPH Entities TOTAL NON-DPH FUNDING SOURCES TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) 3,159,472				-	-	-
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON DPH 3rd Party Patient/Client Fees NA Revenue from use of ADU units by Non-DPH Entities TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH) SUDING SOURCES (DPH AND NON-DPH) SUDING SERVICE AND UNIT COST Number of Beds Purchased SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs Fee-For-Service Payment Method Unit Type Client Hour Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) 93.92 - \$ - \$ - Published Rate (Medi-Cal Providers Only) 110.00	OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity	Representations		SECTION SECTION	
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON DPH 3rd Party Patient/Client Fees NA Revenue from use of ADU units by Non-DPH Entities TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH) SUDING SOURCES (DPH AND NON-DPH) SUDING SERVICE AND UNIT COST Number of Beds Purchased SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs Fee-For-Service Payment Method Unit Type Client Hour Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) 93.92 - \$ - \$ - Published Rate (Medi-Cal Providers Only) 110.00						
TOTAL OTHER DPH FUNDING SOURCES TOTAL DPH FUNDING SOURCES NON-DPH FUNDING SOURCES NON DPH 3rd Party Patient/Client Fees NA Revenue from use of ADU units by Non-DPH Entities TOTAL NON-DPH FUNDING SOURCES TOTAL FUNDING SOURCES (DPH AND NON-DPH) TOTAL FUNDING SOURCES (DPH AND NON-DPH) SUDING SOURCES (DPH AND NON-DPH) SUDING SERVICE AND UNIT COST Number of Beds Purchased SUD Only - Number of Outpatient Group Counseling Sessions SUD Only - Licensed Capacity for Narcotic Treatment Programs Fee-For-Service Payment Method Unit Type Client Hour Cost Per Unit - DPH Rate (DPH FUNDING SOURCES) 93.92 - \$ - \$ - Published Rate (Medi-Cal Providers Only) 110.00		<u> </u>				
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		Unduplicated Clients (UDC)	1000			

Program Name Dore Clinic
Program Code 38l12

·		TOTAL	HMHMCC730515		ADU	ue from use of units by Non- H Entities	Dep	t-Auth-Proj- Activity	Dept-Auth-Proj Activity		
Funding Term		01/18-06/30/19		1/18-	06/30/19		/18-06/30/19			_	
Position Title	FTE	Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Director	1.00	\$ 147,139	0.97	\$	142,494	0.03	\$ 4,645				
Administrative Asst	1.00	\$55,194	0.97	\$	53,452	0.03	\$ 1,742				
Clerk	0.38	\$ 12,764	0.37	\$	12,361	0.01	\$ 403				
Psychiatrist	0.13	\$ 27,272	0.13	\$	26,411	0.00	\$ 861				
Clinic Manager	1.00	\$ 96,394	0.97	\$	93,351	0.03	\$ 3,043				
Nurse Practitioner	0.60	\$ 26,623	0.58	\$	25,783	0.02	\$ 840			,	
Registered Nurse	6.50	\$ 859,167	6.29	\$	832,044	0.21	\$ 27,123				
Clinical Counselor	4.00	\$ 176,375	3.87	\$	170,807	0.13	\$ 5,568				
Counselor	0.90	\$ 44,801	0.87	\$	43,387	0.03	\$ 1,414	1			
Lic Psychiatric Tech/ Liv Voc Nse	4.00	\$ 215,430	3.87	\$	208,629	0.13	\$ 6,801				
Prescriber On-Call	0.80	\$ 119,394	0.77	\$	115,625	0.03	\$ 3,769				
Admin, Asst	0.14	\$ 5,864	0.14	\$	5,679	0.00	\$ 185				
Clerk	0.06	\$ 2,162	0.06	\$	2,094	0.00	\$ 68				
Director of Clinical Services	0.17	\$ 23,830	0.16	\$	23,078	0.01	\$ 752				
Asst Dir Clinical Services	0.17	\$ 15,095	0.16	\$	14,618	0.01	\$ 477				
DET ·	0.17	\$ 14.759	0.16	\$	14,293	0.01	\$ 466				
Compliance Officer	0.17	\$ 14,759	0.16	\$	14,293	0.01	\$ 466	1			
Snr. Maint Tech	0.17	\$ 11,108		\$	10,757	0.01	\$ 351				
Maint Tech	0.34	\$ 18,929	0.33		18,331	0.01	\$ 598				
Relief Staff	2,50	\$ 189,595	2.42		183,610	0.08	\$ 5.985				
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Totals:		\$ 2,076,654	23,44	\$	2,011,097	0.76	\$ 65,557	0.00	\$ -	0.00	\$ -
Totals.	1 4.7.20	1 2,070,004	1 20.74	Ψ	2,011,001	1 0.10	1 4 00,001	0.00	T.A	0.00	
Employee Benefits:	21.53%	\$ 447,092	21.53%	\$	432,976	21.53%	\$ 14,116	0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$ 2,523,746]	\$	2,444,073] .	\$ 79,673	2	\$ -]	\$ -

Program Name Dore Clinic
Program Code 38112

E

Expense Categories & Line Items	TOTAL	HMHMCC730515	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/18-06/30/19	07/01/18-06/30/19			
Rent	\$ -				
Mortgage Interest	\$ 55,516	\$ 55,516			
Depreciation	\$ 49,510	\$ 49,510			
Utilities (telephone, electricity, water, gas)	\$ 34,848	\$ 34,848			
Building Repair/Maintenance	\$ 24,537	\$ 24,537			
Occupancy Total:	\$ 164,411	\$ 164,411	\$ -	\$ -	\$ -
Office Supplies	\$ 51,109	\$ 51,109			
Photocopying	\$ -				
Program Supplies	\$ 25,709	\$ 25,709			
Computer Hardware/Software	\$ -				
Materials & Supplies Total:	\$ 76,818	\$ 76,818	\$ -	\$ -	\$ -
Training/Staff Development	\$ 4,691	\$ 4,691	-		·
Insurance	\$ 23,041	\$ 23,041			
Professional License	\$ -				
Permits	\$ -				
Equipment Lease & Maintenance	\$ -				
General Operating Total:	\$ 27,732	\$ 27,732	\$ -	\$	\$ -
Local Travel	\$ 595	\$ 595			
Out-of-Town Travel	\$ -				
Field Expenses	\$ -				
Staff Travel Total:	\$ 595	\$ 595	\$ -	\$ -	\$ -
Mahoney, MD- Primary care consult, prn, \$2,166.67/month x 12 months=\$26,000	\$ 26,000	\$ 26,000			
Alternative Technology- IT Network support and troubleshooting, 323.62 hrs per year at \$61 per hour=\$19,741	\$ 19,741	\$ 19,741			
Consultant/Subcontractor Total:	\$ 45,741	\$ 45,741	\$ -	\$ -	\$ -
Food	\$ 48,216	\$ 48,216			
Linen	\$ 5,083	\$ 5,083			
Prescriptions	\$ -				
Other Total:	\$ 53,299	\$ 53,299	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 368,596	\$ 368,596	\$ -		

Appendix F

Invoice

			Cor	itrol Number	Ff.									
						INVOICE NUMBE			1	80-77 002/1070 91.				
Contractor: Progress Foundation			o in diametrik generalizat tradicionia.	_0,-		Ct.Blanket No.: Bf		TBD		User Cd	ر ا لمت ت ع ومعبوس			
Address: 368 Fell St., Şan Francisco, CA 94102		- [BHS	·]		Ct. PO No.: POH	М	SFGOV-000	0208	098	in the same of the			
			See the see that the see	1		Fund Source;		MH County	Adult -	FP (50%) Adult - General Fund 991 MH Realinn	ent			
Tel No.: (415) 861-0828 Fax No.:										Taring the same				
						Invoice Period :		July 2018		(Check if Yes)		•		
Funding Term: 07/01/2018 - 08/30/2019						Final Involce: ACE Control Num	học		i i i i i i i i i i i i i i i i i i i	(Clibux ii Tesi				
PHP Division: Behavioral Health Services				 	<u> </u>	ACE COURDS IVOID	ibei.		1	Remaining				
1			Total Contracted Exhibit UDC	Delivered Ex	THIS PERIOD	Delivered to Exhibit U	Date DC	% of TOT Exhibit U		Deliverable Exhibit UD	ıs .			
Unduplicated Clients for Exhibit:			antigoneras d		Production Section 2011	utilização para esta	C 1 F 127/3	2.222.2950	-1	Arten - Trans	1			
"Undu: licated Counts for AIDS Use Only DELIVERABLES		-,	Delivered THIS	i i e i e i e i e i e i e i e i e i e i	Fred or seg-	Delivere		T		Remaining				
Program Name/Reptg: Unit Modality/Mode # - Svo Func (גאוסאי)	Total Con	tracted CLIENTS	PERIOD CLEN	Unit TS Rate	AMOUNT DUE	to Date	CLIENT		IENT	Deliverable UOS	CLIENTS			
B-1 La Posada (HMHMCC730515) 251984-10000-1000		Marie .	50 SS	\$ 534.23	s	0,000	I micatiki Uzwa 45	0.00%	2	2,521,000		1,346,793,83		
05/40 - 49 24-Hr Adult Crisis Residential PC# - 38081 15/60 - 69 OP - Medication Support PC# - 3808OP	2,521 23,594	£3.5755	T talki	\$ 2.67	\$	0.000	5.00,040	0.00%	7445	23,594.000	Q.Fels	62,995,98		
80/ 40 - 49 SS-Life Support Bd & Care PC# - 38081	2,521	\$500 A	: 58% : 552		5 .	0,000	\$4,200 kg	0,00%	765 0167	2,521,000		B4,428.29	\$	1,494,218,10
B-2 La Amistad FC# - 38091 05/40 - 49 24-Hr Adult Residential	4,032	H. 44		\$ 219.45	\$ -	0,000	14104	0.00%		4,032.000	5 475 104025	884,822,40		
80/40 - 49 SS-Life Support Bd & Care	4,032	200	7.242 2100	\$ 39.19	\$ -	000,0	[1925] <u>[1</u> 25	0.00%		4,032.000	Carlo Const	158,014.08	\$	1,042,836,43
B-1b Shrader 05/40 - 49 24-Hr Adult Crisis Residential PC# - 89661	3,022	Contract.	1428 1789	\$ 423.38	s -	0,000	54 Bayes	0.00%	GANT.	3,022.000		1,279,454,36		
60/40 - 49 SS-Life Support - Bed & Care PC# - 89661	3,022	Pales Page	17.34	\$ 45,73		. 0,000			\$7.50 TOTAL	3,022,000		138,196.06	۸.	4 404 544 00
15/ 60 - 59 OP - Medication Support PC# - 3808OP 8-2b Progress House PC# - 38371	33,482	50.00	1920	\$ 2.20	\$ -	0.000		0.00%	20 J	33,482,000	+3251	73,660.40	\$	1,491,310.82
05/ 65 - 79 24-Hr Adult Residential	3,104		5-V/6-	\$ 256.09		0.000		0.00%	1000	3,104,000	21/21/25	794,903,36		
60/40 - 49 SS-Life Support Bd & Care B-2e Ashbury PC# - 89841	3,104	10日本の		20.44	\$ -	0.000	- 64458	0,00%		3,104.000	2000 T	63,445.76	ş	858,349,12
05/ 65 - 79 24-Hr Adult Residential	3,104		1636	\$ 207.87		0.000		0.00%	144	3,104.000		645,228.48		
80/ 40 - 49 SS-Life Support Bd & Care B-2c Clay PC# - 89851	3,104	THE VALUE		00.0	\$	0.000		0.00%	8947 8967	3,104,000	Christian Maria	111,464.84	\$	756,693,12
05/ 65 - 79 24-Hr Adult Residential	4,964			9 201.02		0.000		0.00%	1	4,984.000	love a	1,151,300.52		
60/ 40 - 49 SS-Life Support Bd & Care B-2d Loso House PC# - 89851	4,984	CENTRE S	128 Mga	\$ 17.74	1 \$ -	0,000	D DEFENSE	0.00%	Light.	. 4,964,000	eringe.	88,061.36	\$	1,239,361.83
05/ 65 - 79 24-Hr Adult Residential	4,344		67538	\$ 257.09		0,000		0.00%	- T	4,344.000	5 20 15 P.	1,116,798.96		
60/40 - 49 Life Support Bd & Care B-3 Seniors-Rypins	4,344	AND SALES	1 72% o	\$ 25.43	3 \$ -	0.000		0.00%	5225.	4,344.000		110,467,92	.\$	1,227,266,83
05/ 65 - 79 24-Hr Adult Residential PC# - 38531	1,862		્રદેવા			0.000	* 15 Cm	0.00%		1,862,000	161611/27	498,930.56		
10/ 95 - 99 DS-Day Rehab Full Day PC# - 38532 60/ 40 - 49 SS-Life Support Bd & Care PC# - 38531	4,120 1,862		38/8 1988			0,000		0.00%		4,120,000 1,862,000	540.52	331,206.80 157,245.90		985,383.26
B-2s Cortland PC# - 38631		- 1247					19200	5,007	7280	11002.000	ASIE.	101,240.00	•	554,64,7,23
05/ 65 - 79 24-Hr Adull Residential 60/ 40 - 49 SS-Life Support 8d & Care	3,104		1	\$ 250.20		0.000		0.00%	Series CONTRACT	3,104.000 3,104.000	1200	776,620,80 134,837,78		911,45:1.5:3
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15/ 10 - 57, 59 OP - MH Svcs B-1a Avenues	268,750	0	15 (2)	\$ 3.12	2 5 -	0.000	District.		SEP NAME	268,750.000	3888\$ - -03484	838,500.00	\$	838,500,00
05/40 - 49 24-Hr Adult Crisis Residential PC# - 38A41	3,302		i disa	\$ 397.00	3	0.000		0,00%	285	3,302.000	19575	1,310,894.00		
15/ 60 - 69 OP - Medication Support PC# - 38A43 80/ 40 - 49 SS-Life Support Bd & Care PC# - 38A41	28,642		12.50	\$ 3.12 \$ 39.1		0,000		0.00%	325	28,642.000	Here de l'	89,363.04		
B-3a Seniors-Carroll PC# 38541	1	AUA S	244	4 08.11		1	1300	0.00%	Augs Augs	3,302,000	Establish (129,339.34	•	1,529,590,33
05/ 65 - 79 24-Hr Adult Residential 60/ 40 - 49 SS-Life Support Bd & Care	1,862			\$ 227.65 \$ 34.2		0.00.0		0.00%	15)A	1,882,000 1,882,000	Sales Sales Sales Anno	423,884,30 63,699,02		407 mm :
Surgicial Companies and Compan	1	0.542		<u></u>		0.000	TOTAL S	0.00%		1,862,000	History.	63,699.02	\$	487,583,32
SWEET TOTAL	429,03	0	0.000			0,00	o	0,00%		429,030,000	57.72700	\$ 12,862,557,92		
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	Budget	Amount	J	12,863,174.0		NOTES:		0.00	<u> </u>	\$ 12,86	3,174.00			
			SUBTOTA Less: Initial Pa	L AMOUNT DU yment Recover		-								.*
			(For DPH Use) Ot	her Adjustment		4				*				
I certify that the information provided above is, to the best	of my knowled	ine como		4.4	*	ant le						l.		• '
In accordance with the contract approved for services pro-	vided under th	e provision	n of that contract, Full	Justification and	backup records fo	r those	•				•			
claims are maintained in our office at the address indicate					_ 1									
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Send to:	7.7	7	DPH	Authorization for	or Payment					ester autorio di Propinsi della parte	· · · · · · · · · · · · · · · · · · ·	ľ		
Behavioral Health Services-Budget/ Invoice Analyst		4	1.	*					-					
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Program Name/Reptg, Unit Modality/Mode # - Svc Func (мн олу)	Total Con UOS	tracted	PERIO UOS		Unit Rate	AMOUNT DUE		ate CLIENTS	% of TO	LIENT	Deliverat UOS	CLIENTS	
B-2e Ashbury PC# - 89841 - (HMHM-CALW-BH) 251984-		2-0001	<u> </u>									0.830	
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 07/10/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(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 lieu of such andorsement(s)

PRODUCER			CONTACT MARY@EBASSOC.COM	
	ERNEST BROOMFIELD & ASSOCIATES REHABILITATION & RECOVERY INSURANCE AGENCY.		1900 N. (A/C, No. Ext): 415-272-0417	81-1303
•	P.O. BOX 2153		INSURER(S) AFFORDING COVERAGE	NAIC #
	SAN RAFAEL, CA 94912	j.	NSURER A. AMERICAN STATES INS. CO.	
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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),

TEN DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

CERTIFICATE HOLDER

CANCELLATION

CITY & COUNTY OF SAN FRANCISCO OFFICE OF CONTRACT MANAGEMENT & COMPLIANCE - DEPARTMENT OF PUBLIC HEALTH 1380 HOWARD STREET, RM 442 -4TH FLOOR SAN FRANCISCO, CA 94103 ATTN: ANNALIE EUSEBIO

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

AUTHORIZED REPRESENTATIVE

@ 1988-2010 ACORD CORPORATION. All rights reserved,

ACORD 25 (2010/05)

The ACORD name and logo are registered marks of ACORD

07/12/2018 20:50 No.: R586 L1 P.002/002



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 04/03/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER License # 0564249 Heffernan Insurance Brokers PHONE (A/C, No, Ext): 1 (650) 842-5200 FAX (A/C, No): (650) 842-5201 1460B O'Brien Drive E-MAIL ADDRESS: Menlo Park, CA 94025 INSURER(S) AFFORDING COVERAGE NAIC# INSURER A: Cypress Insurance Company 10855 INSURED INSURER B: INSURER C : **Progress Foundation** 368 Fell Street INSURER D San Francisco, CA 94102 INSURER E : INSURER F: **COVERAGES** CERTIFICATE NUMBER: **REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. ADDL SUBR POLICY EFF POLICY EXP
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Re: As Per Contract or Agreement on File with Insured. Waiver of Subrogation is included on Workers Compensation policy per the attached endorsement, if required. This certificate replaces and supersedes all previously issued certificates. CERTIFICATE HOLDER CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN City and County of San Francisco ACCORDANCE WITH THE POLICY PROVISIONS. Department of Public Health 1380 Howard Street, 5th Floor San Francisco, CA 94103 AUTHORIZED REPRESENTATIVE

THIS ENDORSEMENT CHANGES THE POLICY, PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

City and County of San Francisco Community Behavioral Health Services 1380 Howard Street. 4th 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.

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 May 31, 2018	Policy No. 01CH403765	
Named Insured PROGRESS FOUNDATION, INC.	Countersigned by	
	(Authorized Representativ	/e)
	Schedule	**************************************
Name of Person or Organization:		
City & County of San Francisco,		
Its Officers, Agents & Employees		
Community Behavioral Health Services		
1380 Howard St., 4 th Floor	7.	
San Francisco, CA 94103		
Premium: \$ INCLUDED		
1	p.	

(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.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

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

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

The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.

The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Specific Waiver

Person/Organization:

City and County of San Francisco

Job Description:

All CA Operations

Waiver Premium:

350.00

Payroll Subject

Class

State

to Waiver

8804

CA

1.00

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated. (The information below is required only when this endorsement is issued subsequent to preparation of the policy.)

Endorsement Effective: 04/01/2018

Policy No.: PRWC915672

Endorsement No.:

Insured:

Premium \$

Insurance Company: Cypress Insurance Company

WC 99 04 02C

Countersigned by _____

(Ed. 9-14)

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 Contract ID: 1000010016

This Agreement is made this 14th day of May, 2018, in the City and County of San Francisco, State of California, by and between Progress Foundation, 368 Fell Street, San Francisco, CA 94102 ("Contractor") and City.

Recitals

WHEREAS, the Department of Public Health ("Department") wishes to provide mental health services; and,

WHEREAS, this Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 and a Request for Proposals ("RFP") issued on October 27, 2017, in which City selected Contractor pursuant to the RFP; and

WHEREAS, there is no Local Business Entity ("LBE") subcontracting participation requirement for this Agreement; and

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract numbers 49869-17/18 on November 20, 2017 and 40587-17/18 on November 20, 2017;

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions apply to this Agreement:

1.1 "Agreement" means this contract document, including all attached appendices, and all applicable City Ordinances and Mandatory City Requirements which are specifically incorporated into this Agreement by reference as provided herein.

- 1.2 "City" or "the City" means the City and County of San Francisco, a municipal corporation, acting by and through both its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing" and Department of Public Health."
 - 1.3 "CMD" means the Contract Monitoring Division of the City.
- "Contractor" or "Consultant" means Edgewood Center for Children and Families, 1801 Vicente Street, San Francisco, CA 94116.
- 1.4 "Deliverables" means Contractor's work product resulting from the Services that are provided by Contractor to City during the course of Contractor's performance of the Agreement, including without limitation, the work product described in the "Scope of Services" attached as Appendix A.
- 1.5 "Effective Date" means the date upon which the City's Controller certifies the availability of funds for this Agreement as provided in Section 3.1.
- 1.6 "Mandatory City Requirements" means those City laws set forth in the San Francisco Municipal Code, including the duly authorized rules, regulations, and guidelines implementing such laws, that impose specific duties and obligations upon Contractor.
- 1.7 "Party" and "Parties" mean the City and Contractor either collectively or individually.
- 1.8 "Services" means the work performed by Contractor under this Agreement as specifically described in the "Scope of Services" attached as Appendix A, including all services, labor, supervision, materials, equipment, actions and other requirements to be performed and furnished by Contractor under this Agreement.

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) July 1, 2018; or (ii) the Effective Date and expire on December 31, 2018, unless earlier terminated as otherwise provided herein.

Article 3 Financial Matters

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.

