SAN FRANCISCO
HUMAN SERVICES AGENCY

Department of Benefits and Family Support

Department of Disability and Aging Services

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

London Breed
Mayor

Trent Rhorer
Executive Director

MEMORANDUM

TO: DISABILITY AND AGING SERVICES COMMISSION

THROUGH: KELLY DEARMAN, EXECUTIVE DIRECTOR

FROM: JILL NIELSEN, DEPUTY DIRECTOR
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

DATE: JULY 19, 2023

DS

SUBJECT: NEW GRANT: **INSTITUTE ON AGING (NON-PROFIT)** TO PROVIDE HOME SAFE PROGRAM

GRANT TERM: 7/1/2023-6/30/2025

GRANT AMOUNT:	New	Contingency	Total
	$5,000,000	$500,000	$5,500,000

ANNUAL AMOUNT	FY23/24	FY24/25
	$3,000,000	$2,000,000

Funding Source	County	State	Federal	Contingency	Total
FUNDING:		$5,000,000		$500,000	$5,500,000
PERCENTAGE:		100%		100%	

The Department of Disability and Aging Services (DAS) requests authorization to enter into a grant with Institute On Aging for the period of July 1, 2023 to June 30, 2025, in an amount of $5,000,000, plus a 10% contingency for a total amount not to exceed $5,500,000. The purpose of the grant is for the provision of the Home Safe program.

Background
On October 22, 2018, the California Department of Social Services (CDSS) issued a Request for Proposals (RFP) for the launch of a Home Safe program pilot as authorized per Assembly Bill 1811 (Chapter 35, Statutes of 2018). The RFP sought applications from county agencies administering Adult Protective Services (APS) programming pursuant to

SAN FRANCISCO
HUMAN SERVICES AGENCY

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

Welfare and Institutions Code Section 15751, interested in implementing a Home Safe program in their jurisdiction. The goal of the Home Safe Program is to support the safety and housing stability of older adults and adults with disabilities served by APS, by providing housing-related assistance using evidence-based practices for homeless assistance and prevention in accordance with WIC 15763(e)(2) and 15770.

The San Francisco APS program, administered by the Department of Disability and Aging Services (DAS), designed and proposed a pilot model based on the DAS Community Living Fund (CLF) program. Based on this model, the Home Safe program supports clients at risk of institutionalization due to complex functional needs, including those clients who recently became homeless or at imminent risk of eviction. These services are consistent with the requirements in the CDSS's RFP. The original Home Safe pilot in San Francisco became operational on July 1, 2019. The program scope has been expanded since the original pilot to broaden its definitions of constituents facing housing instability as well as services for older adults and adults with disabilities experiencing homelessness. In this grant, we have updated our services to focus the grant award to vulnerable APS-clientele in the community that the Department of Public Health have identified as needing higher-tier health supports to live in Permanent Supportive Housing, or those in Permanent Supportive Housing who need to transition to living in a Residential Care Facility for the Elderly. The current iteration of the Home Safe program is funded through June 30, 2025, in alignment with this grant – although there is optimism the state will continue to fund the program going forward.

Services to be Provided

The Home Safe Program provides goods and services to individuals who are experiencing homelessness or are at imminent risk of homelessness due to abuse, neglect, self-neglect, or exploitation. The program uses a two-pronged approach: (1) intensive case management in housing transitions for congregate shelter residents moving to nursing-supported Permanent Supportive Housing (PSH), and (2) intensive case management and providing a funding bridge in housing transitions for individuals living in the community to transition to a Residential Care Facility for the Elderly (RCFE) that will ultimately be covered by California's Assisted Living Waiver (ALW) program.

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

Intensive case management provides for persons with complex medical, cognitive, behavioral, and psychological needs who require a maximum amount of care and supervision and access to ongoing resources and services. Intensive case management for persons with chronic and acute complex needs will require extensive coordination of and access to a full range of social, behavioral, mental health, and medical services. In the congregate shelter housing transition model, the Shelter Health team identifies clients with the highest need and refers them to the Home Safe program as part of a coordinated Multi-Disciplinary Team outreach task force that visits the City's Navigation Center and Shelter Sites to enroll eligible shelter residents in services for which they are eligible. The Program seeks to support 50 shelter residents per fiscal year in the transition to nursing supported PSH. The intensive case management services are in addition to, and not in place of, housing navigation roles provided by Episcopal Community Services.

