



London Breed, Mayor

Department of Human Services
 Department of Aging and Adult Services
 Office of Early Care and Education

Trent Rhorer, Executive Director

MEMORANDUM

TO: AGING AND ADULT SERVICES COMMISSION

THROUGH: SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

FROM: JILL NIELSEN, DEPUTY DIRECTOR
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *J41*

DATE: JUNE 5, 2019

SUBJECT: NEW GRANT: **INSTITUTE ON AGING (NON-PROFIT)** FOR THE PROVISION OF THE HOME SAFE PILOT PROGRAM

GRANT TERM: 7/1/2019-6/30/2021

GRANT AMOUNT:

	<u>New</u>		<u>Contingency</u>		<u>Total</u>
	\$1,705,392		\$170,539		\$1,875,931

ANNUAL AMOUNT

	<u>FY 19/20</u>	<u>FY 20/21</u>			
	\$856,052	\$849,340			

Funding Source

	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$1,090,392	\$615,000		\$170,539	\$1,875,931
PERCENTAGE:	64%	36%			100%

The Department of Aging and Adult Services (DAAS) requests authorization to enter into a new grant agreement with Institute on Aging for the period of July 1, 2019 to June 30, 2021, in an amount of \$1,705,392 plus a 10% contingency for a total amount not to exceed \$1,875,931. The purpose of this grant is for the provision of the Home Safe pilot 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 (AB) 1811 (Chapter 35, Statutes of 2018). The RFP sought applications from county agencies administering Adult Protective Services (APS) programming pursuant to Welfare and Institutions Code (WIC) Section 15610.13, and/or Tribal governments 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.

The San Francisco Adult Protective Services (APS) program, administered by the Department of Aging and Adult Services (DAAS), designed and proposed a pilot model based on the DAAS Community Living Fund (CLF) program. The CLF program, operated by the Institute on Aging, has social workers with considerable skill and experience in delivering intensive case management services and coordinating strategic purchase of goods and services. The CLF program support clients at risk of institutionalization due to complex functional needs, including those clients who are recently homeless or at imminent risk of eviction. These services are consistent with the requirements in the CDSS's RFP. Institute on Aging has been awarded the CLF grant since its inception in 2006, and was awarded the pilot program due to their infrastructure, familiarity with the program model, and to meet the CDSS's mandate to have the program operational by July 1, 2019.

Services to be Provided

The Home Safe Pilot Program provides goods and services to individuals who are experiencing homelessness or are at imminent risk of homelessness due to self-neglect. The program uses a two-pronged approach: (1) intensive case management and (2) purchase of services.

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.

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. Purchase of goods and services may include one-time financial assistance to pay rental arrears or utility bills, pest removal or heavy cleaning services, legal assistance, emergency assisted living placement, and other supportive social and housing services that promote safety and housing stabilization.

The purchases of services also includes an assisted living component. 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. This funding may be used to supplement intensive case management and other purchases of service to support clients' safety and housing stability when deemed necessary by a Home Safe case manager and approved by an APS supervisor. As with purchase of service dollars, the funds may only be used as a last resort, when all other payment options for that service have been exhausted.

Selection

Grantee was selected through pilot programming sole source as outlined in San Francisco Administrative Code 21.5. (e).

Funding

Funding for this grant is State and Local General Funds.

ATTACHMENTS

Appendix A- Scope of Services

Appendix B- Budget

Appendix A
Services to be Provided

Institute on Aging

Home Safe - Case Management and Purchase of Services

Effective July 1, 2019 to June 30, 2021

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 pilot, administered by the Department of Aging and Adult Services (DAAS). 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 Pilot 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;
- Prevent eviction of APS clients eligible for the Program by assessing their risk of homelessness under the PR-VI-SPDAT tool, developing a tailored case plan based on assessed risk, and providing supportive services that promote their safety and housing stability;
- Provide intensive case management and flexible financial support for supportive services that promote safety and housing stability, including (but not limited to): payment of rental arrears or utility bills, purchase of pest abatement services or heavy cleaning services, legal assistance, emergency assisted living placement, and connection to other supportive social and housing services;
- Provide long-term placement at an assisted living facility to support APS clients who are no longer able to live safely in an independent setting, due to their high level of personal and

home care needs, to remain living in the community rather than a more restrictive institutional setting;

- 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

In order to obtain **standard** Home Safe Program services, an individual must:

- Be a resident of San Francisco;
- Be 65 years or older, or age 18-64 with a permanent disability;
- Have an income at or below 300% of the Federal Poverty Level **and** assets totaling no more than \$6,000 in value;
- Be willing and able to live in the community with appropriate supports; and
- Have a demonstrated need for APS intervention **and** services that will prevent homelessness:
 - Have received a *Notice to Cure or Quit* from their landlord **or** any Unlawful Detainer documentation from the court system. **And**;
 - If age 65 or older, exhibit **one or more of the following** indicators of self-neglect:
 - Inability to obtain own food, clothing & shelter, **and/or**
 - Inability to meet their medical or mental health needs, **and/or**
 - Suffering from malnutrition / dehydration, **and/or**
 - Inability to protect their own health and safety.
 - If age 18-64 with a disability, **exhibit all four of the following** indicators of self-neglect:
 - Inability to obtain own food, clothing & shelter, **and**
 - Inability to meet their medical or mental health needs, **and**
 - Suffering from malnutrition / dehydration, **and**
 - Inability to protect their own health and safety.