3.2 Guaranteed Maximum Costs. The City's payment obligation to Contractor cannot at any time exceed the amount certified by City's Controller for the purpose and period stated in such certification. Absent an authorized Emergency per the City Charter or applicable Code, no City representative is authorized to offer or promise, nor is the City required to honor, any offered or promised payments to Contractor under this Agreement in excess of the certified maximum amount without the Controller having first certified the additional promised amount and the Parties having modified this Agreement as provided in Section 11.5, "Modification of this Agreement."

3.3 Compensation.

- 3.3.1 Payment. Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the Director of Health, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed Nine Million, Six Hundred and Forty-Five Thousand, Six Hundred and Ninety-One Dollars (\$9,645,691). The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.
- 3.3.2 Payment Limited to Satisfactory Services. Contractor is not entitled to any payments from City until Department of Public Health approves Services, including any furnished Deliverables, as satisfying all of the requirements of this Agreement. Payments to Contractor by City shall not excuse Contractor from its obligation to replace unsatisfactory Deliverables, including equipment, components, materials, or Services even if the unsatisfactory character of such Deliverables, equipment, components, materials, or Services may not have been apparent or detected at the time such payment was made. Deliverables, equipment, components, materials and Services 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 at no cost to the City.
- 3.3.3 **Withhold Payments.** If Contractor fails to provide Services in accordance with Contractor's obligations under this Agreement, the City may withhold any and all payments due Contractor until such failure to perform is cured, and Contractor shall not stop work as a result of City's withholding of payments as provided herein.
- 3.3.4 **Invoice Format**. Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller and City, and must include a unique invoice number. Payment shall be made by City specified in Section 3.3.6, or in such alternate manner as the Parties have mutually agreed upon in writing.

3.3.5 Getting paid for goods and/or services from the City.

(a) All City vendors receiving new contracts, contract renewals, or contract extensions must sign up to receive electronic payments through, the City's Automated Clearing House

(ACH) payments service/provider. Electronic payments are processed every business day and are safe and secure. To sign up for electronic payments, visit www.sfgov.org/ach.

(b) The following information is required to sign up: (i) The enroller must be their company's authorized financial representative, (ii) the company's legal name, main telephone number and all physical and remittance addresses used by the company, (iii) the company's U.S. federal employer identification number (EIN) or Social Security number (if they are a sole proprietor), and (iv) the company's bank account information, including routing and account numbers.

3.3.6 Grant Funded Contracts.

- (a) **Disallowance**. If Contractor requests or receives payment from City for Services, 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 between Contractor and City.
- (b) Contractor shall insert each Grant Term into each lower tier subcontract. Contractor is responsible for compliance with the Grant Terms by any subcontractor, lower-tier subcontractor or service provider.
- Audit and Inspection of Records. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its Services. 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 fewer 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 as conferred upon City by this Section. Contractor shall include the same audit and inspection rights and record retention requirements in all subcontracts.
- 3.4.1 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 \$750,000 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 \$750,000 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.

- 3.4.2 The Director of Public Health or his / her designee may approve a waiver of the audit requirement in Section 3.4.1 above, 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.
- 3.4.3 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.
- Submitting False Claims. The full text of San Francisco Administrative Code Chapter 21, Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Pursuant to San Francisco Administrative Code §21.35, any contractor or subcontractor who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. A contractor or subcontractor will be deemed to have submitted a false claim to the City if the contractor or subcontractor: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false record or statement to get a false claim paid or approved by the City; (c) conspires to defraud the City by getting a false claim allowed or paid by the City; (d) knowingly makes, uses, or causes to be made or used a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the City; or (e) is a beneficiary of an inadvertent submission of a false claim to the City, subsequently discovers the falsity of the claim, and fails to disclose the false claim to the City within a reasonable time after discovery of the false claim.

3.6 Reserved. (Payment of Prevailing Wages) Services and Resources

- 3.7 Services Contractor Agrees to Perform. Contractor agrees to perform the Services provided for in Appendix A, "Scope of Services." Officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Services beyond the Scope of Services listed in Appendix A, unless Appendix A is modified as provided in Section 11.5, "Modification of this Agreement."
- 3.8 Qualified Personnel. Contractor shall utilize only competent personnel under the supervision of, and in the employment of, Contractor (or Contractor's authorized subcontractors) to perform the Services. Contractor will comply with City's reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to allow timely completion within the project schedule specified in this Agreement.

3.9 Subcontracting.

3.9.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 "Additional Requirements Incorporated by Reference" of this Agreement, unless inapplicable. Neither Party shall, on

the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

3.9.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below:

See Appendix B, Operating Expense Details pages for names of subcontractors

- 3.10 Independent Contractor; Payment of Employment Taxes and Other Expenses.
- 3.10.1 **Independent Contractor**. For the purposes of this Article 4, "Contractor" shall be deemed to include not only Contractor, but also any agent or employee of Contractor. Contractor acknowledges and agrees that at all times, 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, its agents, and employees will not represent or hold themselves out to be employees of the City at any time. 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. Contractor agrees to maintain and make available to City, upon request and during regular business hours, accurate books and accounting records demonstrating Contractor's compliance with this section. Should City determine that Contractor, or any agent or employee of Contractor, is not performing in accordance with the requirements of this Agreement, City shall provide Contractor with written notice of such failure. Within five (5) business days of Contractor's receipt of such notice, and in accordance with Contractor policy and procedure, Contractor shall remedy the deficiency. Notwithstanding, if City believes that an action of Contractor, or any agent or employee of Contractor, warrants immediate remedial action by Contractor, City shall contact Contractor and provide Contractor in writing with the reason for requesting such immediate action.
- 3.10.2 Payment of Employment 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, Contractor agrees to indemnify and save harmless City and its officers, agents and employees from, and, if requested, shall defend them against any and all claims, losses, costs, damages, and expenses, including attorneys' fees, arising from this section.

- 3.11 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 Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.
- 3.12 Warranty. Contractor warrants to City that the Services will be performed with the degree of skill and care that is required by current, good and sound professional procedures and practices, and in conformance with generally accepted professional standards prevailing at the time the Services are performed so as to ensure that all Services performed are correct and appropriate for the purposes contemplated in this Agreement.

3.13 Reserved. Liquidated Damages.

3.14 **Bonding Requirements.** The Contractor is required to furnish a performance bond on the form in a form acceptable to the City, in a sum of not less than \$3,700,000 of the annual amount of the contract to guarantee the faithful performance of this contract. The bond must be approved as to sufficiency and qualifications of the surety by the Controller.

Article 4 Insurance and Indemnity

4.1 Insurance.

- 4.1.1 **Required Coverages.** 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:
- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; policy must include Abuse and Molestation coverage.
- (c) 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.
- (d) 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.
- (e) Blanket Fidelity Bond (Commercial Blanket Bond): Limits in the amount of any Initial Payment included under this Agreement.

- 4.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:
- (a) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.
- (b) 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.
- 4.1.3 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 Section 11.1, entitled "Notices to the Parties."
- 4.1.4 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.
- 4.1.5 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.
- 4.1.6 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.
- 4.1.7 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.
- 4.1.8 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.
- 4.1.9 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.
- 4.2 Indemnification. Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as

set forth in subsections (i) – (v) above) arises 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, 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. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement, except where such breach is the result of the active negligence or willful misconduct of City. 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 arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

Article 5 Liability of the Parties

- 5.1 Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 3.3.1, "PAYMENT," 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
- 5.2 **Liability for Use of Equipment**. City shall not be liable for any damage to persons or property as a result of the use, misuse or failure of any equipment used by Contractor, or any of its subcontractors, or by any of their employees, even though such equipment is furnished, rented or loaned by City.
- 5.3 **Liability for 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.

Article 6 Payment of Taxes

- 6.1 Except for any applicable California sales and use taxes charged by Contractor to City, Contractor shall pay all taxes, including possessory interest taxes levied upon or as a result of this Agreement, or the Services delivered pursuant hereto. Contractor shall remit to the State of California any sales or use taxes paid by City to Contractor under this Agreement. Contractor agrees to promptly provide information requested by the City to verify Contractor's compliance with any State requirements for reporting sales and use tax paid by City under this Agreement.
- 6.2 Contractor acknowledges 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:
- 6.2.1 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.
- 6.2.2 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.
- 6.2.3 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.
- 6.2.4 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.

Article 7 Termination and Default

7.1 Termination for Convenience

- 7.1.1 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.
- 7.1.2 Upon receipt of the notice of termination, 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:

- (a) Halting the performance of all Services under this Agreement on the date(s) and in the manner specified by City.
- (b) Terminating all existing orders and subcontracts, and not placing any further orders or subcontracts for materials, Services, equipment or other items.
- (c) 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.
- (d) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
- (e) Completing performance of any Services that City designates to be completed prior to the date of termination specified by City.
- (f) 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.
- 7.1.3 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:
- (a) The reasonable cost to Contractor, without profit, for all Services prior to the specified termination date, for which Services 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. Any overhead allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.
- (b) A reasonable allowance for profit on the cost of the Services described in the immediately preceding subsection (a), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all Services under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.
- (c) 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.
- (d) 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.
- 7.1.4 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 Section 8.1.3. Such non-recoverable costs include, but are not limited to, anticipated profits on the Services under 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 Section 8.1.3.

- 7.1.5 In arriving at the amount due to Contractor under this Section, City may deduct: (i) all payments previously made by City for Services covered by Contractor's final invoice; (ii) any claim which City may have against Contractor in connection with this Agreement; (iii) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection 8.1.4; and (iv) in instances in which, in the opinion of the City, the cost of any Service performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected Services, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced Services in compliance with the requirements of this Agreement.
- 7.1.6 City's payment obligation under this Section shall survive termination of this Agreement.

7.2 Termination for Default; Remedies.

- 7.2.1 Each of the following shall constitute an immediate event of default ("Event of Default") under this Agreement:
- (a) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	13.1	Nondisclosure of Private, Proprietary or Confidential Information
13.4	Protected Health Information	Article 12	Data and Security

- (b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default continues for a period of ten days after written notice thereof from City to Contractor.
- (c) Contractor (i) is generally not paying its debts as they become due; (ii) 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; (iii) makes an assignment for the benefit of its creditors; (iv) 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 (v) takes action for the purpose of any of the foregoing.
- (d) A court or government authority enters an order (i) 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, (ii) 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 (iii) ordering the dissolution, winding-up or liquidation of Contractor.

- 7.2.2 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, where applicable, 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: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with the City.
- 7.2.3 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. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.
- 7.2.4 Any notice of default must be sent by registered mail to the address set forth in Article 11.
- 7.3 **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.

7.4 Rights and Duties upon Termination or Expiration.

7.4.1 This Section and the following Sections of this Agreement listed below, shall survive termination or expiration of this Agreement:

3.3.2	Payment Limited to Satisfactory Services	9.1	Ownership of Results
3.3.7(a)	Grant Funded Contracts - Disallowance	9.2	Works for Hire
3.4	Audit and Inspection of Records	11.6	Dispute Resolution Procedure
3.5	Submitting False Claims	11.7	Agreement Made in California; Venue
Article 5	Insurance and Indemnity	11.8	Construction
6.1	Liability of City	11.9	Entire Agreement
6.3	Liability for Incidental and Consequential Damages	11.10	Compliance with Laws
Article 7	Payment of Taxes	11.11	Severability
8.1.6	Payment Obligation	13.1	Nondisclosure of Private, Proprietary or Confidential Information

13.4	Protected Health Information	Article	Data and Security	1.
		12		

7.4.2 Subject to the survival of the Sections identified in Section 8.4.1, above, if this Agreement is terminated prior to expiration of the term specified in Article 2, this Agreement shall 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.

Article 8 Rights In Deliverables

- 8.1 Ownership of Results. Any interest of Contractor or its subcontractors, in the Deliverables, including any drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors for the purposes of this agreement, shall become the property of and will be transmitted to City. However, unless expressly prohibited elsewhere in this Agreement, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.
- Works for Hire. If, in connection with Services, Contractor or its subcontractors creates Deliverables including, without limitation, artwork, copy, posters, billboards, photographs, videotapes, audiotapes, systems designs, software, reports, diagrams, surveys, blueprints, source codes, or any other original works of authorship, whether in digital or any other format, 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 shall be the property of the City. If any Deliverables created by Contractor or its subcontractor(s) under this Agreement are ever determined not to be works for hire under U.S. law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to the City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon subcontractor(s). With City's prior written approval, Contractor and its subcontractor(s) may retain and use copies of such works for reference and as documentation of their respective experience and capabilities.

Article 9 Additional Requirements Incorporated by Reference

- 9.1 Laws Incorporated by Reference. The full text of the laws listed in this Article 10, including enforcement and penalty provisions, are incorporated by reference into this Agreement. The full text of the San Francisco Municipal Code provisions incorporated by reference in this Article and elsewhere in the Agreement ("Mandatory City Requirements") are available at http://www.amlegal.com/codes/client/san-francisco_ca/
- 9.2 Conflict of Interest. By executing this Agreement, Contractor certifies that it does not know of any fact which constitutes a violation of Section 15.103 of the City's Charter; Article III, Chapter 2 of City's Campaign and Governmental Conduct Code; Title 9, Chapter 7 of the California Government Code (Section 87100 et seq.), or Title 1, Division 4, Chapter 1, Article 4 of the California Government Code (Section 1090 et seq.), and further agrees promptly to notify the City if it becomes aware of any such fact during the term of this Agreement.
- 9.3 **Prohibition on Use of Public Funds for Political Activity.** In performing the Services, Contractor shall comply with San Francisco Administrative Code Chapter 12G, which prohibits

funds appropriated by the City for this Agreement from being expended to participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure. Contractor is subject to the enforcement and penalty provisions in Chapter 12G.

- 9.4 Reserved.
- 9.5 Nondiscrimination Requirements
- 9.5.1 Non Discrimination in Contracts. Contractor shall comply with the provisions of Chapters 12B and 12C of the San Francisco Administrative Code. Contractor shall incorporate by reference in all subcontracts the provisions of Sections12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Chapters 12B and 12C.
- 9.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Administrative Code 12B.2. 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 employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Administrative Code Section12B.2.
- 9.6 Local Business Enterprise and Non-Discrimination in Contracting Ordinance. Contractor shall comply with all applicable provisions of Chapter 14B ("LBE Ordinance"). Contractor is subject to the enforcement and penalty provisions in Chapter 14B.
- 9.7 **Minimum Compensation Ordinance**. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Administrative Code Chapter 12P. Contractor is subject to the enforcement and penalty provisions in Chapter 12P. By signing and executing this Agreement, Contractor certifies that it is in compliance with Chapter 12P.
- 9.8 **Health Care Accountability Ordinance.** Contractor shall comply with San Francisco Administrative Code Chapter 12Q. Contractor shall choose and perform one of the Health Care Accountability options set forth in San Francisco Administrative Code Chapter 12Q.3. Contractor is subject to the enforcement and penalty provisions in Chapter 12Q.
- 9.9 **First Source Hiring Program.** Contractor must comply with all of the provisions of the First Source Hiring Program, Chapter 83 of the San Francisco Administrative Code, that apply to this Agreement, and Contractor is subject to the enforcement and penalty provisions in Chapter 83.
- 9.10 Alcohol and Drug-Free Workplace. City reserves the right to deny access to, or require Contractor to remove from, City facilities personnel of any Contractor or subcontractor who City has reasonable grounds to believe has engaged in alcohol abuse or illegal drug activity which in any way impairs City's ability to maintain safe work facilities or to protect the health and well-being of City employees and the general public. City shall have the right of final approval for the entry or re-entry of any such person previously denied access to, or removed from, City facilities. Illegal drug activity means possessing, furnishing, selling, offering, purchasing, using or being under the influence of illegal drugs or other controlled substances for which the individual lacks a valid prescription. Alcohol abuse means

possessing, furnishing, selling, offering, or using alcoholic beverages, or being under the influence of alcohol.

Contractor agrees in the performance of this Agreement to maintain a drug-free workplace by notifying employees that unlawful drug use is prohibited and specifying what actions will be taken against employees for violations; establishing an on-going drug-free awareness program that includes employee notification and, as appropriate, rehabilitation. Contractor can comply with this requirement by implementing a drug-free workplace program that complies with the Federal Drug-Free Workplace Act of 1988 (41 U.S.C. § 701) [or California Drug-Free Workplace Act of 1990 Cal. Gov. Code, § 8350 et seq., if state funds involved].

9.11 Limitations on Contributions. By executing 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. 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. Contractor must inform each such person of the limitation on contributions imposed by Section 1.126 and provide the names of the persons required to be informed to City.

9.12 Reserved. (Slavery Era Disclosure)

9.13 Working with Minors. In accordance with California Public Resources Code Section 5164, if Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach, Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to the City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this section and Section 10.14, "Consideration of Criminal History in Hiring and Employment Decisions," of this Agreement, this section shall control.

9.14 Consideration of Criminal History in Hiring and Employment Decisions

9.14.1 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 http://sfgov.org/olse/fco. 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.

- 9.14.2 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, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Chapter 12T 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.
- 9.15 **Public Access to Nonprofit Records and Meetings.** If 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 must comply with the City's Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.
- 9.16 Food Service Waste Reduction Requirements. Contractor shall comply with the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including but not limited to the remedies for noncompliance provided therein.
- 9.17 Sugar-Sweetened Beverage Prohibition. Contractor agrees that it will not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.
- 9.18 **Tropical Hardwood and Virgin Redwood Ban.** Pursuant to San Francisco Environment Code Section 804(b), the City urges Contractor not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.
 - 9.19 Reserved. (Preservative Treated Wood Products)

Article 10 General Provisions

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

To CITY:

Office of Contract Management and

Compliance

Department of Public Health

1380 Howard Street, Room 420B

FAX:

(415) 252-3088

San Francisco, California 94103

e-mail:

annalie.eusebio@sfdph.org

And:

Elizabeth Davis, Program Manager

Contract Development and Technical

Assistance

1380 Howard Street, 5th Floor

FAX:

(415) 255-3928

San Francisco, CA 94103

e-mail:

elizabeth.davis@sfdph.org

To CONTRACTOR:

Steve Fields, Executive Director

Progress Foundation

368 Fell Street

FAX:

(415) 861-0257

San Francisco, CA 94102

e-mail:

sfields@progressfoundation.org

Any notice of default must be sent by registered mail. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party. If email notification is used, the sender must specify a receipt notice.

- Compliance with Americans with Disabilities Act. Contractor shall provide the 10.2 Services in a manner that complies with the Americans with Disabilities Act (ADA), including but not limited to Title II's program access requirements, and all other applicable federal, state and local disability rights legislation.
 - 10.3 Reserved. (Payment Card Industry ("PCI") Requirements)
- 10.4 Sunshine Ordinance. Contractor acknowledges that this Agreement and all records related to its formation, Contractor's performance of Services, and City's payment are subject to the California Public Records Act, (California Government Code §6250 et. seq.), and the San Francisco Sunshine Ordinance, (San Francisco Administrative Code Chapter 67). Such records are subject to public inspection and copying unless exempt from disclosure under federal, state or local law.
- 10.5 Modification of this Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except as noted in Section 11.1, "Notices to Parties," regarding change in personnel or place, and except by written instrument executed and approved in the same manner as this Agreement. Contractor shall cooperate with Department to submit to the Director of CMD any amendment, modification, supplement or change order that would result in a cumulative increase of the original amount of this Agreement by more than 20% (CMD Contract Modification Form).
 - 10.6 Dispute Resolution Procedure.
- 10.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. If the Parties are unable to resolve the dispute, then, pursuant to San Francisco Administrative Code Section 21.36, Contractor may submit to the Contracting Officer a written request for administrative review and documentation of the Contractor's claim(s). Upon such request, the Contracting Officer shall promptly issue an administrative decision in writing, stating the reasons for the action taken and informing the Contractor of its right to judicial review. If agreed by both Parties in writing, disputes may be resolved by a mutually agreed-upon alternative dispute resolution process. If the parties do not mutually agree to an alternative dispute resolution process or such efforts do not resolve the dispute, then either Party may pursue any remedy available under California law. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of the City. Neither Party will be entitled to legal fees or costs for matters resolved under this section.

- 10.6.2 Government Code Claim Requirement. No suit for money or damages may be brought against the City until a written claim therefor has been presented to and rejected by the City in conformity with the provisions of San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq. Nothing set forth in this Agreement shall operate to toll, waive or excuse Contractor's compliance with the California Government Code Claim requirements set forth in San Francisco Administrative Code Chapter 10 and California Government Code Section 900, et seq.
- 10.6.3 **Health and Human Service Contract Dispute Resolution Procedure.** The Parties shall resolve disputes that have not been resolved administratively by other departmental remedies in accordance with the Dispute Resolution Procedure set forth in Appendix G incorporated herein by this reference.
- 10.7 **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.
- 10.8 Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.
- 10.9 Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This Agreement may be modified only as provided in Section 11.5, "Modification of this Agreement."
- 10.10 Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and duly adopted rules 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.
- 10.11 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.
- 10.12 **Cooperative Drafting**. This Agreement has been drafted through a cooperative effort of City and Contractor, 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.
- 10.13 Order of Precedence. Contractor agrees to perform the services described below in accordance with the terms and conditions of this Agreement, implementing task orders, any RFPs, and any Contractor's proposals. RFPs and Contractor's proposals are incorporated by reference as though fully set forth herein. Should there be a conflict of terms or conditions, this Agreement and any implementing task orders shall control over the RFP and the Contractor's proposal.

Article 11 Department Specific Terms

11.1 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.

12.2 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.

12.3 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 on CONTRACTOR'S work, which may include review by members of target communities.

12.4 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 site.

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.

Article 12 Data and Security

12.1 Nondisclosure of Private, Proprietary or Confidential Information.

- 12.1.1 If this Agreement requires City to disclose "Private Information" to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.
- 12.1.2 In the performance of Services, Contractor may have access to City's proprietary or confidential information, the disclosure of which to third parties may damage City. If City discloses proprietary or confidential information to Contractor, such information must be held by Contractor in confidence and used only in performing 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 or confidential information.