Purchase of services allows for the purchase of goods and services for Home Safe clients. The Home Safe Program funds allocated for purchase of goods and services may supplement intensive case management services to support client's safety and housing stability when deemed necessary by a Home Safe case manager. Purchased services will supplement other available resources to ensure that each client receives the comprehensive array of appropriate services that are necessary to support client outcomes. The purchase of goods and services may include one-time purchases for items required to furnish the client's new unit, temporary placement, and other supportive social and housing services that promote safety and housing stabilization.

The second service prong of the grant is for supporting those living in the community to move to an RCFE. The clients referred by DPH for the assisted living component will be placed in an RCFE through the Institute on Aging's network, and the Home Safe program will pay a limited-term share of cost for the client beyond what the client's income can afford, hereon referred to as a "patch." Clients enrolled in this service will be supported with intensive case management by the Institute on Aging to work with their providers and complete their paperwork and find an appropriate RCFE and place the client in the facility. The Home Safe program will pay to patch the cost of the placement while the Institute on Aging completes application to the California ALW program. The ALW program is open to older adults and prioritizes APS clients due to the inherent risk of our population. Upon receiving the assisted living waiver,

SAN FRANCISCO
HUMAN SERVICES AGENCY

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

Home Safe will transition out and close the case. This funding is designated for assisted living placement of clients with the highest level of functional need, who are no longer able to live safely in an independent setting.

The RCFE service prong of the grant targets servicing an average of 25 concurrent clients per year. However, acknowledging the Home Safe program is funded through the end of FY24-25, this program's budget is weighted more heavily in Year 1, and the strategy for how many clients to enroll concurrently will be adjusted when we have further indication of whether the program will be concluding at the end of FY24-25, or if it will continue to be funded. In the scenario that funding is not indicated to continue after FY24-25, Year 1 will target more concurrent client patches and service, so that Year 2 can emphasize securing transfer to the California ALW program for permanent funding.

Selection
Grantee was selected through Request for Proposals 1059, which was competitively bid in April 2023.

Funding
Funding for this grant is provided through State Funds.

ATTACHMENTS
Appendix A
Appendix B

Appendix A
Services to be Provided

Institute on Aging
Home Safe - Transitions into Permanent Supported Housing
& Transitions into Residential Care Facilities for the Elderly

Effective July 1, 2023 to June 30, 2025

I. Purpose of Grant

The purpose of this grant is to provide intensive case management and other services as part of the Home Safe Program, administered by the Department of Aging and Adult Services (DAS). The Home Safe Program is designed to serve Adult Protective Services (APS) clients who are experiencing homelessness or are at imminent risk of homelessness due to self-neglect.

The Home Safe Program is intended to support the safety and housing stability of APS clients who are at risk of homelessness by providing housing-related assistance using evidence-based practices for homeless assistance and prevention. Specifically, the Home Safe Program uses a two-tiered intervention strategy conducted in coordination with APS staff: (1) standard services, including intensive case management and purchase of services and goods; and (2) enhanced services, including standard services as well as assisted living facility placement for clients who are no longer able to live safely in an independent setting.

The Home Safe Program will provide resources and services not available by other means to vulnerable older and adults with disabilities who are facing risks to their safety and housing stability.