In order to obtain **enhanced** Home Safe Program services, an individual must:

- Meet all of the above eligibility requirements for standard Home Safe Services, **and**
- Have a demonstrated need for long-term placement in an assisted living facility;
 - Exhibit significant or progressive cognitive impairment; **and/or**
 - Require support to complete at least 1 ADL or 1 IADL; **and/or**
 - Require 8+ hours per day of home care.

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

DAAS: Department of Aging and Adult 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.

Homeless or at Imminent Risk of Homelessness: In order to be considered homeless or at imminent risk of homelessness, 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.
- (3) A person who has received a *pay rent or quit notice* or who will otherwise imminently lose his or her primary nighttime residence, if all of the following are true:
- a. The right to occupy his or her current housing or living situation will be terminated within 21 days after the date of application for assistance, or there is credible evidence that he or she is at imminent risk of receiving a termination notice, as documented in his or her adult protective services case plan.
 - 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

The Home Safe Program will serve Adult Protective Services (APS) clients who are experiencing homelessness or are at imminent risk of homelessness due to self-neglect, consistent with the eligibility criteria described in Section II of this document, *Eligibility for Services under the Home Safe Program*.

IV. Description of Services

Program infrastructure must include, at a minimum:

- Administrative assistance, data entry, database maintenance, processing invoices, and making payments to vendors;
- Purchased service vendor contracts and procurement policies;
- Clinical supervision across all sub-contracted agencies;
- All accounting procedures and reporting functions;
- 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.

Intensive Case Management Component

Intensive case management (12-15 clients per case load) 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.

Purchase of Services Component

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. Notably, the funds may only be used as a last resort, when all other payment options for that service have been exhausted. 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.

Purchase of goods and services may include one-time financial assistance to pay rental arrears or utility bills, pest abatement or heavy cleaning services, legal assistance, emergency assisted living placement, and other supportive social and housing services that promote safety and housing stabilization.

Assisted Living Component

The grant also includes 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. This funding may be used to supplement intensive case management and other purchases of service to support clients' safety and housing stability when deemed necessary by a Home Safe case manager and approved by an APS supervisor. As with purchase of service dollars, the funds may only be used as a last resort, when all other payment options for that service have been exhausted.

The Grantee will:

- Coordinate all case management services through clinical supervision; including collaboration between multidisciplinary staff, with APS and across all sub-contracted organizations, through weekly scheduled case conferencing. There must be strong collaboration to share expertise.

- Work collaboratively with other community organizations presently working with the client and additional ones who can provide specific expertise.
- Ensure that the purchase of all proposed goods and services—including placement at an assisted living facility—is reasonable, prudent and properly procured.
- Work collaboratively with the DAAS Adult Protective Services Director and HSH program partners to strategize the Home Safe Program direction.
- Develop and maintain collaborations with both City departments and community programs in order to reach and serve clients eligible for Home Safe Program services.
- Work closely with DAAS Analysts to ensure appropriate and accurate collection of data for evaluation and program design analysis. In addition, Grantee will work with DAAS to support ongoing performance measurement and evaluation as required by the state.
- Utilize a database that tracks client information, assessments, care plans, progress notes, service authorizations and purchased goods and services.

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

- 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 geriatric and younger disabled 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 the geriatric and younger disabled populations.
- 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 geriatric and younger disabled populations.
- 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.
- 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.

- Strong relationships with other programs that can enhance the expertise required for this contract. These include DPH Targeted Case Management, San Francisco General Hospital, the Department of Homelessness and Supportive Housing, and Homebridge among others.
- 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 65 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.
- Hospital Social Services, the San Francisco Elder Abuse Forensic Center, and the local Homelessness Continuum of Care.

V. Department Responsibilities (DAAS)

DAAS Integrated Intake Unit. All referrals to Adult Protective Services come through the DAAS 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 (DAAS and Grantee)

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

VII. Service Objectives

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

- Objective 1. Number of unduplicated consumers receiving intensive case management and/or purchased goods and services. Year 1 Target = 50. Year 2 Target = 70.
- Objective 2. Number of unduplicated consumers receiving long-term placement in an assisted living facility. Year 1 Target = 12. Year 2 Target = 12.

- Objective 3. 80 percent of care plan problems resolved, on average, after six months of enrollment in the Home Safe Program.

VIII. Outcome Objectives

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

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

- **Objective 1 - Recidivism to APS.** At least 80% of Home Safe Program clients will not return to APS with a substantiated case of self-neglect for a period of at least six months after receiving Home Safe services.
- **Objective 2 - Housing Stability.** At least 80% of Home Safe Program clients will not utilize HSH Adult Coordinated Entry services for a period of at least six months after receiving Home Safe services.