12.2 Reserved.

12.3 **Business Associate Agreement.** The parties acknowledge that CONTRACTOR will:

12.3.1 \square Do at least one or more of the following:

- A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
- B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or
- C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:

- A. Appendix E SFDPH Business Associate Agreement (BAA) (08-04-2017)
 - 1. SFDPH Attestation 1 PRIVACY (06-07-2017)

- 2. SFDPH Attestation 2 DATA SECURITY (06-07-2017), or
- 12.4 **Protected Health Information.** Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

Article 13 MacBride And Signature

Administrative Code §12F are incorporated herein by this reference and made part of this Agreement. By signing this Agreement, Contractor confirms that Contractor has read and understood that the City urges companies doing business in Northern Ireland to resolve employment inequities and to abide by the MacBride Principles, and urges San Francisco companies to do business with corporations that abide by the MacBride Principles.

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

CITY

Recommended by:

CONTRACTOR

Progress Foundation

Barbara A. Garcia, MPA

Director of Health

Department of Public Health

Steve Fields

Date

Executive Director 368 Fell Street

San Francisco, CA 94102

Supplier ID: 0000012820

Approved as to Form:

Dennis J. Herrera
City Attorney

By: <u>Viervi</u> Debu

Attorney

Approved:

Jaci Fong

Director of the Office of Contract Administration, and

Purchaser

A: Scope of Services

B: Calculation of Charges

C: Reserved (Insurance Waiver)

D: Reserved (formerly "Additional Terms")

E: SFDPH Protected Information Privacy & Security Agreement (PSA) & Attestations

F: Invoice

G: Dispute Resolution Procedure for Health and Human Services Nonprofit Contractors

H: Privacy Policy Compliance Standards

I: The Declaration of Compliance

Received By: JUN 26 18 PH 1:17 Purchasing Department

Appendix A Scope of Services – DPH Behavioral Health Services

1. Terms

- A. Contract Administrator
- B. Reports
- C. Evaluation
- D. Possession of Licenses/Permits
- E. Adequate Resources
- F. Admission Policy
- G. San Francisco Residents Only
- H. Grievance Procedure
- I. Infection Control, Health and Safety
- J. Aerosol Transmissible Disease Program, Health and Safety
- K. Acknowledgement of Funding
- L. Client Fees and Third Party Revenue
- M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System

- N. Patients' Rights
- O. Under-Utilization Reports
- P. Quality Improvement
- Q. Working Trial Balance with Year-End Cost Report
- R. Harm Reduction
- S. Compliance with Behavioral Health Services Policies and Procedures
 - T. Fire Clearance
- U. Clinics to Remain Open
- V. Compliance with Grant Award Notices
- 2. Description of Services
- 3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to Sidney Lam, Program Manager, Contract Administrator for the City, or his 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. <u>Aerosol Transmissible Disease Program, Health and Safety:</u>

- (1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (http://www.dir.ca.gov/Title8/5199.html), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.
- (2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.
- (3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.
- (4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

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

L. <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, Medicare or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.
- (2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to

increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City, but will be settled during the provider's settlement process.

M. <u>DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System</u>

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

N. <u>Patients' Rights:</u>

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

O. <u>Under-Utilization Reports:</u>

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

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. <u>Clinics to Remain Open:</u>

Outpatient clinics are part of the San Francisco Department of Public Health Community Behavioral Health Services (CBHS) Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CBHS Behavioral Health Access Center (BHAC), to individuals requesting services from the clinic directly, and to individuals being referred from institutional care. Clinics serving children, including comprehensive clinics, shall remain open to referrals from the 3632 unit and the Foster Care unit. Remaining open shall be in force for the duration of this Agreement. Payment for SERVICES provided under this Agreement may be withheld if an outpatient clinic does not remain open.

Remaining open shall include offering individuals being referred or requesting SERVICES appointments within 24-48 hours (1-2 working days) for the purpose of assessment and disposition/treatment planning, and for arranging appropriate dispositions.

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, CONTACTOR shall be responsible for the client until CONTRACTOR is able to secure appropriate services for the client.

CONTRACTOR acknowledges its understanding that failure to provide SERVICES in full as specified in Appendix A of this Agreement may result in immediate or future disallowance of payment for such SERVICES, in full or in part, and may also result in CONTRACTOR'S default or in termination of this Agreement.

V. <u>Compliance with Grant Award Notices</u>:

Contractor recognizes that funding for this Agreement may be provided to the City through federal, State or private grant funds. 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.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1 La Posada
Appendix A-1a Avenues
Appendix A-1b Shrader
Appendix A-1c Dore Reside

Appendix A-1c Dore Residence Appendix A-2 La Amistad

Cortland House Appendix A-2a Appendix A-2b Progress House Appendix A-2c Clay Street Appendix A-2d Dorine Loso House Appendix A-2e Ashbury House Appendix A-3 Seniors Program - Rypins House & DayTtreatment Appendix A-3a Seniors Program - Carroll House Appendix A-4 Supported Living Program (SLP) Appendix A-5 Dore Street Clinic

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City 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.

Contractor: Progress Foundation	Appendix A- 1
ADUs	Contract Term: 7/1/18 through 12/31/18

1.

Program Name: La Posada Program Address: 810 Capp St.

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

Telephone: (415) 285-0810 Facsimile: (415) 285-2110 Program Code: 38081, 38080P

Program Name: Avenues Program Address: 1443 7th Ave.

City, State, Zip Code: San Francisco, CA 94122

Telephone: (415) 242-8034 Facsimile: (415) 242-8039 Program Code: 38A41, 38A43

Program Name: Shrader

Program Address: 50 Shrader St.

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

Telephone: (415) 668-4166 Facsimile: (415) 668-6357 Program Code: 89661, 8966OP

Program Name: Dore Residence Program Address: 52 Dore Street

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

Telephone: (415) 553-3115 Facsimile: (415) 553-3119 Program Code: 38GM1, 38GM3

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 Doci	ument (check	one)

□ New □ Renewal □ Informal Modification	ion One
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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

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Contractor: Progress Foundation	Appendix A- 1
ADUs	Contract Term: 7/1/18 through 12/31/18
	Funding Sources: (non-CBHS only):

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 (CBHS). Clients confined in inpatient psychiatric units and approved by the CBHS 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(s)/Intervention(s)

See CRDC Page in Appendix B.

6. Methodology

a. The ADUs are listed in the CBHS Organizational Manual, the Homeless Advocacy Resource Manual, Progress Foundation's website and other resource directories. Recruitment for staff

Contractor: Progress Foundation	Appendix A- 1
ADUs	Contract Term: 7/1/18 through 12/31/18
	Funding Sources: (non-CBHS only):

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 CBHS 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 CBHS System of Care providers as appropriate.

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	Funding Sources: (non-CBHS only):

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. 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.

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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 CBHS 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 CBHS 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

Contractor: Progress Foundation	Appendix A- 1
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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 FY17-18.

8. Continuous Quality Improvement

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

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ADUs	Contract Term: 7/1/18 through 12/31/18
	Funding Sources: (non-CBHS only):

2. Quality of Documentation. The program submits weekly chart reviews 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.

- 3. Cultural Competency. 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 onshift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.
- 4. Satisfaction with services. 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.
- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Contractor: Progress Foundation	Appendix A- 2
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18

1.

Program Name: La Amistad

Program Address: 2481 Harrison St.

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

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

Program Code: 38091

Program Name: Cortland House

Program Address: 77 Cortland Avenue

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

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

Program Code: 38631

Program Name: Progress House Program Address: 25 Beulah St.

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

Telephone: (415)668-1511 Facsimile: (415)668-1300 Program Code: 38371

Program Name: Clay Street

Program Address: 2210 Clay Street

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

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

Program Code: 89851

Program Name: Dorine Loso House Program Address: 405 Baker Street

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

Telephone: (415)346-7775 Facsimile: (415)346-7555 Program Code: 38GH1

Program Name: Ashbury House Program Address: 212 Ashbury St.

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

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

Program Code: 89841

Contractor: Progress Foundation	Appendix A- 2
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18

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)

	e	
New	Renewal	

3. 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 cooccur with substance abuse disorders.

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. 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 CBHS, Human Service Agency (HSA), the Department of Public Health (DPH) and other social service providers in serving this special population.

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. 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

Contractor: Progress Foundation	Appendix A- 2		
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18		

confinement or other higher levels of care. At Ashbury House, the length of stay is up to 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.

5. Modality(ies)/Interventions

See CRDC Page in Appendix B.

6. Methodology

a. 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. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the CBHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by CBHS 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 CBHS 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

Contractor: Progress Foundation	Appendix A- 2
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18

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.

A transitional residential program designed for persons who are able to take part in the programs in the general community, but who, without the support of counseling, as well as the therapeutic community, would be at risk of returning to the hospital. The clients are required to be involved in the daytime activities which are relevant tot their personal goals and conducive to their achieving more self-sufficiency. Twenty-four hour services are provided to clients. The services in the program include, but not limited to these following activities:

Contractor: Progress Foundation	Appendix A- 2
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18

Structured group therapeutic activities designed to enhance continued stabilization. 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, 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. 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.

Individually tailored activities will be scheduled as 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.

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

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

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

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

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

Contractor: Progress Foundation	Appendix A- 2
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18

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 CBHS 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.

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 FY17-18.

8. Continuous Quality Assurance and Improvement

1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that

Contractor: Progress Foundation	Appendix A- 2
Transitional Residential Treatment Programs	Contract Term: 7/1/18 through 12/31/18

all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.

2. Quality of Documentation. The program submits weekly chart reviews 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.

- 3. Cultural Competency. 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.
- 4. Satisfaction with services. 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.
- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Contractor: Progress Foundation	Appendix A- 3
Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18
Program - Rypins and Carroll Houses	

1.

Program Name: Seniors Program-Rypins House

Program Address: 1405 Guerrero St.

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

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

Program Code: 38531

Program Name: Seniors Program-Rypins Day Treatment

Program Address: 1405 Guerrero St.

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

Telephone: (415)821-0697 Facsimile: (415)821-3568 Program Code: 38532

Program Name: Seniors- Carroll House Program Address: 73 Anderson St.

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

Telephone: (415)529-7121 Facsimile: (415)821-1610 Program Code: 38541

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

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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

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Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18
Program - Rypins and Carroll Houses	

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 up to 90 days.

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

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

5. Modality(ies)/Interventions

See CRDC Page in Appendix B.

6. Methodology

a. 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 bilingual, 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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Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18
Program - Rypins and Carroll Houses	

b. Clients are referred from SFGH Inpatient, local in-patient units, and from crisis residential programs and are approved by the CBHS Placement Team. Clients may be referred by case managers, therapists or other service providers and approved by CBHS 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 receives 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, and 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.

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Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18
Program - Rypins and Carroll Houses	

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

The client intake assessment includes a review of any substance abuse history in order to identify treatment needs which may include substance interventions both within and outside of the program. Individual counseling and special groups are designed to address dual diagnosis issues. Staff receives 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

Contractor: Progress Foundation	Appendix A- 3	
Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18	
Program - Rypins and Carroll Houses		

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 works 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

Contractor: Progress Foundation	Appendix A- 3	
Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18	
Program - Rypins and Carroll Houses		

All objectives and descriptions of how objectives will be measured are contained in the BHS document entitled BHS AOA Performance Objectives FY17-18.

8. Continuous Quality Assurance and Improvement

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

- 3. Cultural Competency. 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 onshift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.
- 4. Satisfaction with services. 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

Contractor: Progress Foundation	Appendix A- 3	
Transitional Residential Treatment Program: Seniors	Contract Term: 7/1/18 through 12/31/18	
Program - Rypins and Carroll Houses		

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.

- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Contractor: Progress Foundation	Appendix A-
Supported Living Program	Contract Term: 7/1/18 through 12/31/1a

1.

Program Name: Supported Living Program

Program Address: 711 Taraval St.

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

Telephone: (415)752-3416 Facsimile: (415)752-3483 Program Code: 38380P

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

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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

Contractor: Progress Foundation	Appendix A- 4
Supported Living Program	Contract Term: 7/1/18 through 12/31/18

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

See CRDC Page in Appendix B.

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 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. 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

Contractor: Progress Foundation	Appendix A- 4
Supported Living Program	Contract Term: 7/1/18 through 12/31/18

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

Contractor: Progress Foundation	Appendix A- 4
Supported Living Program	Contract Term: 7/1/18 through 12/31/18

diagnosis issues. Staff receives 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 FY17-18.

8. Continuous Quality Assurance and Improvement

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

Contractor: Progress Foundation	Appendix A- 4
Supported Living Program	Contract Term: 7/1/18 through 12/31/18

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.

- 3. Cultural Competency. 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 onshift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.
- 4. Satisfaction with services. 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.
- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Contractor: Progress Foundation	Appendix A- 5
Dore Urgent Care Clinic	Contract Term: 7/1/18 through 12/31/18

1.

Program Name: Dore Street Clinic Program Address: 52 Dore St.

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

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

Program Code: 38I12

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	\boxtimes	Informal Modification 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 CBHS 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

Contractor: Progress Foundation	Appendix A- 5
Dore Urgent Care Clinic	Contract Term: 7/1/18 through 12/31/18

See CRDC Page in Appendix B.

6. Methodology

a. 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 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: CBHS 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.

Contractor: Progress Foundation	Appendix A- 5
Dore Urgent Care Clinic	Contract Term: 7/1/18 through 12/31/18

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

The Dore Clinic, by design, is a part of the CBHS 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 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.

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. 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.

Contractor: Progress Foundation	Appendix A- 5
Dore Urgent Care Clinic	Contract Term: 7/1/18 through 12/31/18

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.

8. Continuous Quality Assurance and Improvement

- 1. Achievement of contract performance objectives and productivity. There is a monthly program director report that includes how the review of the performance objectives. There is also a monthly AVATAR report that reviews all the different requirements for AVATAR to assure that all required documentation and billing are submitted in a timely manner. These reports are kept in the program administrative binders and a copy is submitted to the Director of Clinical Services.
- 2. Quality of Documentation. The program submits weekly chart reviews 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.

- 3. Cultural Competency. 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 onshift mentoring and staff meetings. The programs have had in-service training on dual diagnosis, suicidality, Voices, Hepatitis C, WRAP, self-care and resilience.
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Contractor: Progress Foundation	Appendix A- 5
Dore Urgent Care Clinic	Contract Term: 7/1/18 through 12/31/18

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- 5. Timely completion and use of outcome data [ANSA]. 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 discussed in the leadership meetings.
- 9. Required Language: Not Applicable.

Appendix B Calculation of Charges

1. Method of Payment

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

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

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

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

(2) <u>Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):</u>

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

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

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

2. Program Budgets and Final Invoice

A. Program are listed below:

Appendix B-1 La Posada

Appendix B-1a Avenues

Appendix B-1b Shrader

Appendix B-1c Dore Residence

Appendix B-2 La Amistad

Appendix B-2a Cortland House

Appendix B-2b Progress House

Appendix B-2c Clay Street

Appendix B-2d Dorine Loso House

Appendix B-2e Ashbury House

Appendix B-3 Seniors Program – Rypins House & Day Treatment

Appendix B-3a Seniors Program – Carroll House

Appendix B-4 Supported Living Program (SLP)

Appendix B-5 Dore Street Clinic

Compensation shall be made in monthly payments on or before the 30th day after the DIRECTOR, in his or her sole discretion, has approved the invoice submitted by CONTRACTOR. The breakdown of costs and sources of revenue associated with this Agreement appears in Appendix B, Cost Reporting/Data Collection (CR/DC) and Program Budget, attached hereto and incorporated by reference as though fully set forth herein. The maximum dollar obligation of the CITY under the terms of this Agreement shall not exceed Nine Million, Six Hundred and Forty-Five Thousand, Six Hundred and Ninety-One Dollars (\$9,645,691) for the period of January 1, 2018 through December 31, 2018.

CONTRACTOR understands that, of this maximum dollar obligation, \$1,033,467 is included as a contingency amount and is neither to be used in Appendix B, Budget, or available to CONTRACTOR without a modification to this Agreement executed in the same manner as this Agreement or a revision to Appendix B, Budget, which has been approved by the Director of Health. CONTRACTOR further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable CITY and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by the Controller. CONTRACTOR agrees to fully comply with these laws, regulations, and policies/procedures.

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

TOTAL - July 1, 2018 through December 31, 2018	\$	9,645,691	
Contingency	\$	1,033,467	
July 1, 2018 through December 31, 2018	\$.	8,612,224	

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.

3. Services of Attorneys

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.

4. State or Federal Medi-Cal Revenues

- A. 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.
- B. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this Agreement."

5. Reports and Services

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.

5. Adjustments Made by The City

(1) Related to Federal and State Grants Administration:

Contractor understands and agrees to any reasonable adjustments to dates and amounts the City may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the City's Fiscal Year 17/18 budget and sources of revenue.

(2) Related to City's Current Fiscal Year Budget:

Contractor understands that the City may also need to adjust Appendix B, encumbrances of funds and related payments to Contractor in order to comply with the City's Fiscal Year 16/17 budget and sources of revenue, according to written notification provided to Contractor in Fiscal Year 17/18 Funding Notifications by the CITY.

6. Revised Appendices A/Description of Services and B/Budget

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, Department of Public Health Contract Budget Summary, Cost Reporting/Data Collection (CRDC), and Detail, based on the City's allocation of funding for services for the appropriate fiscal year, in compliance with the instructions of the Department of Public Health, including those instructions included in any Funding Notification letters. 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. Contractor understands, acknowledges and agrees that any Cost of Doing Business adjustment amount added to the attached (budget) by the City shall be assigned to specific budget items at such time that the Contractor submits this revised Appendix B.

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

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Š	784,248		002 \$	818,969		387	\$ 420,365		415,781		608,731		654,156		515,154		491,977	s	180,881	15.	345,823		1,494,648	\$	8,612
۲Ť	: 4 70° : 0°.4.			V - HAREY (7.4) (%)	75 April (#188)		And All Care Selection		15458633	aparte.	19540 0754 NO. BE	1	mouse, 4,450		Strukture greide	100	a dita a managin		24 C 24 C					- 2-0	-,,,,,
s	6,000		000 \$	6,000		.000			15.000	-	41,000	-	41,000		15,000	6	10,500		10,500			+		\$	186
\$	6,000		000 \$	6,000		,000			15,000		41,000		41,000		15,000		10,500		10,500			5		\$	186
																					246 822				
\$	790,248	1 3 738	002 \$	824,969	1 478	,387	\$ 434,765	 \$	430,781	13	649,731	13	695,156	1.\$	530,154	1.2	502,477		191,381 e Number		345,823	13	1,494,648	٠,	8,798

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Appendix E H)/Contractor Name (SA)	3 - DPH 2: Departmen	t of Public Heath	Cost Reporting/Da	ta Collection (CR	DC)	الدرالة محمد الم	D 4
					i	Appendix #	B-1
	Progress Foundation				•	Page #	1 2010 10
Provider Number	3808	-				Fiscal Year	2018-19
						Document Date	05/14/18
	Program Name	La Posada	La Posada	La Posada			
11 1 (050	Program Code	38081	3808OP	38081		·	
Wiode/SFC	(MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
	Service Description	24-Hr Adult Crisis Residential	OP-Medication Support	SS-Life Support- Bd&Care			
Funding Term (mm/dd/yy - mm/dd/yy)		07/01/18-12/31/18				TOTAL
		Salida Termadan Marintan	\$250,650, 0,000,000,000	St. St. St. St. Com. State 1854 (Sec.	saladisi Abri-Yaran	ar Francis Paris (1966)	
	& Employee Benefits	513,092	28,017	No. 4.00 (10.	Take Take 22 - 1, 107, 22 - 22 - 27 - 27 - 27 - 27 - 27 - 27	Control to the Page Control Control of	541,109
Odianes	Operating Expenses	55.878	20,017	38,512			94,390
	Capital Expenses	33,070		30,312			94,390
Subt	otal Direct Expenses	568,970	28,017	38,512			635,499
3000	Indirect Expenses		2,733	3,756	-		56,603
TO	TAL FUNDING USES	50,114 619,084					
10	TAL FUNDING USES	019,004	30,750	42,268		Casificantes ANAVA caretas (A	692,102
	Accounting Code			2.0			
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OURCES	Detail)				ARTHUR PROPERTY OF THE PARTY OF		
	HMHMCC730515	\$ 241,392	10,250				251,642
	HMHMCC730515	\$ 169,078	20,500	42,268			231,846
ent	HMHMCC730515	\$ 202,614					202,614
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s not in drop-down list							
BHS MENTAL HEALTH	FUNDING SOURCES	613,084	30,750	42,268	-		686,102
METORIE GRANT	Accounting Code	Comparate Street	(2) 10 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)				astraktak di Alia
PLANE FREE STATE	(Index Code or				. Fig. 2450 25 50 50		
SOURCES	Detail)	or State Species					
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IS SUBSTANCE ABUSE	FUNDING SOURCES				-		
karatikalika suotuusia kalendis	Accounting Code	receive detection	สมองกลเลียงเหมือน เป็นได้เลี้ยงเป็น	Vassini in the con-	Salasian Hill China areas	enceltance e efectivistica.	CONTRACTOR CONTRACTOR
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HARAGON IN COUNTY OF THE COUNT	<u>Detail)</u>	ALTERNATION STREET	ecolories economico e editi est	SECURE RESERVED PROPERTY AND A	5-12-12-12-12-12-12-12-12-12-12-12-12-12-	* (A) A (A)	[]
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s not in drop-down list							
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	FUNDING SOURCES		20.750	42.200			505.400
Lat. 100 (100 (100 (100 (100 (100 (100 (100		613,084	30,750	42,268	-	-	686,102
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		6,000					6,000
	FUNDING SOURCES		-				6,000
S (DPH AND NON-DPH)		619,084	30,750	42,268	_	-	692,102
COST	AND BUILDING TO SE	TALL PROPERTY AND PROPERTY	Redainmenteti	\$\$11的\$161666\$\$	Barghidika (+ Lydr 14	PRESTABLISHED AND AND AND AND AND AND AND AND AND AN	STATE OF STATE
	rchased (if applicable)	10					
on-Res 33 - ODF # of Gro							10月40年4月4日日本電台
for Medi-Cal Provider with	n Narcotic Tx Program						FARTAX DESCRIPTION
		Fee-For-Service	Fee-For-Service	Fee-For-Service			5.27/5.21 (±25/6):
	Payment Method	(FFS)	(FFS)	(FFS)		1	
<u> </u>	DPH Units of Service						14. 34. 15. 18. F. E.
	Unit Type		Staff Minute	Client Full Day	0	0	e na matembra (1874) e la
t - DPH Rate (DPH FUND			\$ 2.28	\$ 29.29	\$ -	\$ -	ere ere ere er
Rate (DPH & Non-DPH F			\$ 2.28	\$ 29.29		\$ -	as allower in the
	di-Cal Providers Only)		\$ 9.00	- 20,20	<u> </u>	 	Total UDC
	plicated Clients (UDC)		197	197			197
Ullaul	phoated Cheffts (UDC)	121	19/	121	<u> </u>	L.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	L