The Home Safe Program will:

- Resolve or reduce the risk of self-neglect that place APS clients at risk of homelessness, by adhering to the principles of the Housing First approach for serving individuals experiencing homelessness or housing instability;

- Transitions into PSH, qualified applicants will provide ICM to eligible APS clients who are in congregate shelters, and in need to move into a PSH unit where there is nursing support. This requires collaborative work with the Department of Public Health and housing navigation staff to provide additional client support and guidance for medically fragile or complicated APS clients in congregate shelters, and to ensure connection to long-term entitlement and benefit services to support safe community living. It also requires collaboration with the San Francisco Homelessness Continuum of Care and interdisciplinary APS partners in criminal justice, housing, health, and social services;

- Transitions into RCFE, qualified applicants will provide ICM to eligible APS clients who are in need of long-term care at a licensed assisted living facility, due to their high level of personal and home care needs. APS clients needing placement may be housed or unhoused,

including PSH residents, and are no longer able to live safely in an independent setting. This process will necessitate connecting the newly placed APS client into the state funded Assisted Living Waiver (ALW) program for permanent funding, when eligible, or to any other resource or arrangement that will provide permanent funding or meet the client's need on an ongoing basis;

- Work collaboratively with the San Francisco Homelessness Continuum of Care and interdisciplinary APS partners in criminal justice, housing, health, and social services.

II. Eligibility for Services under the Home Safe Program

Service Type 1 – Transitions into PSH
The target population is all residents of San Francisco with the focus dependent adults between the ages of 18 to 59, and elders aged 60 and older that have been abused, neglected, exploited, or that are demonstrating signs of self-neglect, and who are in a congregate shelter. The SF Department of Public Health (DPH), the SF Department of Homelessness and Supported Housing (HSH), and SF Homelessness Continuum of Care partners will identify the persons to be served.

Service Type 2 – Transitions into RCFE
The target population is all residents of San Francisco with the focus dependent adults between the ages of 18 to 59, and elders aged 60 and older that are victim of abuse, neglect, self-neglect and exploitation, and who demonstrate the inability to take action to benefit from services that support independent living. These acutely vulnerable adults are need of a licensed assisted living as the least restrictive environment to maintain their safety and wellbeing.

Further, the Home Safe Program must adhere to the principles of the "Housing First" approach for serving individuals experiencing homelessness or housing instability. Under this approach, homeless individuals are believed to be housing ready and are provided with permanent housing immediately and with few to no preconditions, behavioral contingencies, or barriers. In other words, clients cannot be deemed ineligible for services due to factors such as substance abuse, chronic mental illness, or criminal justice involvement.

III. Definitions

Assisted Living Facility: Assisted living facilities offer supportive residential living for individuals who are no longer able to live safely in an independent setting. These facilities offer assistance with basic daily living tasks, provide around-the-clock supervision, and support medication adherence. While most people with disabilities can live safely in the community, many persons with higher levels of functional impairment require this higher level of care, including those with dementia, intellectual disabilities, and other behavioral health needs.

HSA: Human Services Agency of the City and County of San Francisco

DAS: Department of Disability and Aging Services

Case Management: Case management is a formal strategy that coordinates and facilitates access to a variety of services in a timely manner for people who need assistance in organizing and managing their care and/or supportive services. It includes a standardized process of client intake, assessment, care planning, care plan implementation, monitoring, reassessment and discharge/termination. Intensive case management is an integral component of short-term interventions to support safety and housing stability.

While some people can organize assistance, care and support for themselves, others need case management services to do this. Case managers assist the individual, family, and friends to identify the client's needs and options to meet them. Case managers arrange for services, when necessary, and provide assistance as the needs of individuals change.

Grantee: Institute on Aging. The Grantee will work in collaboration with other agencies or community-based organizations through sub-contracts or MOUs to provide the necessary variety of expertise and skills in order to: (1) provide intensive case management services, staff, and organizational infrastructure; and (2) manage Home Safe Program dollars to provide needed goods, services, equipment, and other resources not available through other means.

Homelessness Continuum of Care (CoC): A local or regional planning body that coordinates housing and services funding for homeless families and individuals. In San Francisco, the Department of Homelessness and Supportive Housing (HSH) serves as the Homelessness CoC.

Housing Insecurity or Person Experiencing Homelessness: In order to be considered homeless or housing insecurity, a person must satisfy any of the conditions below:

(1) A person who lacks a fixed or regular nighttime residence and either of the following apply:
   a. The person has a primary nighttime residence that is a supervised publicly or privately operated shelter, hotel, or motel, designed to provide temporary living accommodations.
   b. The person resides in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings.