IX. Reporting Requirements

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

- A. In the first six months of the pilot, 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 accomplishments 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. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10th.
- 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 and/or Contract Manager to the following addresses:

Akiles Ceron, Program Director
 Adult Protective Services
 1650 Mission Street, 4th Floor
 San Francisco, CA 94103
akiles.ceron@sfgov.org

David Kashani, GB13
Office of Contracts Management
Human Services Agency
P.O. Box 7988
San Francisco, CA 94120
David.Kashani@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.

	A	B	C	D
1	Appendix B, Page 1			
2				
3	HUMAN SERVICES AGENCY BUDGET SUMMARY			
4	BY PROGRAM			
5	Name		Term	
6	Institute on Aging		7/1/19-6/30/21	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>			
8	If modification, Effective Date of Mod.		No. of Mod.	
9	Program: Home Safe			
10	Budget Reference Page No.(s)			
11	Program Term	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	Expenditures			
13	Salaries & Benefits	\$204,125	\$204,125	\$408,250
14	Operating Expenses	\$42,285	\$36,700	\$78,985
15	Subtotal	\$246,410	\$240,825	\$487,235
16	Indirect Percentage (%)	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$36,961	\$36,122	\$73,083
18	Capital/Subcontractor Expenditures	\$0	\$0	\$0
19	Sub-Total of Expenditures	\$283,371	\$276,947	\$560,318
20				
21	Other Operating Expense			
22	Purchase of Services	\$572,681	\$572,393	\$1,145,074
23				
24	TOTAL EXPENDITURES	\$856,052	\$849,340	\$1,705,392
25				
26	HSA Revenues			
27				
28	CDSS Grant	\$308,710	\$306,290	\$615,000
29	General Fund	\$547,342	\$543,050	\$1,090,392
30				
31				
32				
33				
34				
35	TOTAL HSA REVENUES	\$856,052	\$849,340	\$1,705,392
36	Other Revenues			
37				
38				
39				
40				
41				
42	Total Revenues	\$856,052	\$849,340	\$1,705,392
43	Full Time Equivalent (FTE)			
45	Prepared by:	Telephone No.:	Date: 04/02/2018	
46	HSA-CO Review Signature: _____			
47	HSA #1			10/25/2016

	A	B	C	D	E	F	G	H
1	Appendix B, Page 2							
2								
3								
4	Program: Home Safe							
5	(Same as Line 9 on HSA #1)							
6								
7	Salaries & Benefits Detail							
8								
9								
10								
11		Agency Totals		HSA Program		7/1/19-6/30/20	7/1/20-6/30/21	7/1/19-6/30/21
12	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DAAS Budgeted Salary	DAAS Budgeted Salary	TOTAL Budgeted Salary
13	Care Manager III	\$82,000	1.00	100%	1.00	\$82,000	\$82,000	\$164,000
14	Care Manager II	\$72,000	1.00	100%	1.00	\$72,000	\$72,000	\$144,000
15	CLF Director	\$98,000	1.00	100%	0.05	\$4,900	\$4,900	\$9,800
16	CLF Supervisor	\$88,000	1.00	100%	0.05	\$4,400	\$4,400	\$8,800
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30	TOTALS	\$ 340,000	4.00	400%	2.10	\$163,300	\$163,300	\$326,600
31								
32	FRINGE BENEFIT RATE	25%						
33	EMPLOYEE FRINGE BENEFITS	\$85,000				\$40,825	\$40,825	\$81,650
34								
35								
36	TOTAL SALARIES & BENEFITS	\$425,000				\$204,125	\$204,125	\$408,250
37	HSA #2							10/25/2016

	A	B	C	D	E	F	G	H	I	J
1	Appendix B, Page 3									
2										
3										
4	Program: Home Safe									
5	(Same as Line 9 on HSA #1)									
6										
7	Operating Expense Detail									
8										
9										
10										
11										
12	<u>Expenditure Category</u>					TERM	<u>7/1/19-6/30/20</u>	<u>7/1/20-6/30/21</u>		TOTAL <u>7/1/19-6/30/21</u>
13	Occupancy						\$22,000	\$22,000		\$44,000
14	Office Supplies, Postage						\$800	\$800		\$1,600
15	Technology						\$6,300	\$1,700		\$8,000
16	Building Maintenance Supplies and Repair									
17	Printing and Reproduction									
18	Insurance						\$1,200	\$1,200		\$2,400
19	Staff Training, recruiting						\$2,485	\$1,500		\$3,985
20	Staff Travel-(Local & Out of Town)						\$2,500	\$2,500		\$5,000
21	Rental of Equipment									
22										
23	CONSULTANTS									
24	Temp Contractor (accelerated Case Management needs)						\$7,000	\$ 7,000		\$14,000
25										
26										
27	OTHER									
28										
29										
30										
31	TOTAL OPERATING EXPENSE						\$42,285	\$36,700		\$78,985
32										
33	HSA #3									10/25/2016