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-1
Page # 2
Fiscal Year: 2018-19

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TOTAL	НМЕ	IMCC730515		inting Code 2 Code or Detail)		inting Code 3 Code or Detail)		nting Code 4 Code or Detail)		nting Code 5 Code or Detail)		nting Code 6 Code or Detai
)1/18-12/31/18	07/0	1/18-12/31/18	07/01	/18-12/31/18	07/01	/18-12/31/18	111111111111	2	1 11 11 11 11 11 11	1000 100 100 100 100 100 100 100 100 10	2011 14 1441	
Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$ 34,240.00	1.00	\$ 34,240.00										
\$ 34,240.00 \$ 50,048.00	2.00	\$ 50,048.00										
\$ 34,767.00	0.40	\$ 34,767.00										
\$ 34,767.00 \$ 7,506.00	0.37	\$ 7,506.00										
	11.00	\$ 240,853.00										
\$ 240,853.00 \$ 27,245.00 \$ 4,895.00 \$ 3,771.00	1.55	\$ 27,245.00										
\$ 4,895.00	0.08	\$ 4,895.00										
\$ 3,771.00	0.08	\$ 3,771.00										
\$ 3,298.00	0.08	\$ 3,298.00										
\$ 2,762.00	0.08	\$ 2,762.00										
\$ 2,939.00	0.08	\$ 2,939.00										
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\$ 128,785.00	31.23%	\$ 128,785.00	0.00%		0.00%		0.00%		0.00%		0.00%	
\$ 541,109.00]	\$ 541,109.00]	\$ -]	\$ -		\$ -]	\$ -]	\$ -

Appendix B - DPH 4: Operating Expenses Detail

 Appendix #:
 B-1

 Page #
 3

 Fiscal Year:
 2018-19

					Document Date	05/14/18
TOTAL	НМНМСС730515	Client Program Fees	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code (Index Code or Det
07/01/18-12/31/18	07/01/18-12/31/18	07/01/18-12/31/18		•	,	
7,364.00	\$ 7,364.00	\$ -				
13,273.00	\$ 13,273.00	\$ -				
8,275.00	\$ 8,275.00					
28,912.00	\$ 28,912.00	\$	\$ -	\$ -		
8,827.00	\$ 8,827.00	,		-		·.
8,077.00	\$ 7,116.00	\$ 961.00				
16,904.00	\$ 15,943.00	\$ 961.00	\$ -	\$ -		
1,308.00	\$ 1,082.00	\$ 226.00		(
5,527.00	\$ 4,172.00	\$ 1,355.00				
_						
	•					
				,		
6,835.00	\$ 5,254.00	\$ 1,581.00	\$ -	\$ -		
1,067.00	\$ 1,067.00					

1,067.00	\$ 1,067.00	\$ -	\$ -	\$ -		
18,438.00	\$ 15,216.00	\$ 3,222.00				
3,037.00	\$ 2,801.00	\$ 236.00				
21,475.00	\$ 18,017.00		\$ -	\$ -		
18,992.00	\$ 18,992.00					
102.00	\$ 102.00				·	
103.00	\$ 103.00					
19,197.00	\$ 19,197.00		\$ -	\$ -		
94,390.00	\$ 88,390.00	\$ 6,000.00	\$ -	\$ -		

ne (MH)/Contractor Name (SA)						Appendix #	B-1a
Provider Name	Progress Foundation					Page #	1
Provider Number	38A4		1			Fiscal Year	2018-19
						Document Date	05/14/18
	Program Name	Avenues	Avenues	Avenues			
	Program Code	38A41	38A43	38A41			
Mode/SFC	(MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
		24-Hr Adult Crisis	OP-Medication	SS-Life Support-			
	O . t. D			, , ,			
	Service Description	Residential	Support	Bd&Care			7071
	mm/dd/yy - mm/dd/yy)	07/01/18-12/31/18	07/01/18-12/31/18	07/01/18-12/31/18	Construction of the National Construction		TOTAL
	0 F 1 D 6	F70.004	00.004				040.07
Salaries	& Employee Benefits	570,984	39,691	C4 F00			610,67
	Operating Expenses	53,382		61,593			114,97
Cubt	Capital Expenses otal Direct Expenses	624,366	39,691	61,593			725.65
Subt	Indirect Expenses	54,717	3,872	6,009			64,59
TO	TAL FUNDING USES	679,083	43,563	67,602		ļ	790,24
10	Accounting Code	013,003	40,000	01,002	-		130,24
	(Index Code or						
ING SOURCES	(index.Code or Detail)						
lult	HMHMCC730515	316,191	10,250	- 1 (21 1 1 2 1 2 4 2 4 2 4 2 4 2 4 5 4 5 4 5 4 5 4 5 4	· Constant Control of the Control	2	326,44
Fund	HMHMCC730515	124,298	33,313	67,602			225,21
alignment	HMHMCC730515	232,594	00,010	01,002			232,59
ungmileff	TIMITIMOOFSOSTO	202,004					202,00
sources not in drop-down list							
OTAL BHS MENTAL HEALTH	FUNDING SOURCES	673,083	43,563	67,602	-	-	784,24
	Accounting Code	ara ta araba ka Basa	10,000		delanticativi de la Febr	A A SECTION OF SERVICE	
	(Index Code or						
INDING SOURCES	Detail)					3 3 20 20 6 7	
sources not in drop-down list	FUNDING SOURCES						
AL BHS SUBSTANCE ABUSE		Fals - G. Cavinanti (Granua	Transfer of the Control of the Contr		and record to black a contract of the	Aug on a Samala agent	The community of the cold w
	Accounting Code						
CES -	(Index Code or			1			
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sources not in drop-down list		<u> </u>					
	FUNDING SOURCES	-					
	FUNDING SOURCES	673,083	43,563	67,602	-	-	784,24
ES Communication	SHELENGER STEERED FOR	SPECIAL COMMENTS	######################################	the Library	40,600,000	06.000 S NO. 0221_0224_	SMARON ANADA
		6,000					6,00
TOTAL NON-DPH	FUNDING SOURCES	6,000	-	-		-	6,00
URCES (DPH AND NON-DPH)	679,083	43,563	67,602	-	-	790,24
	- 35450/461645-	whelesters of the	METERS SEEDING	DOMESTICAL PROPERTY.	AMORAS E ESCAPA.	Still Sality of Style Style Control	A Contract Contract
D UNIT COST		12					LANGE - 1765 - 1865
D UNIT COST Number of Beds Pu	ırchased (if applicable)				l		\$400 PASSET.
Number of Beds Pu		12.		1			
Number of Beds Pu ly - Non-Res 33 - ODF # of Gro	oup Sessions (classes)						
Number of Beds Pu ly - Non-Res 33 - ODF # of Gro	oup Sessions (classes)		Fee-For-Service	Fee-For-Service			
Number of Beds Pu ly - Non-Res 33 - ODF # of Gro	oup Sessions (classes) h Narcotic Tx Program Payment Method	Fee-For-Service (FFS)	(FFS)	(FFS)			
Number of Beds Pu ly - Non-Res 33 - ODF # of Gro	oup Sessions (classes) h Narcotic Tx Program Payment Method DPH Units of Service	Fee-For-Service (FFS)	(FFS) 15,912	(FFS) 1,834		-	
Number of Beds Pu ly - Non-Res 33 - ODF # of Gre acity for Medi-Cal Provider wit	oup Sessions (classes) h Narcotic Tx Program Payment Method DPH Units of Service Unit Type	Fee-For-Service (FFS) 1,834 Client Day	(FFS) 15,912 Staff Minute	(FFS) 1,834 Client Full Day	0	0	77
ly - Non-Res 33 - ODF # of Gro acity for Medi-Cal Provider wit er Unit - DPH Rate (DPH FUNI	pup Sessions (classes) h Narcotic Tx Program Payment Method DPH Units of Service Unit Type DING SOURCES Only)	Fee-For-Service (FFS) 1,834 Client Day	(FFS) 15,912 Staff Minute \$ 2.74	(FFS) 2 1,834 Client Full Day \$ 36,86	\$ -	\$ -	
Number of Beds Puly - Non-Res 33 - ODF # of Groacity for Medi-Cal Provider with Provider with a contract Part of Provider With P	pup Sessions (classes) h Narcotic Tx Program Payment Method DPH Units of Service Unit Type DING SOURCES Only) FUNDING SOURCES	Fee-For-Service (FFS) . 1,834 Client Day \$ 367.00 \$ 370.27	(FFS) 15,912 Staff Minute \$ 2.74 \$ 2.74	(FFS) 1,834 Client Full Day	\$ -		
Number of Beds Puly - Non-Res 33 - ODF # of Grant provider with second provider with second provider with the second prov	pup Sessions (classes) h Narcotic Tx Program Payment Method DPH Units of Service Unit Type DING SOURCES Only)	Fee-For-Service (FFS) 1,834 Client Day \$ 367.00 \$ 370.27 \$ 650.00	(FFS) 15,912 Staff Minute \$ 2.74 \$ 2.74	(FFS) 2 1,834 Client Full Day \$ 36,86	\$ -	\$ -	

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-1a
Page # 2
Fiscal Year: 2018-19

											********	Docume	ent Date	05/14/18
то	TAL	HMI				inting Code 2 Code or Detail)			inting Code 4 Code or Detail)		inting Code 5 Code or Detail)		inting Code 6 Code or Detai	
11/18	3-12/31/18	07/0	1/18	3-12/31/18										
	Salaries	FTE	Γ	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$	35,176.00	1.00	\$	35,176.00										
\$	54,597.00	2.00	\$	54,597.00										
\$	6,155.00	0.38	\$	6,155.00										
\$	245,312.00	11.50	\$	245,312.00										
\$	43,459.00	0.50	\$	43,459.00										
\$	60,526.00	4.00	\$	60,526.00										
\$	5,091.00	0.08	\$	5,091.00										
\$	3,922.00	0.08	\$	3,922.00										
\$	3,430.00	0.08	\$	3,430.00										
\$	2,873.00	0.08	\$	2,873.00										
\$	3,057.00	0.08	\$	3,057.00										
\$	-		<u> </u>											
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\$	463,598.00	19.78	\$	463,598.00	0.00	\$ -	0.00	\$ -	. 0.00	\$ -	0.00	\$ -	0.00	\$ -
\$	147,077.00	31.73%	\$	147,077.00	0.00%		0.00%		0.00%		0.00%		0.00%	
\$	610,675.00		\$	610,675.00]	\$ -] .	\$ -]	\$ -		\$ -]	\$ -

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-1a Page # 3 Fiscal Year: 2018-19 **Document Date** 05/14/18 Accounting Code 3 Accounting Code 4 Accounting Code 5 Accounting Code **TOTAL** HMHMCC730515 Client Program Fees (Index Code or (Index Code or (Index Code or (Index Code or Det Detail) Detail) Detail) 07/01/18-12/31/18 07/01/18-12/31/18 07/01/18-12/31/18 28,715.00 \$ 28,715.00 13,831.00 \$ 13,831.00 5,660.00 5,660.00 \$ 48,206.00 \$ 48,206.00 9,961.00 \$ 9,961.00 1,925.00 768.00 1,157.00 11,886.00 10,729.00 \$ 1,157.00 | \$ \$ 1,265.00 272.00 993,00 \$ 7,547.00 6,304.00 \$ 1,243.00 8,812.00 | \$ 7,297.00 1,515.00 | \$ 695.00 | \$ 695.00 695.00 695.00 21,071.00 \$ 17,958.00 3,113.00 3,130.00 \$ 2,915.00 215.00 24,201.00 20,873.00 3,328.00 21,014.00 21,014.00 92.00 92.00 69.00 \$ 69.00 21,175.00 21,175.00 \$ \$ \$ \$ 6,000.00 \$ 114,975.00 | \$ 108,975.00 \$

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

MH)/Contractor Name (SA)						Appendix #	B-1b
	Progress Foundation	****				Page #_	<u> </u>
Provider Number	8966					Fiscal Year	2018-19
	Drawrom Name	Chander	Chandan	Chandon		Document Date	05/14/18
	Program Name Program Code	Shrader 89661	Shrader 89661OP	Shrader 89661			
Mode/SEC	(MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
Woderon O	IVITY OF WIOCARRY (OA)	03/40-43	10/00-09	00/40-43		-	
		24-Hr Adult Crisis		SS-Life Support-		£	
	Service Description	Residential	Support	Bd&Care			
	nm/dd/yy - mm/dd/yy)	07/01/18-12/31/18		07/01/18-12/31/18			TOTAL
				MARKENSON,			
Salaries	& Employee Benefits Operating Expenses	512,672	32,686	74 400			545,358
		57,852		74,432		<u> </u>	132,284
Subta	Capital Expenses	570,524	32,686	74,432			677.642
Subic	Indirect Expenses	49,910	32,686	7,261			60,360
TOT	TAL FUNDING USES	620,434	35,875	81,693		<u> </u>	738,002
	Accounting Code	020,404	(15)47	01,033	and an experience of the second	. At a A Supplemental Control	730,002
	(大学) 「一つのおおお」 「一つであるようを成り						
SOURCES	(Index Code or Detail)						
.OOGKOLO	HMHMCC730515	247,411	17,938			120 C 100 C	265,349
1	HMHMCC730515	151,684	17,937	81,693			251,314
ment	HMHMCC730515	215,339	17,001	01,000		<u> </u>	215,339
, none	711017110100700010	210,000				1.	210,000
ces not in drop-down list						<u> </u>	
L BHS MENTAL HEALTH F	UNDING SOURCES	614,434	35,875	81,693	_	-	732,002
	Accounting Code	dan Brahasan	NAMES AND ASSOCIATION	sie stravitatatekėtora	Section Control (All Control	100 - 4. Horoste in Esc.	kolonikář a Espiraný nakti
	(Index Code or					[K:4:3.2.5]	
ING SOURCES	Detail)						
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							-
						 	
ces not in drop-down list							
HS SUBSTANCE ABUSE	LINDING SOURCES		<u> </u>			<u>-</u>	
e salidistratete etreta (1.4-11.	Accounting Code	instruction and the second	regardence de la compansión de la compan	April 2000 - Declar 5-6040	sententit had falsefaktion v. A.C.	dokum taka Projes	rod megasia ti di Francisco
	(Index Code or						
	Detail)			Filed States			
 ■ ************************************	Detaili	graph and the second second second second					
ces not in drop-down list			 				
TOTAL OTHER DPH I	UNDING SOURCES			-			
	UNDING SOURCES	614,434	35,875	81,693		† <u>-</u>	732,002
			Stepfast Could Redealer		NUR - Calcandage no.	orbereds registration	
	ALL A TOP CASE AND ARREST AND SECTION AND SECTION AND SECTION ASSESSMENT AND SECTION ASSESSMENT ASS		and countries of the property of a second section of the section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the second section of the section of the second section of the s	The rate of section of the section o	The state of the s	1 - 2 - 1 - 2 - 1 - 1 - 1 - 1 - 2 - 1 - 2 - 1 - 1	an an an a programme Assessment (1997)
		6,000					6,000
TOTAL NON-DPH	UNDING SOURCES	6,000	·		-	 	6,000
ES (DPH AND NON-DPH)		620,434	35,875	81,693	<u> </u>	 	738,002
NT COST	AMERICAN STREET	Dental Cart and hazart		C v. 1000	ENTERNATURE CONTRACT	The legit restablishment	, 00,002 - 1, 01145 harden 200
	rchased (if applicable)	12	1 - 12 - 1440 -	* ************************************	1 2 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1	- 12 TO 12 T	on the state of th
Non-Res 33 - ODF # of Grou		12	 		<u> </u>	+	
y for Medi-Cal Provider with						 	
,		Fee-For-Service	Fee-For-Service	Fee-For-Service		<u> </u>	
	Payment Method	6	(FFS)	(FFS)			
	DPH Units of Service	1,694				 	un der sum dem Andre Site. Vill durch A. Zeit (Site Sold-
	Unit Type		Staff Minute	Client Full Day	0	1 0	p Edding Stranger and Stranger
nit - DPH Rate (DPH FUND				\$ 48.22		\$ -	u algania kantana ilika Tantana uniterna
ct Rate (DPH & Non-DPH F			\$ 1.91	\$ 48.22		\$ -	anderson in the Albert St. (1994). La Charle St. (1994) in the Albert St. (1994) in the Albert St. (1994) in the Albert St. (1994) in the Albert
, , , , , , , , , , , , , , , , , , , ,	di-Cal Providers Only)		\$ 9,00	Ψ 10,22	-	Ψ	Total UDC
	olicated Clients (UDC)		249	249	 	1	249
Ondu	modica Oncina (ODO)	1					2-10

Appendix #: B-1b
Page # 2
Fiscal Year: 2018-19

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Appendix B - DPH 4: Operating Expenses Detail

					-		•		Appendix #: Page # Fiscal Year:	
								1	Document Date	2018-19 05/14/18
TOTAL	нмн	HMCC730515	Client Progr	am Fees		le or	Accounting Code of (Index Code of Detail)		ccounting Code 5 (Index Code or Detail)	Accounting Cod (Index Code or De
	01/0	1/18-06/30/18	01/01/18-0	5/30/18	01/01/18-06/	200000000000000000000000000000000000000				
45,752.00	\$	45,752.00							,	
15,518.00	\$	15,518.00								
2,700.00	\$	2,700.00								
63,970.00	\$	63,970.00	\$	-	\$		\$	-		
14,572.00	\$	14,572.00								
9,090.00	\$	8,066.00	\$,024.00						
23,662.00	\$	22,638.00	\$	1,024.00	\$	-	\$	-		
1,392.00	\$	1,058.00	\$	334.00	<u> </u>					
5,736.00	\$	4,536.00	\$,200.00						
P-1										
	<u> </u>									
7,128.00	\$	5,594.00	\$	1,534.00	\$	-	\$			
1,220.00	\$	1,220.00								,
· -	<u> </u>					*****				
4 000 00		4 000 00			ļ					
1,220.00	\$	1,220.00	\$		\$	H	\$	-		
		•								
16,544.00	\$	13,334.00	\$	3,210.00				ŀ		
					·					
2,826.00	\$	2,594.00	\$	232.00						
19,370.00		15,928.00		3,442.00	\$		\$	-		
16,601.00	\$	16,601.00				***************************************			,	
256.00	\$	256.00								
77.00	\$	77.00								
16,934.00	\$	16,934.00		_	\$	-	\$	-		