(2) A person who is in receipt of a judgment for eviction, as ordered by the court or in any legal proceeding that may produce such a judgement.

(3) A person who has received a *pay rent or quit notice* or who is otherwise at elevated risk of losing their primary nighttime residence, if any of the following are true:
   a. The right to occupy his or her current housing or living situation will be terminated in the near future without intervention.
   b. A subsequent residence has not been identified or secured, including, but not limited to, an individual exiting a medical facility, long-term care facility, prison, or jail.
   c. The individual lacks the resources or support network, including, but not limited to, family, friends, or faith-based or other social network, needed to obtain other permanent housing.

(4) A person who has a primary nighttime residence or living situation directly associated with a substantiated report of abuse, neglect, or financial exploitation that poses an imminent health and safety risk, and the person lacks the resources or support network needed to obtain other permanent housing.

III. Target Population

This program supports all ethnicities and populations in San Francisco with focused expertise to address the unique cultural needs of:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English-speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

The Home Safe Program will serve Adult Protective Services (APS) clients who are referred by APS, referred to APS through the Multi-Disciplinary Team collaboration at shelter sites via DPH Shelter Health, or referred to APS through the Clinical Review referrals from Permanent Supportive Housing.

IV. Description of Services

Service Type 1 – Transitions into PSH

a. Intensive case management will be provided for persons with complex medical, cognitive, behavioral, and psychological needs who require a maximum amount of care and supervision and access to ongoing resources and services. Intensive case management for persons with chronic and acute complex needs will require extensive coordination of and access to a full range of social, behavioral, mental health, and medical services.

b. Grantees will be tasked with providing Intensive Case Management and placement support for clients living in congregate shelters throughout the city as part of the Home Safe housing transitions service. This service uses the Home Safe service model to focus on helping medically complex shelter residents move into nursing-supported PSH. A workgroup made up of staff from APS, DPH, HSA, and HSH makes these placements using HSH's existing pathways to housing, and clients are identified based on both their clinical profile and the capacity of Home Safe case management staff. Grantees would be expected to participate in the workgroup and visit city shelters in order to assess and serve clients. This model may continue to evolve as we serve more clients and develop a keener understanding of the strengths and areas for improvement in our current approach. The Home Safe Transition to PSH staff will provide services layering in with and supplementing Housing Navigators in their existing roles serving shelter residents with PSH placement.

c. The grant includes funds with which the Grantee and their sub-contractors can purchase goods and services for their clients. The Home Safe Program funds allocated for purchase of goods and services may supplement intensive case management services to support a client's safety and housing stability when deemed necessary by a Home Safe case manager. Purchased services will supplement other available resources to ensure that that each client receives the comprehensive array of appropriate services that are necessary to support client outcomes.

Service Type 2 – Transitions into RCFE

a. The grant includes limited-term funding designated for assisted living placement of clients with the highest level of functional need, who are no longer able to live safely in an independent setting. The Grantee will provide rental "patches" on a sliding scale to supplement client contributions toward the cost of assisted living placement; the funding will enable clients who require an assisted living level of care, but cannot independently afford this service, to remain safely housed in the community and avoid institutionalization. Home Safe clients referred for the Transition to RCFE from the workgroup established with DPH shall be confirmed in the workgroup and approved in session. For other Home Safe clients who may need to be transitioned to an RCFE placement, the payment patches are authorized by the Program Director, unless delegated to APS Program or Section Manager.

b. The grant includes funds with which the Grantee and their sub-contractors can purchase goods and services for their clients. The Home Safe Program funds allocated for purchase of goods and services may supplement intensive case management services to support a client's safety and housing stability when deemed necessary by a Home Safe case manager. Purchased services will supplement other available resources to ensure that that each client receives the comprehensive array of appropriate services that are necessary to support client outcomes.