6,000.00 \$

132,284.00 \$

126,284.00 \$

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

	00271		Cost Reporting/Da			Appendix #	B-1c
Provider Name	Progress Foundation					Page #	1 .
Provider Number	38GM					Fiscal Year	2018-19
						Document Date	05/14/18
The state of the s	Program Name	Dore Residence	Dore Residence	Dore Residence			
	Program Code	38GM1	38GM3	38GM1			
Mode/SFC ((MH) or Modality (SA)	05/40-49	15/60-69	60/40-49			
		24-Hr Adult Crisis	OP-Medication	SS-Life Support- Bd&Care			
	Service Description	Residential	Support		aa		
	nm/dd/yy - mm/dd/yy)	07/01/18-12/31/18	07/01/18-12/31/18	0//01/18-12/31/18			TOTAL
			444400000000000000000000000000000000000	10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	State British Re		
Salaries	& Employee Benefits	588,725	37,356				626,081
	Operating Expenses	45,578		85,864			131,442
	Capital Expenses						-
Subto	otal Direct Expenses	634,303	37,356	85,864		-	757,523
· · · · · · · · · · · · · · · · · · ·	Indirect Expenses	55,426	3,644	8,376			67,446
TO	TAL FUNDING USES	689,729	41,000	94,240	-	-	824,969
	Accounting Code						
SOURCES	(Index Code or Detail)						
	HMHMCC730515	308,812	20,500				329,312
	HMHMCC730515	133,100	20,500	94,240			247,840
ment	HMHMCC730515	241,817					241,817
							-
es not in drop-down list							-
BHS MENTAL HEALTH I	FUNDING SOURCES	683,729	41,000	94,240	-	-	818,969
	Accounting Code						THE LEFT WAS AND
NG SOURCES	(Index Code or Detail)						
		-			_	-	
ces not in drop-down list HS SUBSTANCE ABUSE	FUNDING SOURCES Accounting Code (Index Code or Detail)	-	-	-			
HS SUBSTANCE ABUSE	Accounting Code (Index Code or Detail)		-			-	
HS SUBSTANCE ABUSE Ses not in drop-down list TOTAL OTHER DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES		41,000	04.240	-		949 066
es not in drop-down list TOTAL OTHER DPH TOTAL DPH	Accounting Code (Index Code or Detail)		41,000	94,240		-	818,969
HS SUBSTANCE ABUSE Ses not in drop-down list TOTAL OTHER DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES		41,000	94,240			
es not in drop-down list TOTAL OTHER DPH TOTAL DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES	6,000					6,000
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	6,000 6,000			-		6,000 6,000
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH)	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	6,000	41,000	94,240			6,000 6,000
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH)	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	6,000 6,000 689,729	41,000				6,000 6,000
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) IIT COST	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	6,000 6,000	41,000	94,240			6,00 6,00
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) IIT COST Number of Beds Pu lon-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes)	6,000 6,000 689,729	41,000	94,240			6,00 6,00
DESCRIPTION OF BEDS PURPLY OF STANCE ABUSE DESCRIPTION OF STANCE ABUSE D	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes)	6,000 6,000 689,729	41,000	94,240			
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) IIT COST Number of Beds Pu lon-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes)	6,000 6,000 689,729	41,000	94,240			6,00 6,00
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) IIT COST Number of Beds Pu lon-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes)	6,000 6,000 689,729 14 Fee-For-Service	41,000	94,240			6,00 6,00
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) BIT COST Number of Beds Pu	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes) n Narcotic Tx Program	6,000 6,000 689,729 14 Fee-For-Service (FFS)	41,000 Fee-For-Service (FFS)	94,240 Fee-For-Service (FFS)			6,00 6,00
ees not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) UIT COST Number of Beds Pu	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes) n Narcotic Tx Program Payment Method DPH Units of Service	6,000 6,000 689,729 14 Fee-For-Service (FFS) 2,160	41,000 Fee-For-Service (FFS)	94,240 Fee-For-Service (FFS)		-	6,00 6,00 824,96
ces not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) IT COST Number of Beds Pu Non-Res 33 - ODF # of Gro y for Medi-Cal Provider witt	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes) n Narcotic Tx Program Payment Method DPH Units of Service Unit Type	6,000 6,000 689,729 14 Fee-For-Service (FFS) 2,160 Client Day	Fee-For-Service (FFS) 19,890 Staff Minute	Fee-For-Service (FFS) 2,160 Client Full Day	0	0 .	6,000 6,000 824,969
es not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) NIT COST Number of Beds Pu Non-Res 33 - ODF # of Gro y for Medi-Cal Provider with	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES Payment Method DPH Units of Service Unit Type DING SOURCES Only)	6,000 6,000 689,729 14 Fee-For-Service (FFS) 2,160 Client Day \$ 316.54	Fee-For-Service (FFS) 19,890 Staff Minute \$ 2.06	Fee-For-Service (FFS) 2,160 Client Full Day 43.63	0 -	0 .	6,00(6,00(824,96)
ees not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH ES (DPH AND NON-DPH) Non-Res 33 - ODF # of Gro y for Medi-Cal Provider with nit - DPH Rate (DPH FUNC ct Rate (DPH & Non-DPH)	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES Payment Method DPH Units of Service Unit Type DING SOURCES Only)	6,000 6,000 689,729 14 Fee-For-Service (FFS) 2,16(Client Day \$ 316.54 \$ 319.32	Fee-For-Service (FFS) 19,890 Staff Minute \$ 2.06 \$ 2.06	Fee-For-Service (FFS) 2,160 Client Full Day 43.63	0	0 .	6,000 6,000 824,96

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-1c
Page # 2
Fiscal Year: 2018-19
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\$	50,639.00	2.00	\$ 50,639.00 \$ 36,974.00		•								
\$	36,974.00	0.50	\$ 36,974.00										
\$	6,086.00	0.37	\$ 6,086.00										
\$	257,314.00	12.00	\$ 257,314.00				•						
\$	52,005.00	0.50	\$ 52,005.00										
\$	19,866.00	1.14	\$ 19,866.00										
\$	5,701.00	0.08	\$ 5,701.00										
\$	4,392.00	0.09											
\$	3,841.00	0.09	\$ 3,841.00										
\$	3,217.00	0.09	\$ 3,217.00										
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Appendix B - DPH 4: Operating Expenses Detail

								Appendix #:	B-1c
								Page #	3
								Fiscal Year:	2018-19
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TOTAL	Hľ	WHMCC730515	Client	Program Fees	Accounting Code 3 (Index Code or Detail)		dex Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code (Index Code or Det
07/01/18-12/31/18	07	/01/18-12/31/18	07/0	1/18-12/31/18					
46,227.00	\$	46,227.00							
11,640.00	\$	11,640.00							
9,191.00	\$	9,191.00							
67,058.00	\$	67,058.00	\$		\$ -	\$	-		
12,371.00	\$	12,371.00							
_									
7,844.00	\$_	5,427.00	\$	2,417.00					
_	<u> </u>								
20,215.00	\$	17,798.00	\$	2,417.00	\$ -	\$	=		
1,491.00	\$	909.00	\$	582.00					
7,873.00	\$	5,355.00	\$	2,518.00					
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9,364.00	\$	6,264.00	\$	3,100.00	\$ -	\$	=		
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997.00	\$	997.00	\$			\$	***************************************		
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3,495.00	\$	3,012.00	\$	483.00	\$ -	\$			
29,790.00	\$	29,790.00							
333.00		333.00							
190.00		190.00	<u> </u>						
30,313.00	\$	30,313.00	\$		-	\$	**		
131,442.00	\$	125,442.00	\$	6,000.00	\$ -	\$	*	T	<u> </u>
									

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

H)/Contractor Name (SA)	00271			ta Collection (CR		Appendix#	B-2
	Progress Foundation				•	Page #	
Provider Number					•	Fiscal Year	
						Document Date	05/14/18
	Program Name	La Amistad	La Amistad				
	Program Code	38091	38091	,			
Mode/SEC	(MH) or Modality (SA)	05/65-79	60/40-49				
- Wode/Of C	(WILL) OF MIOGRAPHY (OA)	24-Hr Adult	SS-Life Support-				
	Service Description	Residential	Bd&Care				
Funding Town /	mm/dd/yy - mm/dd/yy)						TOTAL
runding remit	mm/aa/yy - mm/aa/yy)	0//01/10-12/31/10		ALBERT CONT. AND DESCRIPTION	ata esperante de la Arres de La divida de la relació		
					15-5375-5-5-5-5-		0.47.00
Salaries	& Employee Benefits	347,294					347,294
	Operating Expenses	31,154	60,820				91,974
	Capital Expenses						
Subt	otal Direct Expenses	378,448	60,820	-	-		439,268
	Indirect Expenses	33,186	5,933				39,119
ТО	TAL FUNDING USES	411,634	66,753	-	-	-	478,387
	Accounting Code		(* 14-7 × 10-14)				
1945年李建煌年(下) 3	(Index Code or						
OURCES	Detail)					1965年1965年	
	HMHMCC730515	186,002					186,002
	HMHMCC730515	54,996	66,753				121,749
ent	HMHMCC730515	155,636				· .	155,636
not in drop-down list							
BHS MENTAL HEALTH	FUNDING SOURCES	396,634	66,753	-	_	-	463,387
	Accounting Code	History State of San Landin					
	(Index Code or						- 1 There 2
3 SOURCES	Detail)				4.50-6-6-6-6-4		
s not in drop-down list IS SUBSTANCE ABUSE	Accounting Code		-	- C	-		
			-	-	-		
S SUBSTANCE ABUSE	Accounting Code (Index Code or		-		-		
S SUBSTANCE ABUSE	Accounting Code (Index Code or			-	-		
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH	Accounting Code (Index Code or Detail)	396,634	66,753			-	463,38
S SUBSTANCE ABUSE S not in drop-down list TOTAL OTHER DPH TOTAL DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES					-	463,38
S SUBSTANCE ABUSE S not in drop-down list TOTAL OTHER DPH TOTAL DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES	396,634	66,753		ļ	-	
S SUBSTANCE ABUSE S not in drop-down list TOTAL OTHER DPH TOTAL DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES	ene Ale el El Lejores.			ļ	-	anoka taka dikeman
S SUBSTANCE ABUSE not in drop-down list TOTAL OTHER DPH TOTAL DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES	15,000			ļ	-	15,00
S SUBSTANCE ABUSE not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	15,000 15,000			ļ	-	15,000 15,000
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S SUBSTANCE ABUSE S not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	15,000 15,000 411,634			ļ	-	15,000 15,000
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST Number of Beds Pu	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES	15,000 15,000 411,634 13	66,753				15,000 15,000 478,38
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST Number of Beds Pu pn-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes)	15,000 15,000 411,634 13	66,753				15,00 15,00 478,38
S SUBSTÂNCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST. Number of Beds Pu pn-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes)	15,000 15,000 411,634	66,753				15,000 15,000 478,38
S SUBSTÂNCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST. Number of Beds Pu pn-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes) h Narcotic Tx Program	15,000 15,000 411,634 13	66,753				15,000 15,000 478,38
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST Number of Beds Pu pn-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) sup Sessions (classes) h Narcotic Tx Program Payment Method	15,000 15,000 411,634 13 Fee-For-Service (FFS)	66,753 Fee-For-Service (FFS)				15,00 15,00 478,38
S SUBSTANCE ABUSE I not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST Number of Beds Pu on-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes) n Narcotic Tx Program Payment Method DPH Units of Service	15,000 15,000 411,634 13 Fee-For-Service (FFS) 2,016	66,753 Fee-For-Service (FFS) 2,016				15,00 15,00 478,38
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST Number of Beds Pu pn-Res 33 - ODF # of Gro	Accounting Code (Index Code or Detail) FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) sup Sessions (classes) h Narcotic Tx Program Payment Method	15,000 15,000 411,634 13 Fee-For-Service (FFS)	66,753 Fee-For-Service (FFS)				15,00 15,00 478,38
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH TOTAL NON-DPH S (DPH AND NON-DPH) COST Number of Beds Pu pn-Res 33 - ODF # of Gro for Medi-Cal Provider wit	FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES rchased (if applicable) up Sessions (classes) h Narcotic Tx Program Payment Method DPH Units of Service Unit Type	15,000 15,000 411,634 13 Fee-For-Service (FFS) 2,016 Client Day	Fee-For-Service (FFS) 2,016 Client Full Day			- - - - 0	15,00 15,00 478,38
S SUBSTANCE ABUSE s not in drop-down list TOTAL OTHER DPH TOTAL DPH **TOTAL NON-DPH S (DPH AND NON-DPH) COST. Number of Beds Pu on-Res 33 - ODF # of Gro for Medi-Cal Provider wit	FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SO	15,000 15,000 411,634 13 Fee-For-Service (FFS) 2,016 Client Day \$ 196,74	Fee-For-Service (FFS) 2,016 Client Full Day	0	0	-	15,000 15,000 478,38
S NUBSTANCE ABUSE IN ORDER OF THE RESERVE OF THE R	FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SOURCES FUNDING SO	15,000 15,000 411,634 13 Fee-For-Service (FFS) 2,016 Client Day \$ 196,74 \$ 204.18	Fee-For-Service (FFS) 2,016 Client Full Day 33.11		0	- - - - 0	15,000 15,000 478,38

Appendix B - DPH 3: Salaries & Benefits Detail

Appendix #: B-2
Page # 2
Fiscal Year: 2018-19

												ent Date	05/14/18
TOT			MCC730515		nting Code 2 Code or Detail)		inting Code 3 Code or Detail)		inting Code 4 Code or Detail)		inting Code 5 Code or Detail)		inting Code 6 Code or Detai
	12/31/18		/18-12/31/18		/18-12/31/18								
	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$ \$ \$	35,176.00	1.00	\$ 35,176.00										
\$	26,608.00	1.00	\$ 26,608.00										
_\$	8,692.00	0.10	\$ 8,692.00										
\$	174,916.00	7.50	\$ 174,916.00					·					
\$	5,835.00	0.38	\$ 5,835.00										
\$	3,480.00	0.06	\$ 3,480.00			4							
\$	2,681.00	0.06	\$ 2,681.00										
\$ \$ \$ \$	2,345.00	0.06	\$ 2,345.00										
_\$	1,964.00	0.06	\$ 1,964.00					<u> </u>					
\$	2,090.00	0.06	\$ 2,090.00										
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\$	263,787.00	10.28	\$ 263,787.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
			T		· · · · · · · · · · · · · · · · · · ·								
\$	83,507.00	31.66%	\$ 83,507.00	0.00%	L	0.00%	L	0.00%	<u> </u>	0.00%		0.00%	
-	247 204 00	7	¢ 247 204 00	7	f 6	٦	<u> </u>	7	<u> </u>	٦		1	T #
\$	347,294.00		\$ 347,294.00	_	\$ -	_	\$ -	1	\$ -	1	\$ -	1	\$ -

Appendix B - DPH 4: Operating Expenses Detail

Appendix #: B-2
Page # 3
Fiscal Year: 2018-19
Document Date 05/14/18

TOTAL HMHMCC730515 Client Program (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or (ndex Code or Obtail))) 7/701/18-12/31/18 0/701/18-			,		•	Fiscal Year:	
MM-MCC730516 Sees Fees Clock of Detail Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code or Clock Code						Document Date	The second secon
\$ 32,546.00 \$ 32,546.00 \$ 1,453.00 \$ 1,453.00 \$ 1,453.00 \$ 1,453.00 \$ 1,453.00 \$ 1,453.00 \$ 1,453.00 \$ 1,453.00 \$ 1,41,149.00 \$ 11,149.00 \$ 11,149.00 \$ 962.00 \$ 962.00 \$ 962.00 \$ 2,660.00	TOTAL	HMHMCC730515		(Index Code or	(Index Code or	(Index Code or	Accounting Code 6 (Index Code or Detail)
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962.00	1,453.00	\$ 1,453.00				·	
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\$ 2,660.00 \$ 2,660.00 \$ \$ 6,964.00 \$ 1,806.00 \$ 5,158.00 \$ \$ 9,624.00 \$ 4,466.00 \$ 5,158.00 \$ \$ 1,059.00 \$ 12.00 \$ 1,047.00 \$ \$ 3,676.00 \$ 126.00 \$ 3,550.00 \$ \$ -							
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\$ -	\$ 870.00	\$ 870.00					, i
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	91,974.00	\$ 76,974.00	\$ 15,000.00	\$ -	-		

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

ne (MH)/Contractor Name (SA)	- DPH 2: Department 00271					Appendix #	B-2a
	Progress Foundation					Page #	. 1
· Provider Number					•	Fiscal Year	2018-19
•						Document Date	05/14/18
	Program Name	Cortland	Cortland				
	Program Code	38631	38631				
Mode/SFC	(MH) or Modality (SA)	05/65-79	60/40-49				
mode, or o	(Mility of Modulity (Grty)	24-Hr Adult	SS-Life Support-			f	
	Service Description	Residential	Bd&Care			.	
Funding Term (r	mm/dd/yy - mm/dd/yy)					 	TOTAL
	iniradiyy - miniradiyy)	07/01/10-12/01/10	07/01/10-12/01/10	Prince William Reserve	vē kilikarskijāli	. Vijeka kija projektija in komen	TOTAL
Colorina	9 Employee Deposits	200.004	3130E0402E40E4030	1/2 (2004) (Sept.15) Sept.44.	400 and 300 and 600 and 500 and	4-12-8-01-63-14-01-1-1	328,624
Salaries	& Employee Benefits	328,624	45.000				70,58
	Operating Expenses	24,778	45,806				70,584
	Capital Expenses						
Subte	otal Direct Expenses	353,402	45,806	*			399,208
	Indirect Expenses	31,089	4,468				35,55
ТО	TAL FUNDING USES	384,491	50,274	**	-	-	434,76
	Accounting Code			MATERIA SALE		100 200 200 200 200	
	(Index Code or			建 加多为基本			
DING SOURCES	Detail)						7.50 (7.00)
lult	HMHMCC730515	163,683					163,683
Fund	HMHMCC730515	64,553	50,274		I		114,827
alignment	HMHMCC730515	141,855					141,85
	,						
sources not in drop-down list						,	
STAL BHS MENTAL HEALTH	FUNDING SOURCES	370,091	50,274	-	_		420,365
	Accounting Code	material mension before the con-	50,274		Fateria e e e e e e e e e e e e e e e e e e e	- PRESENTATION STATES	ALLECAPETA VECULOR
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JNDING SOURCES	(Index Code or						
MUING 300KCE3	Detail)	Control of the state of the Control of the state of	AND ASSESSED FOR THE PROPERTY.	20000000000000000000000000000000000000	ZNA STANCE AND STREET STANCE STANCE	THE STATE OF STREET	A-1000000000000000000000000000000000000
	 						
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sources not in drop-down list		·			ļ	<u> </u>	
AL BHS SUBSTANCE ABUSE		_	-	-			
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	(Index Code or						
₹CES	Detail)						
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sources not in drop-down list							
	FUNDING SOURCES	-	-	-	-	-	
	FUNDING SOURCES	370,091	50,274	-	-	-	420,36
ES	Programme Complete Co	-Sexendore sessions	cająwa ptajalae	18年7年後月3年2日	Jaka Nadalahan		A Company of the support
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	<u> </u>	14,400	1	<u> </u>	1		14,40
TOTAL NON-DOLL	FUNDING SOURCES	14,400		 	 	<u> </u>	14,40
URCES (DPH AND NON-DPH)		384,491	50,274		 	-	434,76
			50,274	applications are a security of			434,/6
D UNIT COST		100 G 100 C 10 C 100 C 100 C	, 40年至1月2日至 中国的大学经历学		West Transferred	1285112541574	
	rchased (if applicable)	10	ļ		ļ	 	
ly - Non-Res 33 - ODF # of Gro			ļ		ļ	 	
pacity for Medi-Cal Provider with	n Narcotic Tx Program		<u> </u>		ļ		W-100 (1997)
·		Fee-For-Service	1	[1		
	Payment Method		(FFS)	<u> </u>	1	1	-2 CON 22 -3
	DPH Units of Service						
	Unit Type	Client Day	Client Full Day	0	0	0	50,604,694,0049A
er Unit - DPH Rate (DPH FUND	OING SOURCES Only)	\$ 238,46	\$ 32.39	\$ -	\$ -	\$ -	- SECONDARY STAN
intract Rate (DPH & Non-DPH					\$ -	\$ -	4-10-014-56-3840-284
	edi-Cal Providers Only)			† · · · · · · · · · · · · · · · · · · ·	†·	T:	Total UDC
	plicated Clients (UDC)	40	40		 		40
Onde	produce Onerita (ODO)	10		<u> </u>			<u> </u>

Appendix #: B-2a
Page # 2
Fiscal Year: 2018-19

No												cal Year: ent Date	05/14/18
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	12/31/18		/18-12/31/18										
	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$	35,176.00	1.00	\$ 35,176.00										
\$	29,548.00	1.00	\$ 29,548.00										
\$	148,964.00	7.00	\$ 148,964.00										
\$	6,091.00	0.10	\$ 6,091.00										•
\$	18,440.00	1.23	\$ 18,440.00										
\$	3,035.00	0.04											
\$	2,353.00	0.05	\$ 2,353.00					Ī				İ	
\$	2,045.00	0.05											
\$	1,712.00	0.05											
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¢	328,624.00	1	\$ 328,624.00	1	J \$ -	7		1		7	[c	1	
\$	320,024.00	ļ	\$ 320,024.00]	\$ -	4	\$ -	1	-	1	\$ -	1	

Appendix #: B-2a Page# 3 Fiscal Year: 2018-19 Document Date 05/14/18 Accounting Code 3 Accounting Code 4 Accounting Code 5 Client Program **Accounting Code 6 TOTAL** HMHMCC730515 (Index Code or (Index Code or (Index Code or Fees (Index Code or Detail) Detail) Detail) Detail) 07/01/18-12/31/18 07/01/18-12/31/18 07/01/18-12/31/18 35,568.00 \$ 35,568.00 \$ 4,587.00 \$ 4,587.00 945.00 945.00 41,100.00 \$ 41,100.00 2,412.00 | \$ 2,412.00 3,494.00 967.00 \$ \$ 2,527.00 5,906.00 3,379.00 2,527.00 1,100.00 \$ 213.00 \$ 887.00 503.00 5,321.00 4,818.00 6,421.00 716.00 5,705.00 \$ 558.00 558.00 558.00 558.00 5,268.00 381.00 4,887.00 1,872.00 \$ 591.00 1,281.00 7,140.00 | \$ 972.00 6,168.00 9,198.00 | \$ 9,198.00 205.00 | \$ 205.00 \$ 56.00 56.00 \$ \$ 9,459.00 \$ 9,459.00 | \$ 70,584.00 \$ 56,184.00 \$ 14,400.00 | \$ \$

	- DPH 2: Department	t of Public Heath (Cost Reporting/Da	ta Collection (CR	DC)		
H)/Contractor Name (SA)						Appendix #_	B-2b
	Progress Foundation	····				Page #	1
Provider Number_	3837					Fiscal Year	2018-19
D	0.00					Document Date	05/14/18
	Program Name	Progress House	Progress House				
	Program Code	38371	38371				
Mode/SFC	(MH) or Modality (SA)	05/65-79	60/40-49				
		24-Hr Adult	SS-Life Support-				
•	Service Description	Residential	Bd&Care				•
Funding Term (r	nm/dd/yy - mm/dd/yy)	07/01/18-12/31/18	07/01/18-12/31/18				TOTAL
Kira (faloja, drja ajega kra		5. 445.850 5460 45760 a	Se A constituent sin	· · · · · · · · · · · · · · · · · · ·			Here Harris and State of the Arrival
	& Employee Benefits	357,380		TOTAL CONTRACT SECTION AND ADDRESS OF THE PARTY OF THE PA	[2] - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	STEEL PROPERTY OF THE ALL STEEL STEEL SEEDS	357,380
Dalailes	Operating Expenses	21,063	17,126				38,189
	Capital Expenses	21,003	17,120				30,10
5.14		270.440	47.400			 	205 500
Subto	otal Direct Expenses	378,443	17,126	-	-		395,569
	Indirect Expenses	33,542	1,670				35,212
ТО	TAL FUNDING USES	411,985	18,796		-	-	430,78
	Accounting Code		11.55.45.45.45.45.45				
	(Index Code or						
OURCES	Detail)	建设整设施设施	5.74 等基础的。	李维特的进入 标:		DATE: 100 100 100 100 100 100 100 100 100 10	
	HMHMCC730515	186,566					186,566
	HMHMCC730515	69,258	18,796				88,054
ent	HMHMCC730515	141,161					141,161
		/ : :, : - :		l			
s not in drop-down list				······································		<u> </u>	
BHS MENTAL HEALTH	FUNDING SOURCES	396,985	18,796				415,781
DIIO MENTAL HEALTH	Accounting Code	230,303	10,130	seak (NAC) ARTUS 254 CM		4.1040-194 (50V/c), c.1950.	Train in the second
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TOTAL DPH	FUNDING SOURCES	396,985	18,796	-			415,78
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	<u> </u>	15,000	 			 	15,00
TOTAL MON. DDU	FUNDING SOURCES	15,000			 		15,000
The state of the s			40 700	<u> </u>	 	 	
S (DPH AND NON-DPH)		411,985	18,796				430,78
COST			1. 新华巴语并多为西部建筑		经存货的 化电路管	New York Control of the	
	rchased (if applicable)	10					2-55 - 12 14-51
on-Res 33 - ODF # of Gro							
for Medi-Cal Provider with	n Narcotic Tx Program				L		
-	-	Fee-For-Service	Fee-For-Service			1	
	Payment Method	(FFS)	(FFS)		L	ļ ·	
	DPH Units of Service	1,552	1,552				
	Unit Type		Client Full Day	. 0	0	0	
t - DPH Rate (DPH FUND			\$ 12.11	\$ -	\$	\$ -	
Rate (DPH & Non-DPH F			\$ 12.11		\$ -	\$ -	Transfer of the second state of the
			12.11		 	 	Total UDC
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Published Rate (Me	olicated Clients (UDC)		40		 		40

Appendix #: B-2b
Page # 2
Fiscal Year: 2018-19

Document Date 05/14/18 Accounting Code 2 Accounting Code 3 Accounting Code 4 **Accounting Code 5 Accounting Code 6 TOTAL HMHMCC730515** (Index Code or Detail) (Index Code or Detail) (Index Code or Detail) (Index Code or Detail) (Index Code or Detail 01/18-12/31/18 07/01/18-12/31/18 07/01/18-12/31/18 FTE FTE FTE Salaries Salaries Salaries Salaries Salaries FTE Salaries FTE: Salaries FTE 1.00 \$ 35,176.00 1.00 \$ 26,089.00 0.10 \$ 7,395.00 7.00 \$ 154,209.00 35,176.00 8 8 8 8 8 8 26,089.00 7,395.00 154,209.00 38,303.00 2.73 \$ 38,303.00 0.04 \$ 2,836.00 2,836.00 2,185.00 0.05 \$ 2,185.00 1,911.00 0.05 \$ 1,911.00 1,600.00 0.05 \$ 1,600.00 1,703.00 0.05 \$ 1,703.00 271,407.00 | 12.07 | \$ 271,407.00 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 85,973.00 | 31.68% | \$ 85,973.00 | 0.00% 0.00% 0.00% 0.00% 0.00% \$ 357,380.00 \$ 357,380.00 \$ \$ \$ \$

38,189.00 | \$

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15,000.00 | \$

Appendix #: B-2b Page # Fiscal Year: 2018-19 **Document Date** 05/14/18 Accounting Code 3 Accounting Code 4 Accounting Code 5 **Accounting Code TOTAL** HMHMCC730515 Client Program Fees (Index Code or (Index Code or (Index Code or (Index Code or Det Detail) Detail) Detail) 07/01/18-12/31/18 07/01/18-12/31/18 07/01/18-12/31/18 1,042.00 1,042.00 \$ 9,073.00 \$ 9,073.00 281.00 \$ 281.00 10,396.00 \$ 10,396.00 \$ 3,641.00 1,591.00 2,050.00 3,824.00 406.00 \$ 3,418.00 7,465.00 1,997.00 | \$ 5,468.00 \$ 993.00 327.00 \$ 666.00 3,713.00 228.00 \$ 3,485.00 4,706.00 | \$ 555.00 \$ 4,151.00 523.00 523.00 523.00 | \$ 523.00 \$ \$ 5,268.00 655.00 4,613.00 1,794.00 1,026.00 768.00 5,381.00 \$ 7,062.00 \$ 1,681.00 7,217.00 | \$ 7,217.00 820.00 \$ 820.00 8,037.00 | \$ 8,037.00 | \$ \$

Appendix B	- DPH 2: Department	of Public Heath	Cost Reporting/Da	ta Collection (CF	RDC)		•
ne (MH)/Contractor Name (SA)				· · · · · · · · · · · · · · · · · · ·		Appendix #	B-2c
	Progress Foundation					Page #	1
Provider Number	8985		,			Fiscal Year	2018-19
						Document Date	05/14/18
	Program Name	Clay	Clay				
	Program Code	89851	89851				
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49			,	
,		24-Hr Adult	SS-Life Support-				
	Service Description	Residential	Bd&Care		•	ļ	
Funding Term (n	nm/dd/yy - mm/dd/yy)	07/01/18-12/31/18	07/01/18-12/31/18				TOTAL
		nga pipulipukan dir.			ALTO ENGINEE	NEW PROPERTY OF THE PROPERTY O	CHRISTIAL CONTRACTOR
	& Employee Benefits	509,481					509,481
	Operating Expenses	25,071	62,067	· · · · · · · · · · · · · · · · · · ·			87,138
	Capital Expenses						
Subto	tal Direct Expenses	534,552	62,067			_	596,619
- Odbit	Indirect Expenses	47,057	6,055				53,112
	TAL FUNDING USES	581,609	68,122				649,731
	Accounting Code	201,003	7,500,700,700,700		Kilondardarenderen distrib	Francisco de estados	040,101
DING SOURCES	(Index Code or						
	Detail)				.9800.88880739.003089	200000000000000000000000000000000000000	
lult	HMHMCC730515	254,717					254,717
Fund	HMHMCC730515	49,537	33,084	`			82,621
alignment	HMHMCC730515	236,355	35,038				271,393
							-
sources not in drop-down list					·		-
OTAL BHS MENTAL HEALTH		540,609	68,122	-	-	-	608,731
	Accounting Code		Tanger 1 (1991)				Stanfillaus Josef
	(Index Code or						
JNDING SOURCES	Detail)				美国新发展的第		
sources not in drop-down list							
AL BHS SUBSTANCE ABUSE		-		-			
CASE NUMBER OF STREET	Accounting Code						
	(Index Code or						
₹CES	Detail)				35-35 W 19 W		
						_	-
sources not in drop-down list							
TOTAL OTHER DPH		-		-		-	
TOTAL DPH	FUNDING SOURCES	540,609	68,122	_		-	608,731
ES (1)						4866 F. 2000 F. 507	11/18/17/19/19/19
		41,000					41,000
TOTAL NON-DPH	FUNDING SOURCES	41,000	-		-	-	41,000
URCES (DPH AND NON-DPH)		581,609	68,122	-	-	-	649,731
D UNIT COST	AND CONTRACTOR	4(15) FE (15) FE (15) FE	COLLEGE CONTRACT	galan managanan katalah	and the state of the search	WEREST SEE CHEST	Architecture (NAME)
	rchased (if applicable)	16	1				1975 1974 1974 1975
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	Payment Method		(FFS)	1			
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	Client Day	2,482 Client Full Day	0	0	0	以外は下面がはまたを行う。のようからからから、	
	DPH Units of Service Unit Type				<u> </u>		
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intract Rate (DPH & Non-DPH I				\$ -	\$ -	\$ -	
	di-Cal Providers Only)		20				Total UDC
	plicated Clients (UDC)	20					20

Appendix #: B-2c
Page # 2
Fiscal Year: 2018-19

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TOTAL	HMI	HMCC730515		inting Code 2 Code or Detail)		inting Code 3 Code or Detail)		inting Code 4 Code or Detail)		inting Code 5 Code or Detail)		nting Code (Code or Deta
1/18-12/31/18	07/0	1/18-12/31/18										
Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$ 31,906.00	1.00	\$ 31,906.00										
\$ 24,999.00	1.00	\$ 24,999.00										
\$ 257,081.00	11.50	\$ 257,081.00										
\$ 14,790.00	0.20	\$ 14,790.00										•
\$ 39,591.00	3.13	\$ 39,591.00							·			
\$ 4,653.00	0.08	\$ 4,653.00										
\$ 3,584.00		\$ 3,584.00										
\$ 3,134.00	0.08	\$ 3,134.00										
\$ 2,625.00	0.08	\$ 2,625.00										
\$ 2,793.00	0.08	\$ 2,793.00										
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\$ 124,325.00	32.28%	\$ 124,325.00	0.00%		0.00%		0.00%		0.00%		0.00%	
\$ 509,481.00]	\$ 509,481.00		\$ -]	\$ -		\$ -]	\$ -]	\$ -

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									Page #	
									Fiscal Year:	2018-19
F-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	,								Document Date	05/14/18
TOTAL	Н	МНМСС730515	Clier	it Program Fees		unting Code 3 dex Code or Detail)		unting Code 4 dex Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code (Index Code or Det
07/01/18-12/31/18	07	7/01/18-12/31/18	07/	01/18-12/31/18						
26,913.00	\$	26,913.00								
2,510.00	\$	2,510.00							,	
636.00	\$	636.00								
30,059.00	\$	30,059.00	\$	-	\$.		\$	-		
8,286.00	\$	599.00	\$	7,687.00						
5,718.00	\$	593.00	\$	5,125.00						
14,004.00	\$	1,192.00	\$	12,812.00	\$	_	\$	NO		
1,387.00	\$	105.00	\$	1,282.00						
8,053.00	\$	212.00	\$	7,841.00						
	<u> </u>									
			<u> </u>							
	<u> </u>						<u> </u>			
9,440.00	\$	317.00	\$	9,123.00	\$		\$	•		
723.00	\$	723.00	ļ				<u> </u>			
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723.00	\$	723.00	\$	**	\$		\$			
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ne (MH)/Contractor Name (SA)	- DPH 2: Department 00271				<u> </u>	Appendix #	B-2d
Provider Name	Progress Foundation				•	Page #	-1
Provider Number	38GH				•	Fiscal Year	2018-19
						Document Date	05/14/18
	Program Name	Loso House	Loso House				
	Program Code	38GH1	38GH1				
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49				
		24-Hr Adult	SS-Life Support-				
	Service Description	Residential	Bd&Care				
Funding Term (r	nm/dd/yy - mm/dd/yy)	07/01/18-12/31/18	07/01/18-12/31/18				TOTAL
	Attack Contraction	1704 (A18) (A18) (A18)	2001-000-000-000	roled & Break With	chellength galleri.		
Salaries	& Employee Benefits	532,138					532,13
	Operating Expenses	52,273	53,917				106,19
	Capital Expenses						
Subto	tal Direct Expenses	584,411	53,917	-	-	-	638,32
	Indirect Expenses	51,567	5,261				56,82
TO	TAL FUNDING USES	635,978	59,178	-	-	_	695,15
	Accounting Code	กระสาราชสาราช เพื่อเสียงกับเล็ก เ	Sales of Developer	Santile of the santag	sitteme displayed	Nitrograpio stro signor	alianistillare on ministrativity
	(Index Code or						建长层的 法
DING SOURCES	Detail)						
luit	HMHMCC730515	260,849					260,849
Fund	HMHMCC730515	81,649	18,068				99.71
alignment	HMHMCC730515	252,480	41,110				293,590
sources not in drop-down list							
OTAL BHS MENTAL HEALTH I	FUNDING SOURCES	594,978	59,178			Í	654,150
The Section State State of State of Assets	Accounting Code	a de la ése sa a esta persona.	AUTO 12 V GALLER PER SAN	. REPORTED AND THE PERSON	Edition Construction	CERTIFICATION OF THE COLUMN	PRAME AND SOLD SERVICE
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sources not in drop-down list					1		
TOTAL OTHER DPH	FUNDING SOURCES	_	-		-	-	
	FUNDING SOURCES	594,978	59,178	-			654,15
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		41,000					41,00
TOTAL NON-DPH	FUNDING SOURCES	41,000	-	_	-	-	41,00
URCES (DPH AND NON-DPH)		635,978	59,178			<u></u>	695,15
D UNIT COST		there's a later	\$1284-201-3-0586	r is aging to subject to the	SECTION CARSES AND SECTION	January Arthur	enistrativis de antei de
	chased (if applicable)	14	The state of the s		F. A. C. C. C. C. C. C. C. C. C. C. C. C. C.	A THE RELATED THE PROPERTY OF STREET	ANTARAGEMENTAL
ly - Non-Res 33 - ODF # of Gro		19	 	ļ	 	 	
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Activities Michigan Carl Toylad Will	IX I Togram	Fee-For-Service	Fee-For-Service	l :	 		
	Payment Method	(FFS)	(FFS)		1	1	
	DPH Units of Service	2,172		 	 		
	Unit Type	Client Day	Client Full Day	0	1 0	1 0	ereceti pigeste (Kilosi vil). Biograficale de Policie de Mil
er Unit - DPH Rate (DPH FUND							rangering between partie.
intract Rate (DPH & Non-DPH F	HINDING COURCES	\$ 273.93 \$ 292.81		\$ -	\$ -	\$ - \$ -	
			\$ 27.25	Ψ -	φ -	φ -	T-4-11105
	di-Cal Providers Only)		.10				Total UDC
Undu	olicated Clients (UDC)	18	18	L			18

Appendix #: B-2d
Page # 2
Fiscal Year: 2018-19

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TOTAL	HMH	IMCC730515		inting Code 2 Code or Detail)		nting Code 3 Code or Detail)		inting Code 4 Code or Detail)		inting Code 5 Code or Detail)		nting Code 6 Code or Detai
1/18-12/31/18	07/0	1/18-12/31/18						110.000			19.4 1945 3	1.5.385.5
Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$ 35,177.00	1.00	\$ 35,177.00										
\$ 26,152.00	1.00	\$ 26,152.00										
\$ 242,122.00	11.00		1									
\$ 14,790.00	0.20	\$ 14,790.00				***************************************		· · · · · · · · · · · · · · · · · · ·				
\$ 68,798.00	5.10				1							
\$ 4,784.00	0.08	\$ 4,784.00										
\$ 3,686.00	0.08)									
\$ 3,223.00	0.08)				-					
\$ 2,699.00	0.08											
\$ 2,872.00	0.08								<u> </u>	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
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\$ 404,303.00	18.70	\$ 404,303.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
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\$ 532,138.00]	\$ 532,138.00	<u>)</u>	\$ -] .	\$ -		\$ -]	\$ -]	\$ -

106,190.00 \$

B-2d Appendix #: Page # Fiscal Year: 2018-19 Document Date 05/14/18 Accounting Code 3 | Accounting Code 4 Accounting Code 5 **Accounting Code** HMHMCC730515 **TOTAL** (Index Code or (Index Code or (Index Code or Client Program Fees (Index Code or Det Detail) Detail) Detail) 07/01/18-12/31/18 07/01/18-12/31/18 07/01/18-12/31/18 42,428.00 42,428.00 \$ 2,037.00 \$ 2,037.00 1,071.00 \$ 1,071.00 45,536.00 45,536.00 \$ 13,566.00 5,878.00 7,688.00 5,827.00 1,369.00 4,458.00 19,393.00 7,247.00 12,146.00 \$ 1,209.00 184.00 1,025.00 8,051.00 876.00 \$ 7,175.00 1,060.00 8,200.00 9,260.00 1,123.00 457.00 666.00 1,123.00 | \$ 457.00 666.00 \$ 18,438.00 500.00 17,938.00 908:00 2,050.00 2,958.00 19,988.00 \$ \$ 21,396.00 1,408.00 | \$ 9,338.00 9,338.00 77.00 \$ 77.00 67.00 67.00 9,482.00 9,482.00 \$

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41,000.00 \$

65,190.00 | \$

Name (MH)/Contractor Name (SA) C	- DPH 2: Department 0271					Appendix #	B-2e
	Progress Foundation					Page #	1
Provider Number 8						Fiscal Year	2018-19
_					ļ	Document Date	05/14/18
	Program Name	Ashbury	Ashbury	Ashbury			
	. Program Code	89841	89841	89841			
Mode/SFC (MH) or Modality (SA)	05/65-79	60/40-49	60/78			
				SS-Other Non-			
		24-Hr Adult	SS-Life Support-	MediCal Client			
	Service Description	Residential	Bd&Care	Support Exp			
	m/dd/yy - mm/dd/yy) (07/01/18-12/31/18	07/01/18-12/31/18	07/01/18-12/31/18			TOTAL
	enteret gering being Edition		0.000		PARTITION OF	公司等等的数据文本	the effect the diffe
Salaries	& Employee Benefits	218,748		179,764	-		398,512
	Operating Expenses	26,232	56,957	5,125			88,314
***************************************	Capital Expenses						
Subto	tal Direct Expenses	244,980	56,957	184,889	-		486,826
	Indirect Expenses	19,730	5,557	18,041			43,328
101	AL FUNDING USES	264,710	62,514	202,930	-		530,154
	Accounting Code						
inii a cairara	(Index Code or						
NDING SOURCES	Detail)	The Confidence of the State of	· 电影片显示 (1994年)	Section 2015	1945		
Adult	HMHMCC730515	117,348			······································		117,348
al Fund	HMHMCC730515	56,514	00.544				56,514
tealignment	HMHMCC730515	75,848	62,514	407.000			138,362
ıB	HMHM-CALW-BH HMHMCC730515			197,980			197,980
TOTAL BHS MENTAL HEALTH F		249,710	CO FAA	4,950 202,930	-		4,950
TOTAL BAS MENTAL REALTA F	Accounting Code	249,710	62,514	202,930	5.00 Feedom (PO FAR 1 a. 1) (2	The NAS energy area of	515,154
FUNDING SOURCES	(Index Code or				P-450.70.7		
ONDING SCORCES	Detail)	. (2.2.) 1 (2.4.) (4.4.) (3.2.)	CONTRACTOR FOR MINAGERS	1,775 (2011)194742 2521	#4.symblesquare	And of decent the difference of	dividestation contrast to

sources not in drop-down list							
OTAL BHS SUBSTANCE ABUSE F	UNDING SOURCES			-			
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	(Index Code or						
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TOTAL OTHER DPH I	UNDING SOURCES	-	-	-	-	-	-
TOTAL DPH F	UNDING SOURCES	249,710	62,514	202,930		-	515,154
CES		Shir Petrasi (Shiftish	43440.2000.000元的。	克里斯特斯巴斯特	\$1800年1月1日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 - 111日 -	Magazini Perekepan	pur holde Age
			,				
		15,000					15,000
TOTAL NON-DPH I	UNDING SOURCES	15,000	-	_	-	-	15,000
SOURCES (DPH AND NON-DPH)		264,710	62,514	202,930	-		530,154
ND UNIT COST	reference of the control of the cont	保护(1910年)1940年(1916年)	RESIDENCE OF SERVICE	1.000mm/2.000mm	机砂岩油铁铁矿 医水流的		AND ASSESSED.
	chased (if applicable)	10					VALUE OF STREET
Only - Non-Res 33 - ODF # of Grou	up Sessions (classes)						
Capacity for Medi-Cal Provider with	Narcotic Tx Program						2000
		Fee-For-Service	Fee-For-Service	Fee-For-Service			
	Payment Method	(FFS)	(FFS)	(FFS)			
	DPH Units of Service	1,552	1,552	621			75475350
				Staff Hour or			
				Client Day,			
				depending on			
	Unit Type	Client Day	Client Full Day	contract.	0	0	12/75/15/54/75/5
st Per Unit - DPH Rate (DPH FUND	ING SOURCES Only)	\$ 160.90			\$ -	\$ -	gergggara.
 Contract Rate (DPH & Non-DPH F 	UNDING SOURCES)	\$ 170.56		\$ 326.78	\$ -	\$	69-754889-78
	di-Cal Providers Only)	\$ 500,00		\$ 400.00			Total UDC
	olicated Clients (UDC)	12	12	12			12

Appendix #: B-2e
Page # 2
Fiscal Year: 2018-19
ocument Date 05/14/18

		70722						· · · · · · · · · · · · · · · · · · ·		·	Docum	ent Date	05/14/18
то	TAL	нмн	MCC730515	НМН	M-CALW-BH				inting Code 6 Code or Detail				
01/18	-12/31/18	07/01	/18-12/31/18	07/01	1/18-12/31/18	1 10000 1 1000 1			Carte Carago (1999) Action		* ************************************	The state of the s	5-44 - E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E-361-E
	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$	39,096.00	1.00	\$ 39,096.00					 					
\$	27,682.00	0.80	\$ 21,532.00	0.20	\$ 6,150.00								
\$	194,666.00	5.77	\$ 74,849.00	9.23									
\$	6,083.00	0.10	\$ 6,083.00										
\$ \$ \$ \$ \$ \$	23,914.00	1.53	\$ 20,326.00	0.25	\$ 3,588.00								
\$	3,593.00	0.05	\$ 2,568.00	0.01	\$ 1,025.00								
\$	2,768.00	0.05	\$ 1,743.00	0.01	\$ 1,025.00								
\$	2,421.00	0.05	\$ 1,396.00	0.01	\$ 1,025.00								
\$	2,027.00	0.04	\$ 1,514.00	0.01	\$ 513.00								
\$	2,157.00	0.06	\$ 2,157.00										
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\$	304,407.00	9.45	\$ 171,264.00	9.72	\$ 133,143.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
\$	94,105.00	30.62%	\$ 52,433.00	31.30%	\$ 41,672.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
\$	398,512.00]	\$ 223,697.00]	\$ 174,815.00]	\$ -		\$ -]	\$ -]	\$ -