c. Examples of purchased goods and services are transportation, medical supplies, paying for required legal documents (DMV, etc.), legal assistance, emergency assisted living placement, and other supportive social and housing services that promote safety and housing stabilization.

d. Placing vulnerable adults in assisted living facilities and monitoring placement activities. For enhanced services in assisted living facilities, the facility must be licensed by California's Department of Community Care Licensing. The facilities must provide for individual's needs and placement services to Adult Protective Services (APS) clients who are elders aged 60 or older and adults with disabilities over the age of 18 who are experiencing abuse, neglect, exploitation, and/or self-neglect. The placement services will provide access to a safe bed, meals, and supportive personal care services on a 24-hour basis. The facility must have experience providing services for people with cognitive impairment, developmental disabilities, and behavioral health needs.

For both Service Types:

a. Administrative assistance, data entry, database maintenance, processing invoices, and making payments to vendors.

b. Identify any subcontractors and describe their responsibilities in the delivery of services. Have policies and procedures for any subcontracted services

c. Clinical supervision across all sub-contracted agencies.

d. All accounting procedures and reporting functions.

e. A dedicated database to capture care planning, case management, client information tracking, purchased services and dollars spent to help older adults and younger adults with disabilities remain living safely and stably in the community. Documentation is coordinated between all sub-contracted agencies to ensure that necessary data is reported consistently. Additionally, documentation is shared with APS staff at regular intervals to support ongoing program assessment and state reporting requirements for the Home Safe Program.

f. Expertise required. Participating agencies or community-based organizations must have staffing and expertise in the following areas:

    i. Social work case managers with sufficient education and experience to perform all levels of case management that may be required by Home Safe clients. For example, case managers will have either: (a) a master's degree in, social work services or a related field, with a minimum of one-year case management experience with older adult and adults with disability populations; or (b) a bachelor's degree in social work services or a related field, with a minimum of five years case management experience with older adult and adults with disability populations.

    ii. Clinical supervision staffing with the education and experience necessary to supervise, direct and coordinate the work of the case managers. For example, clinical supervisors will have a master's degree in social work services, or a related field, with a minimum of five years combined supervisory and case management experience with the older adult and adults with disability populations.

    iii. Staffing and protocols for overseeing and verifying that the goods and services purchased for the clients by or through the Grantee must comply with normal business practices. Specifically purchase(s) must be reasonable in nature, they must not be excessive in nature or cost, and supporting documentation must be provided to justify and verify the expenditures.

    iv. Unique expertise in a variety of areas including, but not limited to older adults, adults with disabilities, mental health and substance abuse services, and housing-related services.

g. Grantees should have a contingency/staffing plan that accounts for churn in personnel, such that service targets can be maintained and avoid interruption in services despite turnover.

V. Department Responsibilities (DAS)

DAS Integrated Intake Unit. All referrals to Adult Protective Services come through the DAS Integrated Intake Unit and the after-hours APS hotline, which serve as the initial entry point for individuals making an allegation of abuse and/or neglect. This Unit is the "central door" of the "No Wrong Door" model of improved access to services.

Adult Protective Services. Upon receiving a report of abuse and/or neglect, APS supervisors screen the report for case assignment to Home Safe Program case managers. Screening and case assignment take place in accordance with APS standards for investigation and protective services delivery.

VI. Collaborative Responsibilities (DAS and Grantee)

Management of caseloads under the Home Safe Program is an important consideration for the Grantee and DAS. Financial considerations, prioritizations and trends will be taken into consideration when pertaining to strategies and decisions for caseload management.

VII. Service Objectives

Service Type 1 – Transitions into PSH

On an annual basis, Grantee will meet the following service objectives:

a. Objective 1: Number of unduplicated consumers receiving intensive case management and/or purchased goods and services: 50

b. Objective 2: **80%** of care plan problems resolved on average, after seven months of enrollment in the Home Safe Program.

Service Type 2 – Transitions into RCFE

On an annual basis, Grantee will meet the following service objectives:

a. Objective 1: Number of unduplicated consumers receiving long-term placement in an assisted living facility: **25**

b. Objective 2: Of those clients directed to assisted living facilities, **80%** will have Home Safe funded patch durations of 18 months or fewer.

c. Objective 3: **100%** of eligible patched clients will have an expedited application submitted for the ALW program.