									Document Date	05/14/18
	TOTAL	HM	IHMCC730515	CI	lient Program Fees	НМН	IM-CALW-BH	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code 6 (Index Code or Detail)
07/0	01/18-12/31/18	07/0	01/18-12/31/18	07/	01/18-12/31/18	07/0	1/18-12/31/18	-		
\$	29,674.00	\$	29,674.00			***************************************				
\$	8,584.00	\$	8,584.00							
\$	4,926.00	\$	3,158.00			\$	1,768.00			
\$	43,184.00	\$	41,416.00	\$	-	\$	1,768.00			
\$	6,712.00	\$	6,712.00							
\$										
\$	5,066.00	\$	675.00	\$	2,751.00	\$	1,640.00			
\$										
\$	11,778.00	\$	7,387.00	\$	2,751.00	\$	1,640.00			,
\$	1,192.00	\$	99.00	\$	1,093.00	\$	_			
\$. 5,724.00	\$	1,440.00	\$	3,566.00	\$	718.00			
\$										
\$	-									
\$										
\$	6,916.00	***************************************	1,539.00	\$	4,659.00	\$	718.00			
\$	186.00	\$	186.00	ļ						
\$	-			<u> </u>						
\$										
\$	186.00	\$	186.00	\$	-	\$	-			
			71.00		4 004 00	_	540.00			
\$	5,268.00	\$	74.00	\$	4,681.00	3	513.00			
\$	2,300.00	\$	327.00	\$	1,794.00	\$	179.00			
\$	1,537.00	\$	115.00	\$	1,115.00	\$	307.00			
\$	9,105.00		516.00		7,590.00	\$	999.00			
\$	16,058.00	\$	16,058.00							
\$	1,025.00	\$	1,025.00							
\$	62.00	\$	62.00							
\$	17,145.00	\$	17,145.00	\$		\$				

\$ 88,314.00 \$ 68,1	89.00 \$	15,000.00	\$ 5,125.00		

Provider Number	Progress Foundation					Appendix # Page #	
Provider Number 3							
	3853				•		
Mode/SFC (Fiscal Year	2018-19
Mode/SFC (· · · · · · · · · · · · · · · · · · ·	Document Date	05/14/18
Mode/SFC (Program Name	Seniors-Rypins	Seniors-Rypins	Seniors-Rypins			
Mode/SFC (Program Code	38531	38532	38531			
	MH) or Modality (SA)	05/65-79	10/95-99	60/40-49			
		24-Hr Adult	DS_Day Rehab	SS-Life Support-	•		ĺ
	Service Description	Residential	Full day	Bd&Care			
Funding Term (m	nm/dd/yy - mm/dd/ÿy)	07/01/18-12/31/18		07/01/18-12/31/18			TOTAL
	多的一种的自身类似于	<u> </u>			Resident Silve		· 经补充的 () 自由的特殊
	& Employee Benefits	212,245	136,531				348,776
	Operating Expenses	36,376	11,275	64,962			112,613
	Capital Expenses						-
Subto	tal Direct Expenses	248,621	147,806	64,962		-	461,389
	Indirect Expenses	20,990	13,760	6,338			41,088
тот	AL FUNDING USES	269,611	161,566	71,300	-	-	502,477
	Accounting Code		eshte vtils			Signal Contact Car	
	(Index Code or						
OURCES	Detail)						
	HMHMCC730515	118,436	69,316		200		187,752
	HMHMCC730515	44,145	25,625	71,300			141,070
ent	HMHMCC730515	96,530	66,625				163,155
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s not in drop-down list							
BHS MENTAL HEALTH F	UNDING SOURCES	259,111	161,566	71,300			491,977
isto entre llevers interesse.	Accounting Code	49442494-854848486	SHERING EVENOUS AND	Early Relation to the second state of	Marking 1955	nominante della filia	454 - 200646
Barbara Barbara Barbara	(Index Code or		670 S				
3 SOURCES	Detail)						
	Detail	This control and find any recording day on 197		and a figura de Sino e e a siste	100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to 100 to	\$20 H 1058-1 1 5 1 4 2 A 4 10 10	
							
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factorial design of the	(Index Code or	4.5					
	Detail)	<u>-</u> #- 2002 - 100	10.2	40000000000000000000000000000000000000			5.00 E. W. T. S. E. E. E. E. E. E. E. E. E. E. E. E. E.
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TOTAL OTHER BOLL	ZINDINO COUDOFO						
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	UNDING SOURCES	259,111	161,566	71,300	-	<u> </u>	491,977
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		10,500					10,500
	UNDING SOURCES	10,500			-		10,500
S (DPH AND NON-DPH)		269,611	161,566	71,300			502,477
COST		News the first seem	Marina Archer	10.00	alle (see the second	ESSACRASSE SERVICES	
	chased (if applicable)	6					tandinane aris
on-Res 33 - ODF # of Grou	ıp Sessions (classes)						ALCAUS MEDICARD
for Medi-Cal Provider with	Narcotic Tx Program	`					建设设计设置
		Fee-For-Service	Fee-For-Service	Fee-For-Service			
	Payment Method	(FFS)	· (FFS)	(FFS)			
	DPH Units of Service	931	2,060	931			
	Unit Type	Client Day	Client Full Day	Client Full Day	0	0	
t - DPH Rate (DPH FUNDI		The same of the sa	\$ 78.43	\$ 76.58	\$ -	\$ -	LOTE LANGUES
Rate (DPH & Non-DPH F			\$ 78.43	\$ 76.58	\$ -	\$ -	Barta Barta
	di-Cal Providers Only)		\$ 400,00	1	<u> </u>	<u> </u>	Total UDC
	licated Clients (UDC)	Ψ 430.00	50	19	 	 	50

Appendix #: B-3
Page # 2
Fiscal Year: 2018-19

TOTAL		HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)		Accounting Code 5 (Index Code or Detail)		Accounting Code 6 (Index Code or Detai	
24/40 4		07/04	/40 40/04/40				Chiespian di		nt Alatana tak				
	2/31/18	07/01 FTE	/18-12/31/18 Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
	Salaries 25,679.00	0.73		FIE	Salaries	FIE	Salaries	FIE	Salaries	FIE	Salaries	LIE	Salaries
\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	18,285.00	0.73	\$ 25,679.00 \$ 18,285.00			 							
Φ	186,954.00	8.40	\$ 186,954.00			 				<u> </u>			
Φ	4,441.00	0.07	\$ 4,441.00										
Φ	13,296.00	0.83	\$ 13,296.00	-		· -		ļ					
Φ	3,383.00	0.06	\$ 13,230.00			 							
Ф	2,607.00	0.06	\$ 2,607.00	<u> </u>		 							
Φ	2,279.00	0.06	\$ 2,279.00			 							
Φ	1,909.00	0.06	\$ 1,909.00			 							
Φ	2,031.00	0.06	\$ 2,031.00	-		 							
Φ	2,031.00	0.00	Ψ 2,001.00			 							
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\$	260,864.00	11.06	\$ 260,864.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
\$	87,912.00	33.70%	\$ 87,912.00	0.00%		0.00%		0.00%		0.00%		0.00%	
\$	348,776.00]	\$ 348,776.00]	\$ -]	\$ -]	\$ -]	\$ -]	\$ -

Appendix #: B-3
Page # 3
Fiscal Year: 2018-19

	,	•			Fiscal Year: Document Date	
TOTAL	НМНМСС730515	Client Program Fees	Accounting Code 3 (Index Code or Detail)	Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	
07/01/18-12/31/18	07/01/18-12/31/18	.07/01/18-12/31/18				
\$ 43,857.00	\$ 43,857.00					
\$ 677.00	\$ 677.00					
10,875.00	\$ 10,875.00				·	
3,847.00	\$ 3,847.00			·		
59,256.00	\$ 59,256.00	\$ -	\$ -	\$ -		
\$ 8,832.00	\$ 7,269.00	\$ 1,563.00				
β -						
6,416.00	\$ 3,911.00	\$ 2,505.00				
5 -						
15,248.00	\$ 11,180.00	\$ 4,068.00	\$ -	\$ -		
\$ 1,590.00	\$ 924.00	\$ 666,00				
9,869.00	\$ 5,000.00	\$ 4,869.00				
\$ -						·
5 -						
B -					\(\text{\tint{\text{\tint{\text{\tin}\text{\tex{\tex	
11,459.00	\$ 5,924.00	\$ 5,535.00	\$ -	\$ -		
\$ 1,049.00	\$ 1,049.00				·	1
} -						
5 -						
1,049.00	\$ 1,049.00	\$ -	\$ -	\$ -		
-	·					
\$ 8,588.00	\$ 7,691.00	\$ 897.00				
\$ 2,116.00	\$ 2,116.00				<u> </u>	
10,704.00	\$ 9,807.00	\$ 897.00	-	-		
\$ 14,850.00	\$ 14,850.00					
β -					•	
\$ 47.00	\$ 47.00					
14,897.00	\$ 14,897.00	\$ -	\$ -	\$ -		
	·					
112,613.00	\$ 102,113.00	\$ 10,500.00	\$ -	-		1.

Contractor Name (SA)						Appendix #	B-3a
	Progress Foundation					Page #	0040 10
Provider Number	3854					Fiscal Year	2018-19
						Document Date	05/14/18
	Program Name	Seniors-Carroll	Seniors-Carroll				
	Program Code	38541	38541				
Mode/SFC	(MH) or Modality (SA)	05/65-79	60/40-49				
		24-Hr Adult	SS-Life Support-				
	Service Description	Residential	Bd&Care				
Funding Term (mm/dd/yy - mm/dd/yy)	07/01/18-12/31/18	07/01/18-12/31/18				TOTAL
		-57-1-57-10-10-10-10-10-10-10-10-10-10-10-10-10-			F8751-74-74-74-74-75-75-75-75-75-75-75-75-75-75-75-75-75-	450555340050505	ritti (MANGSa KANSARTI)
Salarios	& Employee Benefits	148,760	1.02 3570 49 0 0 0 0 45 0 0 47 0 47			34.55.05.05.20.05.05.05.05.05.05.05.05.05.05.05.05.05	148,760
Odianos	Operating Expenses	12,819	14,145				26,964
	Capital Expenses	12,013	17,170				20,004
Cb4		161,579	14,145				175,724
Subt	otal Direct Expenses					-	
TO	Indirect Expenses	14,278	1,379				15,657
10	TAL FUNDING USES	175,857	15,524		-	-	191,381
	Accounting Code	To Spirit Spirit					
(A) VET (A) 工作。	(Index Code or						
RCES	Detail)						
	HMHMCC730515	73,702					73,702
	HMHMCC730515	29,224	15,524				44,748
	HMHMCC730515	62,431					62,431
							-
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IS MENTAL HEALTH	FUNDING SOURCES	165,357	15,524	-			180,881
	Accounting Code	A State of the state of the state	**************************************	A Band British	NEW SALES HILLERS CO.		essa America de America de Compositorio.
	(Index Code or						
OUDCES							
OURCES	Detail)		SECOND PARTICION AND A	ZAS SPORT SECTIONS.	NAME OF THE PARTY OF THE PARTY.		· 国际的特别的 (1994年)
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SUBSTANCE ABUSE	FUNDING SOURCES	-	-	-		-	
	Accounting Code		MEN CHARLES	waith barakar	gas kasa ningga		
	(Index Code or						
	Detail)						
SAN SERVICE SPECIAL SCHOOLSESS OF SPECIAL ST	Detail	Contraction of services and decisions and a	267-017-30-30-30-30-30-30-30-30-30-30-30-30-30-	Control of the second second	metities and the second second	Statistical and the state of th	
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	FUNDING SOURCES		1,55	-			(22.55
	FUNDING SOURCES			-	<u> </u>	-	180,881
MACHARAGICA ANTONIO	The organization of the second	Grand transport to the second	是数据的模式影响	345 TO 95 FEE		processor and the	经经验证据
		10,500					10,500
TOTAL NON-DPH	FUNDING SOURCES	10,500	-	-	-	-	10,500
(DPH AND NON-DPH)		175,857	15,524	-	-	-	191,381
OST		1.1621.7621.6555.658	TO SERVE STATES	ad the being the COM Train	are Berling and		(Acessa E. S. Call #24)
	rchased (if applicable)		1				12 37 7 8 97 6 14
Pag 33 - ODE # of Co	oup Sessions (classes)	1	 		 		
weul-Cai Plovider Wit	h Narcotic Tx Program	Fee-For-Service	Fee-For-Service	 	 	<u> </u>	 August Weige miller Englische Stellen August Weige miller Englische Stellen
				Į.			
	Payment Method		(FFS)		<u> </u>		
	DPH Units of Service						
	Unit Type		Client Full Day	0	0	0	14.000 (Selection 1995)
DPH Rate (DPH FUNI	DING SOURCES Only	\$ 177.61		\$ -	\$ -	\$ -	
ate (DPH & Non-DPH	FUNDING SOURCES	\$ 188.89			\$ -	\$ -	
	edi-Cal Providers Only					1	Total UDC
	plicated Clients (UDC		19		,	<u> </u>	19
Office	phodica choma (ODO	/1	1	i	1	1	, '~

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Page # 2
Fiscal Year: 2018-19

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тот	ΓAL		MCC730515		inting Code 2 Code or Detail)		inting Code 3 Code or Detail)		inting Code 4 Code or Detail)		ınting Code 5 Code or Detail)		nting Code 6 Code or Detail
	-12/31/18		/18-12/31/18										
	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$	9,498.00	0.27	\$ 9,498.00										
\$	6,763.00	0.27	\$ 6,763.00										
\$	69,148.00	3.10	\$ 69,148.00						,				
\$	1,642.00	0.03	\$ 1,642.00										
\$ \$ \$ \$ \$	23,478.00	1.62	\$ 23,478.00										
\$	1,252.00	0.02					,						
\$	964.00	0.02	\$ 964.00										
\$	843.00	0.02	\$ 843.00										
\$	706.00	0.02	\$ 706.00										
\$	751.00	0.02	\$ 751.00										
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\$	115,045.00	5.39	\$ 115,045.00	0.00	\$ -	0.00	\$ -	0.00	¢ _	0.00	f e	0.00	\$ -
Φ	110,040.00	5.59	φ 115,045.00	0.00		1 0.00	T-P	0.00	Ι Ψ	0.00	\$ -	0.00	Φ -
\$	33,715.00	29.31%	\$ 33,715.00	0.00%		0.00%	<u> </u>	0.00%		0.00%		0.00%	
\$	148,760.00		\$ 148,760.00]	\$ -] .	\$ -].	\$ -]	\$ -]]	\$

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TOTAL	HMHMCC730515	Client Program Fees		Accounting Code 4 (Index Code or Detail)	Accounting Code 5 (Index Code or Detail)	Accounting Code (Index Code or Det
07/01/18-12/31/18	07/01/18-12/31/18	07/01/18-12/31/18	,			
11,763.00	\$ 11,763.00					
304.00	\$ 304.00					
2,484.00	\$ 793.00	\$ 1,691.00				
1,755.00	\$ 218.00	\$ 1,537.00				
16,306.00	\$ 13,078.00	Control of the Contro	\$ -	\$ -	\$ -	-
2,647.00	\$ 392.00	\$ 2,255.00				
1,349.00	\$ 279.00	\$ 1,070.00				
	1					
3,996.00	\$ 671.00		\$ -	\$ -	\$ -	\$ -
342.00	\$ 35.00	\$ 307.00				
1,918.00	\$ 73.00	\$ 1,845.00				***************************************
					,	
-			<u> </u>			
2,260.00	\$ 108.00	\$ 2,152.00	\$ -	\$ -	\$ -	\$ -
388.00	\$ 80.00		7	-	3 -	-
300.00	\$ 60.00	\$ 300.00				
388.00	\$ 80.00	\$ 308.00	\$ -	\$ -	\$ -	\$ -
	00100				Ψ	
2,845.00	\$ 1,717.00	\$ 1,127.50				
783.00	\$ 424.00		·			
3,628.00	\$ 2,141.00	\$ 1,487.00	-	\$ -	\$ -	-
369.00	\$ 369.00					
***			· · · · · · · · · · · · · · · · · · ·			
17.00						
386.00	\$ 386.00	-	-			_
26,964.00	\$ 16,464.00	\$ 10,500.00	-	\$ -	-	\$ -

(MH)/Contractor Name (SA)	- DPH 2: Department 00271 Progress Foundation	OI FUDIIC HEALITY	cost Reporting/D	ata Conection (C		Appendix #	B-4
Provider Number				· · · · · · · · · · · · · · · · · · ·	•	Page # . Fiscal Year	2018-19
Flovider Namber	3030					Document Date	05/14/18
	Program Name	SLP				Document Date	00/14/10
	Program Code	3838OP					
Mada/STC (MH) or Modality (SA)	15/10-57, 59					
Wode/SFC (Service Description	OP-MH Svcs					
First Table 4							TOTAL
		07/01/18-12/31/18					TOTAL
		计设计设计设计				Alvery There	公司(新华达·
Salaries	& Employee Benefits	204,063					204,06
	Operating Expenses	113,555					113,55
	Capital Expenses						
Subto	tal Direct Expenses	317,618		-	<u>.</u>	-	317,61
	Indirect Expenses	28,205					28,20
тот	AL FUNDING USES	345,823	-	-	-	-	345,82
	Accounting Code			VISIAL HERBARA		324754845EH	
	(Index Code or		2.4.017 (1.2.14) 2.5.4.017 (1.2.14)				
NG SOURCES	Detail)						
lt .	HMHMCC730515	159,099					159,09
und	HMHMCC730515	24,036					24,03
ignment	HMHMCC730515	162,688	· · · · · · · · · · · · · · · · · · ·	<u> </u>		 	162,68
iginion.	7 1111 11110 07 000 10	102,000					102,00
ources not in drop-down list							
AL BHS MENTAL HEALTH F	LINDING SOURCES	345,823				<u>-</u>	345,82
REDITO MERCIAE MEAETH	Accounting Code	340,023		.v. t. s 660a.c. God	Titura di La Valla de Partir de Partir de Cara	200.00000000000000000000000000000000000	343,02.
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IDING SOURCES	Detail)		SERVICE TO PERSON.	- 0, 0.00 800 000	10.000.000.000.000.000.000	04,519143,54,40,487	
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TOTAL OTHER DPH F				<u> </u>			
	UNDING SOURCES	345,823	<u> </u>			-	345,82
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act Rate (DPH & Non-DPH F			\$ -	\$ -	\$ -	\$	The Market Control
	li-Cal Providers Only)						Total UDC
Undup	licated Clients (UDC)	73				l	73

Appendix #: B-4
Page # 2
Fiscal Year: 2018-19
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ТОТ	AL	НМН	MCC730515		nting Code 2 Code or Detail)		nting Code 3 Code or Detail)		nting Code 4 Code or Detail)		nting Code 5 Code or Detail)		05/14/18 nting Code 6 Code or Detail
04/48.4	12/31/18	07/01	/18-12/31/18										
	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
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<u>\$</u>	2,863.00	0.05	\$ 2,863.00										
<u>\$</u>	2,206.00	0.05	\$ 2,206.00										
\$	1,928.00	0.05	\$ 1,928.00										
\$	1,615.00	0.05	\$ 1,615.00	<u> </u>									
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\$	156,625.00	6.92	\$ 156,625.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
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\$	204,063.00	1	\$ 204,063.00	7	\$ -	7	\$ -	7	\$ -	7	\$ -]	\$ -

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113,555.00 | \$

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Appendix #: B-4 3 Page # 2018-19 Fiscal Year: Document Date 05/14/18 Accounting Code 3 | Accounting Code 4 Accounting Code 5 Accounting Code **TOTAL** HMHMCC730515 (Index Code or (Index Code or (Index Code or (Index Code or Det Detail) Detail) Detail) 07/01/18-12/31/18 07/01/18-12/31/18 07/01/18-12/31/18 11,361.00 \$ 11,361.00 10,596.00 10,596.00 6,106.00 \$ 6,106.00 28,063.00 | \$ 28,063.00 \$ \$ 8,084.00 8,084.00 258.00 | \$ 258.00 8,342.00 \$ 8,342.00 769.00 | \$ 769.00 3,806.00 3,806.00 4,575.00 4,575.00 | \$ 3,157.00 3,157.00 3,157.00 | \$ 3,157.00 | \$ \$ 1,810.00 1,810.00 1,810.00 1,810.00 \$ \$ 106.00 106.00 66,625.00 66,625.00 820.00 820.00 57.00 57.00

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H)/Contractor Name (SA)	- DPH 2: Department	of Public Heath C	ost Reporting/Da	ta Collection (CR	DC)	Appendix #	· B-5
	Progress Foundation					Page #	1
Provider Number						Fiscal Year	2018-19
Plovider Number	2011				1	Document Date	05/14/18
	December Name I	Dana Clinia				Document Date	03/14/10
	Program Name	Dore Clinic					
14 1 (050	Program Code	38112					
Mode/SFC (MH) or Modality (SA)	10/25-29					
	[DS-Crisis Stab					
	Service Description	Urgent Care					
Funding Term (r	nm/dd/yy - mm/dd/yy)	07/01/18-12/31/18					TOTAL
		医氏管抗性性炎肿瘤 症		1969年中旬:1250年中旬		不是在这种的	
Salaries	& Employee Benefits	1,213,197					1,213,197
	Operating Expenses	159,608					159,608
	Capital Expenses				,		•
Subto	otal Direct Expenses	1,372,805	-	-	-	•	1,372,805
	Indirect Expenses	121,843					121,843
TO	TAL FUNDING USES	1,494,648	-	-	-	-	1,494,648
	Accounting Code	errenta in European estata		an of the biggings.	SERVICE CONTRACTOR	Managara HSENES (1986)	icie afficaejav
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OURCES	Detail)	4至-15-66-68-88-8					
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	HMHMCC730515	422,618					422,618
ent	HMHMCC730515	404,403		·			404,403
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S (DPH AND NON-DPH)		1,494,648	-			<u> </u>	1,494,648
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Number of Beds Pu	rchased (if applicable)						Para Vallación (S. C.)
on-Res 33 - ODF # of Gro	up Sessions (classes)						
for Medi-Cal Provider with							julgarus parama
	×	Fee-For-Service		1			100000000000000000000000000000000000000
	Payment Method				1	1	
	DPH Units of Service	16,820	·				
	Unit Type	Client Hour	0	0	0	. 0	
t - DPH Rate (DPH FUND			\$ -	\$ -	\$ -	\$ -	Charles Against Anailte
Rate (DPH & Non-DPH I			\$ -	\$ -	\$ -	\$ -	
	di-Cal Providers Only)		Ψ	J *	Ψ	a -	Total UDC
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Undu	plicated Clients (UDC)	1000	<u> </u>	1	<u> </u>		1000