VIII. Outcome Objectives

DAS is committed to measuring the impact of its investments in community services.

Service Type 1 – Transitions into PSH

On an annual basis and as needed, Grantee will report progress towards meeting the following outcome objectives:

a. Objective 1 – Client engagement – **80%** of MDT referred clients seen agree to Housing Transition services with Home Safe (sign Release of Information).

b. Objective 2 – Housing Stability. At least **80%** of Home Safe Program clients under this Service Type will not utilize HSH Adult Coordinated Entry services for a period of at least six months after receiving Home Safe services.

Service Type 2 – Transitions into RCFE

On an annual basis and as needed, Grantee will report progress towards meeting the following outcome objectives:

a. Objective 1 – Successfully patch at least **80%** of RCFE Home Safe Patch Referrals.

b. Objective 2 – Housing Stability. At least **80%** of Home Safe Program clients under this Service Type will not utilize HSH Adult Coordinated Entry services for a period of at least six months after receiving Home Safe services and becoming placed into an appropriate licensed assisted living facility.

IX. Reporting Requirements

Grantee will provide various reports during the term of the grant agreement.

a. In the first six months of the grant, the Grantee will provide a report every month summarizing the contract activities, referencing the tasks as described in Section IV – Description of Services, VII – Service Objectives, and VIII – Outcome Objectives. This report will also include hiring updates and challenges encountered by the Contractor. Following the first six months of the grant, reporting may be required only quarterly, pending program trends and necessary adjustments to the program design. This report is due 15 days after the end of each reporting period, whether monthly or quarterly.

b. Quarterly and Annual Reports will be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.

c. Monthly Purchase of Service Expenses organized by client, RCFE Placement Location and monthly rate to be uploaded in CARBON system as detail for reimbursement.

d. Grantee shall develop and deliver ad hoc reports as requested by HSA.

e. Reports requested to be sent via e-mail to the Program Director, Analyst, and Contract Manager at the following addresses:

Akiles Ceron, Program Director
akiles.ceron@sfgov.org

Ben Seisdedos, APS Analyst
ben.seisdedos@sfgov.org

Tara Alvarez, Contract Manager
Tara.Alvarez@sfgov.org

X. Monitoring Activities

A. Program Monitoring: Program monitoring includes a review of quarterly reports and quarterly meetings between the Grantee and the APS Program Director to evaluate the status of the Grantee's progress towards meeting the service and outcome objectives. Additionally, the Grantee has been observed by the APS Program Director (or delegate) participating in multidisciplinary team meetings, and carrying out coordination activities to facilitate the service and outcome objectives.

B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Name
Institute on Aging

(Check One) New __**X**__ Renewal ____ Modification ____
If modification, Effective Date of Mod. No. of Mod.

Program: Home Safe Program's Transitions into Permanent Supported Housing

Budget Reference Page No.(s)			Total
Program Term	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/23 - 6/30/25
Expenditures			
Salaries & Benefits	$1,028,246	$1,028,246	$2,056,493
Operating Expenses	$114,810	$113,675	$228,485
Subtotal	$1,143,056	$1,141,921	$2,284,977
Indirect Percentage (%)	15%	15%	15%
Indirect Cost (Line 16 X Line 15)	$171,458	$171,288	$342,747
Subcontractor/Capital Expenditures	$1,685,486	$686,791	$2,372,277
Total Expenditures	**$3,000,000**	**$2,000,000**	**$5,000,000**
HSA Revenues			
State Funds	$3,000,000	$2,000,000	$5,000,000
TOTAL HSA REVENUES	**$3,000,000**	**$2,000,000**	**$5,000,000**
Other Revenues			
Total Revenues	**$0**	**$0**	**$0**
Full Time Equivalent (FTE)			

Prepared by:

HSA-CO Review Signature: _____

HSA #1 **6/20/2018**

Program: Home Safe Program's Transitions into Permanent Supported Housing

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/23 - 6/30/24 DAS	7/1/24 - 6/30/25 DAS	7/1/23 - 6/30/25 TOTAL
POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Social Work Assistant	$58,896	1.00	100%	1.00	$58,896	$58,896	$117,792
Care Manager II	$78,692	1.00	100%	1.00	$78,692	$78,692	$157,384
Care Manager II	$85,181	1.00	100%	1.00	$85,181	$85,181	$170,362
Care Manager III	$94,590	1.00	100%	1.00	$94,590	$94,590	$189,180
Care Manager III-Diasanta	$102,298	1.00	100%	1.00	$102,298	$102,298	$204,596
Clinical Supervisor	$109,866	0.80	100%	0.80	$87,893	$87,893	$175,786
Home Safe Manager	$117,382	1.00	80%	0.80	$93,905	$93,905	$187,810
Occupational Therapist	$141,297	0.60	50%	0.30	$42,389	$42,389	$84,778
Outreach Coordinator	$73,512	1.00	80%	0.80	$58,809	$58,809	$117,618
Administrative Coordinator	$62,142	1.00	50%	0.50	$31,071	$31,071	$62,142
Program Coordinator	$64,242	1.00	50%	0.50	$32,121	$32,121	$64,242
Registered Nurse	$134,230	1.00	20%	0.20	$26,846	$26,846	$53,692
Senior Director Care Management	$149,532	1.00	20%	0.20	$29,906	$29,906	$59,812
VP CLS	$204,612	1.00	0%	-			
TOTALS	$1,476,471	1340%	950%	9.10	$822,597	$822,597	$1,645,194
FRINGE BENEFIT RATE	25%						
EMPLOYEE FRINGE BENEFITS	$369,118				$205,649	$205,649	$411,299
TOTAL SALARIES & BENEFITS	$1,845,589				$1,028,246	$1,028,246	$2,056,493

Program: Home Safe Program's Transitions into Permanent Supported Housing

Operating Expense Detail

Expenditure Category	TERM	7/1/23 - 6/30/24	7/1/24 - 6/30/25	TOTAL 7/1/23 - 6/30/25
Rental of Property		$45,933	$45,933	$91,866
Utilities(Elec, Water, Gas, Phone, Garbage)				
Office Supplies, Postage		$4,854	$4,854	$9,708
Building Maintenance Supplies and Repair				
Printing and Reproduction				
Insurance		$2,345	$2,345	$4,690
Staff Training, Meetings		$3,500	$3,500	$7,000
Staff Travel-(Local & Out of Town)		$5,100	$5,100	$10,200
Rental of Equipment				
CONSULTANTS				
Translation Services		$1,000	$1,000	$2,000
Professional Services		$20,672	$20,672	$41,344
OTHER				
Technology		$12,915	$10,994	$23,909
Web Hosting and User Fee		$13,386	$13,386	$26,772
Recruiting		$1,594	$1,594	$3,188
Marketing		$3,511	$4,297	$7,808
TOTAL OPERATING EXPENSES		$114,810	$113,675	$228,485

Subcontractor/Capital Expenditures

SUBCONTRACTORS	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/23 - 6/30/25
			$0
			$0
			$0
			$0
			$0
TOTAL SUBCONTRACTOR COST	$0	$0	$0

EQUIPMENT		7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/23 - 6/30/25
Units	ITEM/DESCRIPTION			
				$0
				$0
				$0
				$0
				$0
TOTAL EQUIPMENT COST		$0	$0	$0

OTHER EXPENSES	7/1/23 - 6/30/24	7/1/24 - 6/30/25	7/1/23 - 6/30/25
Description:			
Global Purchase of Services	$142,873	$142,873	$285,746
RCFE Patches	$1,542,613	$543,918	$2,086,531
TOTAL OTHER COST	$1,685,486	$686,791	$2,372,277

TOTAL SUBCONTRACTOR/CAPITAL EXPENDITURE	$1,685,486	$686,791	$2,372,277