Appendix #: B-5
Page # 2
Fiscal Year: 2018-19

	T									Docum	ent Date	05/14/18
TOTAL	HMHMCC730515		Accounting Code 2 (Index Code or Detail)		Accounting Code 3 (Index Code or Detail)		Accounting Code 4 (Index Code or Detail)			inting Code 5 Code or Detail)	Accounting Code 6 (Index Code or Deta	
1/18-12/31/18		1/18-12/31/18										
Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
\$ 76,236.00	1.00	\$ 76,236.00										
\$ 35,577.00	1.00	\$ 35,577.00										
\$ 96,044.00	1.50	\$ 96,044.00		•						<u> </u>		
\$ 8,114.00	0.40	\$ 8,114.00										
\$ 127,257.00	. 6.00	\$ 127,257.00										
\$ 13,001.00	0.13	\$ 13,001.00										
\$ 166,436.00	6.00	\$ 166,436.00										
\$ 247,927.00	4.00											
\$ 26,312.00	1.00											
\$ 115,974.00	1.76	\$ 115,974.00		,								
\$ 18,286.00	0.26											
\$ 9,863.00	0.15	\$ 9,863.00										
\$ 7,599.00	0.16											
\$ 6,645.00	0.16	\$ 6,645.00										***************************************
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\$ 1,213,197.00]	\$ 1,213,197.00]	\$ -]	\$ <u>-</u>]	\$ -]	\$ -]	\$ -

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						Fiscal Year: Document Date	2018-19 05/14/18
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TOTAL	НМ	HMCC730515	Client Program Fees		(Index Code or Detail)	(Index Code or Detail)	Accounting Code (Index Code or De
07/01/18-12/31/18	07/0	01/18-12/31/18	07/01/18-12/31/18				
46,846.00	\$	46,846.00	·				
12,170.00	\$	12,170.00					
6,738.00	\$	6,738.00					
65,754.00	\$	65,754.00	\$ -	\$ -	\$ -	\$ -	
31,577.00	\$	31,577.00		·			
-							`
14,492.00	\$	14,492.00		·			
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46,069.00	\$	46,069.00	\$ -	\$ -	\$ -	\$ -	
1,747.00	\$	1,747.00			·		
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5,748.00	\$	5,748.00					
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6,150.00	\$	6,150.00		·			
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22,072.00	\$	22,072.00	The state of the s				
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308.00	\$	308.00				,	
22,380.00	\$	22,380.00		\$ -	\$ -	\$ -	

PH 6: Contract-Wide Indirect Detail

Contractor Name: Progress Foundation	Page #	1
Contract CMS #:: 1000010016	Fiscal Year:	2018-19
	Document Date	5/14/18

1. SALARIES & BEI	NEFITS
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Position Title	FTE	Amount
Payroll and Benefits Specialist	0.74	\$ 24,677.00
HR Assistant .	0.74	\$ 17,266.00
Maintenance Technician	0.74	\$ 17,563.00
Bookkeeper	0.74	\$ 24,992.00
Administrative Assistant	. 0.74	\$ 15,191.00
Executive Director	0.74	\$ 79,480.00
Bookkeeper	0.74	\$ 15,314.00
Director of Administration	0.74	\$ 26,978.00
Maintenance Technician	0.74	\$ 16,718.00
Human Resource Manager	0.74	\$ 40,492.00
Senior Maintenance Technician	0.74	\$ 20,234.00
Senior Accountant	0.74	\$ 19,752.00
Payroll and Benefits Specialist	0.74	\$ 22,641.00
Receptionist	0.74	\$ 16,990.00
Chief Operating Officer	0.74	\$ 67,132.00
Human Resource Coordinator	0.74	\$ 18,291.00
Controller	0.74	\$ 39,312.00
Clerk	0.10	'\$ 3,379.00
,		
	•	
		,

Subtotal:	12.68	\$ 486 402 00

Subtotal: Employee Fringe Benefits: Total Salaries and Benefits: 12.68 \$ 24.6% \$ 486,402.00 119,459.00 605,861.00

2. OPERATING COSTS

		Amount
Telephone	\$	6,103.00
Utilities	\$	2,987.00
Repair and Maintenance	\$	6,431.00
Dues and Subscriptions	\$	4,195.00
Staff Education	\$	943,00
Legal	\$	5,526.00
Consulting-Financial Software Support (NIMS) @\$160/hour for 2 hours/month; Financial consulting-Financial Software Support (NIMS)	\$	28,768.00
Auto	\$	8,390.00
Audit	\$	17,355,00
Office Expense- (Stationary & Supplies including small equipment- \$12,300,		
Postage- \$850, Printing & Copier Costs- \$4,300, County Fees- \$440, P/R		
Processing \$565, Recruiting- \$2,305, Shredding Svc \$420, Reg and Renewals-		
\$460, Other Office expense- \$2,583)	\$	24,223.00
Bank Charges (Check Clearing (\$850), DeskTop Deposit (\$650), Statements-Paper/OnLine		
(\$1,250), In-Bound Wires (\$175), Fraud Filters and Reviews (\$460), Monthly on-line basic		
banking transactions (\$3,163)	\$	6,548.00
Miscellaneous	\$	36.00
Retirement Plan Service Fees		1,025.00
Payroll Processing Fees		565,00
al Operating Costs	\$	113,095,00

+ Operating Costs) \$ 718,956,00

Appendix C Insurance Waiver

Reserved

Appendix D Reserved



San Francisco Department of Public Health Business Associate Agreement

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

RECITALS

- A. CE, by and through the San Francisco Department of Public Health ("SFDPH"), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.
- C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement 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").
- D. 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 BAA.
- E. 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 BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, 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 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.



San Francisco Department of Public Health

Business Associate Agreement

- 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, but other than in the capacity of a member of the workforce of such covered entity or arrangement, 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 BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.
- h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- i. Health Care Operations 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 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.
- **l. Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.



San Francisco Department of Public Health Business Associate Agreement

- 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. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.
- c. Permitted Uses. BA may use, access, and/or 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 Agreement and BAA, or as required by law. 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 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)].
- **d.** 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 Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the



San Francisco Department of Public Health Business Associate Agreement

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 pursuan to this BAA 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 (n) of this BAA, 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 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)].

- e. Prohibited Uses and Disclosures. BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, 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 Protected Information 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 Agreement.
- f. 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 Agreement or this BAA, 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).
- g. 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.f. 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.
- h. 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 4 | P a g e

 OCPA & CAT v8.4.2017



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

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 seven (7) 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 ar 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 (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.

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



San Francisco Department of Public Health

Business Associate Agreement

what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

- m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.
- n. 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 BAA; 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, 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)]
- o. 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 BAA, 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 BAA 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. Exclusion Lists and Employee Verification. Upon hire and monthly thereafter, BA will check the exclusion lists published by the Office of the Inspector General (OIG), General Services Administration (GSA), and the California Department of Health Care Services (DHCS) to ensure that any employee, temporary employee, volunteer, consultant, or governing body member responsible for oversight, administering or delivering state or federally-funded services who is on any of these lists is excluded from (may not work in) your program or agency. Proof of checking these lists will be retained for seven years.

3. Termination.

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

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San Francisco Department of Public Health Business Associate Agreement

- **b.** Judicial or Administrative Proceedings. CE may terminate the Agreement and this BAA, 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 Agreement and this BAA for any reason, BA shall, a the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain ir 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 BAA 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.
- 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 BAA, 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 Agreement or this BAA 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 BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA 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.

APPENDIX E



San Francisco Department of Public Health

Business Associate Agreement

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 access, 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 from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017 Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs San Francisco Department of Public Health 101 Grove Street, Room 330, San Francisco, CA 94102

Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

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Appendix F Invoice(s)

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Appendix F

Appendix G Dispute Resolution Procedure For Health and Human Services Nonprofit Contractors 9-06

Introduction

The City Nonprofit Contracting Task Force submitted its final report to the Board of Supervisors in June 2003. The report contains thirteen recommendations to streamline the City's contracting and monitoring process with health and human services nonprofits. These recommendations include: (1) consolidate contracts, (2) streamline contract approvals, (3) make timely payment, (4) create review/appellate process, (5) eliminate unnecessary requirements, (6) develop electronic processing, (7) create standardized and simplified forms, (8) establish accounting standards, (9) coordinate joint program monitoring, (10) develop standard monitoring protocols, (11) provide training for personnel, (12) conduct tiered assessments, and (13) fund cost of living increases. The report is available on the Task Force's website at http://www.sfgov.org/site/npcontractingtf index.asp?id=1270. The Board adopted the recommendations in February 2004. The Office of Contract Administration created a Review/Appellate Panel ("Panel") to oversee implementation of the report recommendations in January 2005.

The Board of Supervisors strongly recommends that departments establish a Dispute Resolution Procedure to address issues that have not been resolved administratively by other departmental remedies. The Panel has adopted the following procedure for City departments that have professional service grants and contracts with nonprofit health and human service providers. The Panel recommends that departments adopt this procedure as written (modified if necessary to reflect each department's structure and titles) and include it or make a reference to it in the contract. The Panel also recommends that departments distribute the finalized procedure to their nonprofit contractors. Any questions 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:

- The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program, reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.
- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for <u>disputes</u> that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at http://www.sfgov.org/site/npcontractingtf index.asp?id=1270.

The Review/Appellate Panel oversees the implementation of the Task Force report. The Panel is composed of both City and nonprofit representatives. The Panel invites contractors to submit concerns about a department's implementation of the policies and procedures. Contractors can notify the Panel after Step 2. However, the Panel will not review the request until all three steps are exhausted. This review is limited to a concern regarding a department's implementation of the policies and procedures in a manner which does not improve and streamline the contracting process. This review is not intended to resolve substantive disputes under the contract such as change orders, scope, term, etc. The contractor must submit the request in writing to purchasing@sfgov.org. This request shall describe both the nature of the concern and why the process to date is not satisfactory to the contractor. Once all steps are exhausted and upon receipt of the written request, the Panel will review and make recommendations regarding any necessary changes to the policies and procedures or to a department's administration of policies and procedures.

Appendix H

San Francisco Department of Public Health Privacy Policy Compliance Standards

As part of this Agreement, Contractor acknowledges and agrees to comply with the following:

In City's Fiscal Year 2003/04, a DPH Privacy Policy was developed and contractors advised that they would need to comply with this policy as of July 1, 2005.

As of July 1, 2004, contractors were subject to audits to determine their compliance with the DPH Privacy Policy using the six compliance standards listed below. Audit findings and corrective actions identified in City's Fiscal year 2004/05 were to be considered informational, to establish a baseline for the following year.

Beginning in City's Fiscal Year 2005/06, findings of compliance or non-compliance and corrective actions were to be integrated into the contractor's monitoring report.

Item #1: DPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality.

As Measured by: Existence of adopted/approved policy and procedure that abides by the rules outlined in the DPH Privacy Policy

Item #2: All staff who handle patient health information are oriented (new hires) and trained in the program's privacy/confidentiality policies and procedures.

As Measured by: Documentation showing individual was trained exists

Item #3: A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is written and provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, verbal translation is provided.

As Measured by: Evidence in patient's/client's chart or electronic file that patient was "noticed." (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #4: A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility.

As Measured by: Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, Russian will be provided.)

Item #5: Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented.

As Measured by: Documentation exists.

Item #6: Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to non-treatment providers or (2) from a substance abuse program.

As Measured by: An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is available to program staff and, when randomly asked, staff are aware of circumstances when authorization form is needed.

Appendix I

THE DECLARATION OF COMPLIANCE

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 05/31/2018

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

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

CONTACT MARY@EBASSOC.COM PRODUCER PHONE (A/C, No, Ext): 415-272-0417 E-MAIL ADDRESS: FAX (A/C, No): 415-381-1303 **ERNEST BROOMFIELD & ASSOCIATES** REHABILITATION & RECOVERY INSURANCE AGENCY, INC. INSURER(S) AFFORDING COVERAGE P.O. BOX 2153 NAIC # SAN RAFAEL, CA 94912 INSURER A: AMERICAN STATES INS. CO. INSURED INSURER B: FIRST NATIONAL INS. CO. OF AMERICA PROGRESS FOUNDATION, INC. INSURER C 368 FELL STREET INSURER D: SAN FRANCISCO, CA 94102 INSURER E: INSURER F COVERAGES CERTIFICATE NUMBER: REVISION NUMBER: 101081

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

i	CLUSIONS AND CONDITIONS OF SUCH P			WILL OLIOVAL MINT LIVAE DEFINE				
INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	· LIMIT	S .
Α	GENERAL LIABILITY			01Cl888214	05/31/2018	05/31/2019	EACH OCCURRENCE	s 1,000,000
	A COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000
	CLAIMS-MADE X OCCUR	•		•			MED EXP (Any one person)	\$ 10,000
							PERSONAL & ADV INJURY	\$ 1,000,000
1 (,		GENERAL AGGREGATE	s 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					+ (PRODUCTS - COMP/OP AGG	\$ 3,000,000
	POLICY PRO- JECT LOC							\$
Α	AUTOMOBILE LIABILITY			01CH403765	06/30/2018	06/30/2019	COMBINED SINGLE LIMIT (Ea accident)	s 1,000,000
	X ANY AUTO			*			BODILY INJURY (Per person)	\$
	ALL OWNED SCHEDULED AUTOS						BODILY INJURY (Per accident)	\$
	X HIRED AUTOS X NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	,\$
								\$
	UMBRELLA LIAB OCCUR	•					EACH OCCURRENCE	s ::
İ .	EXCESS LIAB CLAIMS-MADE						AGGREGATE	\$
	DED RETENTION \$,				.\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N	ĺ					WC STATU- OTH- TORY LIMITS ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE	N/A					E.L. EACH ACCIDENT	\$
!	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE	\$.
	If yes, describe under DESCRIPTION OF OPERATIONS below		Ĺ				E.L. DISEASE - POLICY LIMIT	\$
								*
В	PROFESSIONAL LIABILITY				t .	1 1	\$1,000,000 OCC/\$3,0	
C	EMPLOYEÉ DISHONESTY	<u> </u>	L	01Cl888214			\$3,700,000 / \$1,000	EDUCTIBLE

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

CERTIFICATE HOLDER, ITS OFFICERS, AGENTS AND EMPLOYEES, ARE HEREBY NAMED AS ADDITIONAL INSURED AS RESPECTS THEIR INTEREST AS A FUNDING SOURCE FOR THE NAMED INSURED (SEE ATTACHED FORMS CG-2026 AND CA7135).

TEN DAY NOTICE OF CANCELLATION FOR NONPAYMENT OF PREMIUM.

C	E	R	T	IF	1	C	A	T	Ε	۲	O	L	D	Ε	R	

CANCELLATION

CITY & COUNTY OF SAN FRANCISCO COMMUNITY BEHAVIORAL HEALTH SERVICES 1380 HOWARD STREET, 4TH FLOOR SAN FRANCISCO, CA 94103ATTN: YVONNE ECKHOFF SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Charles

HBCT22



CERTIFICATE OF LIABILITY INSURANCE

04/03/2018

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

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s). PRODUCER License # 0564249 Heffernan Insurance Brokers PHONE (A/C, No, Ext): 1 (650) 842-5200 FAX (A/C, No): (650) 842-5201 1460B O'Brien Drive E-MAIL ADDRESS: Menlo Park, CA 94025 INSURER(S) AFFORDING COVERAGE NAIC# 10855 INSURER A: Cypress Insurance Company INSURED INSURER B: INSURER C: **Progress Foundation** 368 Fell Street INSURER D : San Francisco, CA 94102 INSURER E: INSURER F: **COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:** THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. POLICY EFF POLICY EXP
(MM/DD/YYYY) (MM/DD/YYYY) ADDL SUBR TYPE OF INSURANCE POLICY NUMBER COMMERCIAL GENERAL LIABILITY EACH OCCURRENCE CLAIMS-MADE OCCUR MED EXP (Any one person) PERSONAL & ADV INJURY GEN'L AGGREGATE LIMIT APPLIES PER: GENERAL AGGREGATE POLICY PRODUCTS - COMP/OP AGG OTHER COMBINED SINGLE LIMIT AUTOMOBILE LIABILITY ANY AUTO BODILY INJURY (Per person) SCHEDULED AUTOS OWNED AUTOS ONLY **BODILY INJURY (Per accident)** NON-OWNED AUTOS ONLY HIRED AUTOS ONLY UMBRELLA LIAB OCCUR EACH OCCURRENCE EXCESS LIAB CLAIMS-MADE AGGREGATE RETENTION \$ DED WORKERS COMPENSATION AND EMPLOYERS' LIABILITY X PER STATUTE 04/01/2018 04/01/2019 PRWC915672 1,000,000 ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) E.L. EACH ACCIDENT 1,000,000 E.L. DISEASE - EA EMPLOYER If yes, describe under DESCRIPTION OF OPERATIONS below 1,000,000 E.L. DISEASE - POLICY LIMIT DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: As Per Contract or Agreement on File with Insured. Waiver of Subrogation is included on Workers Compensation policy per the attached endorsement, if required. This certificate replaces and supersedes all previously issued certificates. CANCELLATION **CERTIFICATE HOLDER** SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. City and County of San Francisco Department of Public Health 1380 Howard Street, 5th Floor AUTHORIZED REPRESENTATIVE San Francisco, CA 94103

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

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

City and County of San Francisco Community Behavioral Health Services 1380 Howard Street. 4th 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.

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 May 31, 2018	Policy No. 01CH403765
Named Insured PROGRESS FOUNDATION, INC.	Countersigned by
	(Authorized Representative)
·	Schedule
Name of Person or Organization:	
City & County of San Francisco, Its Officers, Agents & Employees Community Behavioral Health Services 1380 Howard St., 4 th Floor	s
San Francisco, CA 94103 Premium: \$ INCLUDED	No.

(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.

WAIVER OF OUR RIGHT TO RECOVER FROM OTHERS ENDORSEMENT - CALIFORNIA

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

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

The additional premium for this endorsement shall be 5% of the applicable manual premium otherwise due on such remuneration subject to a policy maximum charge for all such waivers of 5% of total manual premium.

The minimum premium for this endorsement is \$350.

This agreement shall not operate directly or indirectly to benefit anyone not named in the Schedule.

Schedule

Specific Waiver

Person/Organization:

City and County of San Francisco

Job Description:

All CA Operations

Waiver Premium:

350.00

Payroll Subject

Class

State

to Waiver

8804

CA

1.00

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

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

Endorsement Effective: 04/01/2018

Policy No.: PRWC915672

Endorsement No.:

Insured:

Premium \$

Insurance Company: Cypress Insurance Company

WC 99 04 02C

Countersigned by _____

(Ed. 9-14)

San Francisco Department of Public Health



Greg Wagner Acting Director of Health

November 5, 2018

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:

Please find attached a proposed resolution for Board of Supervisors approval of an amendment to the Department of Public Health's agreement with the Progress Foundation, in the amount of \$94,523,518.

This contract amendment requires Board of Supervisors approval under San Francisco Charter Section 9.118.

The following is a list of accompanying documents:

- o Proposed resolution;
- o Copy of proposed amendment;
- o Copy of original agreement;
- o Form SFEC-126 for the Board of Supervisors.

For questions on this matter, please contact me at (415) 255-3508, Jacquie.Hale@SFDPH.org.

Thank you for your time and consideration.

Sincerely.

Jacquie/Hale

Manager

Office of Contracts Management and Compliance

DPH Business Office

FORM SFEC-126: NOTIFICATION OF CONTRACT APPROVAL E. Campaign and Governmental Conduct Code & 1 126)

City Elective Officer Information (Please print clearly.) Name of City elective office(s): Members, Board of Supervisors Contractor Information (Please print clearly.) Name of contractor: Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4 any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Us additional pages as necessary. (1) Scot Russel, Lee Aurich, Bob Schindewolf, Seth Katzman, Marty Winter, Karen Wenger, Neil Dickman, Maggie Cimino (2) Steve Fields, CEO; Neil Dickman, Acting COO (3) N/A (4) N/A (5) N/A Contractor address: 368 Fell Street, San Francisco, CA 94102 Date that contract was approved: Amount of contract: \$94,523,518 Describe the nature of the contract that was approved: Residential and outpatient mental health services
Members, Board of Supervisors Contractor Information (Please print clearly.) Name of contractor: Progress Foundation Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4 any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Us additional pages as necessary. (1) Scot Russel, Lee Aurich, Bob Schindewolf, Seth Katzman, Marty Winter, Karen Wenger, Neil Dickman, Maggie Cimino (2) Steve Fields, CEO; Neil Dickman, Acting COO (3) N/A (4) N/A (5) N/A Contractor address: 368 Fell Street, San Francisco, CA 94102 Date that contract was approved: Amount of contract: \$94,523,518 Describe the nature of the contract that was approved:
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Comments:
L' This contract was approved by (check applicable):
the City elective officer(s) identified on this form
a board on which the City elective officer(s) serves San Francisco Board of Supervisors Print Name of Board
the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
Print Name of Board
Filer Information (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, CA 94102 E-mail: Board of Supervisors@sfgov.org
Signature of City Elective Officer (if submitted by City elective officer) Date Signed
Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk) Date Signed