

**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

Bayview Hunters Point Foundation

This Agreement is made this 1st day of July, 2010, in the City and County of San Francisco, State of California, by and between: Bayview Hunters Point Foundation 150 Executive Park Blvd, Suite 2800, San Francisco, CA 94134, hereinafter referred to as "Contractor," and the City and County of San Francisco, a municipal corporation, hereinafter referred to as "City," acting by and through its Director of the Office of Contract Administration or the Director's designated agent, hereinafter referred to as "Purchasing."

Recitals

WHEREAS, the Department of Public Health, Community Behavioral Health Services (CBHS) wishes to provide Mental Health and Substance Abuse Services; and,

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

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

WHEREAS, approval for this Agreement was obtained when the Civil Service Commission approved Contract number 4151-09/10 on 6/21/10;

Now, THEREFORE, the parties agree as follows:

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

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

2. **Term of the Agreement.** Subject to Section 1, the term of this Agreement shall be from July 1, 2010 to December 31, 2015.

3. **Effective Date of Agreement.** This Agreement shall become effective when the Controller has certified to the availability of funds and Contractor has been notified in writing.

4. **Services Contractor Agrees to Perform.** The Contractor agrees to perform the services provided for in Appendix A, "Description of Services," attached hereto and incorporated by reference as though fully set forth herein.

5. **Compensation.** Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the **Director of the Department of Public Health**, in his or her sole discretion, concludes has been performed as of the 1st day of the immediately preceding month. In no event shall the amount of this Agreement exceed Twenty Seven Million Four Hundred Fifty One Thousand Eight Hundred Fifty Seven Dollars (\$27,451,857). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. No charges shall be incurred under this Agreement nor shall any payments become due to Contractor until reports, services, or both, required under this Agreement are received from Contractor and approved by **Department of Public Health** as being in accordance with this Agreement. City may withhold payment to Contractor in any instance in which Contractor has failed or refused to satisfy any material obligation provided for under this Agreement. In no event shall City be liable for interest or late charges for any late payments.

6. **Guaranteed Maximum Costs.** The City's obligation hereunder shall not at any time exceed the amount certified by the Controller for the purpose and period stated in such certification. Except as may be provided by laws governing emergency procedures, officers and employees of the City are not authorized to request, and the City is not required to reimburse the Contractor for, Commodities or Services beyond the agreed upon contract scope unless the changed scope is authorized by amendment and approved as required by law. Officers and employees of the City are not authorized to offer or promise, nor is the City required to honor, any offered or promised additional funding in excess of the maximum amount of funding for which the contract is certified without certification of the additional amount by the Controller. The Controller is not authorized to make payments on any contract for which funds have not been certified as available in the budget or by supplemental appropriation.

7. **Payment; Invoice Format.** Invoices furnished by Contractor under this Agreement must be in a form acceptable to the Controller, and must include a unique invoice number and must conform to Appendix F. All amounts paid by City to Contractor shall be subject to audit by City. Payment shall be made by City to Contractor at the address specified in the section entitled "Notices to the Parties."

8. **Submitting False Claims; Monetary Penalties.** Pursuant to San Francisco Administrative Code §21.35, any contractor, subcontractor or consultant who submits a false claim shall be liable to the City for the statutory penalties set forth in that section. The text of Section 21.35, along with the entire San Francisco Administrative Code is available on the web at <http://www.municode.com/Library/clientCodePage.aspx?clientID=4201>. A contractor, subcontractor or consultant will be deemed to have submitted a false claim to the City if the contractor, subcontractor or consultant: (a) knowingly presents or causes to be presented to an officer or employee of the City a false claim or request for payment or approval; (b) knowingly makes, uses, or causes to be made or used a false 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.

9. **Disallowance.** If Contractor claims or receives payment from City for a service, reimbursement for which is later disallowed by the State of California or United States Government, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other Agreement. By executing this Agreement, Contractor certifies that Contractor is not suspended, debarred or otherwise excluded from participation in federal assistance programs. Contractor acknowledges that this certification of eligibility to receive federal funds is a material terms of the Agreement.

10. **Taxes.** Payment of any taxes, including possessory interest taxes and California sales and use taxes, levied upon or as a result of this Agreement, or the services delivered pursuant hereto, shall be the obligation of Contractor. Contractor recognizes and understands that this Agreement may create a "possessory interest" for property tax purposes. Generally, such a possessory interest is not created unless the Agreement entitles the Contractor to possession, occupancy, or use of City property for private gain. If such a possessory interest is created, then the following shall apply:

1) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that Contractor, and any permitted successors and assigns, may be subject to real property tax assessments on the possessory interest;

2) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that the creation, extension, renewal, or assignment of this Agreement may result in a "change in ownership" for purposes of real property taxes, and therefore may result in a revaluation of any possessory interest created by this Agreement. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report on behalf of the City to the County Assessor the information required by Revenue and Taxation Code section 480.5, as amended from time to time, and any successor provision.

3) Contractor, on behalf of itself and any permitted successors and assigns, recognizes and understands that other events also may cause a change of ownership of the possessory interest and result in the revaluation of the possessory interest. (see, e.g., Rev. & Tax. Code section 64, as amended from time to time). Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to report any change in ownership to the County Assessor, the State Board of Equalization or other public agency as required by law.

4) Contractor further agrees to provide such other information as may be requested by the City to enable the City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

11. Payment Does Not Imply Acceptance of Work. The granting of any payment by City, or the receipt thereof by Contractor, shall in no way lessen the liability of Contractor to replace unsatisfactory work, equipment, or materials, although the unsatisfactory character of such work, equipment or materials may not have been apparent or detected at the time such payment was made. Materials, equipment, components, or workmanship that do not conform to the requirements of this Agreement may be rejected by City and in such case must be replaced by Contractor without delay.

12. Qualified Personnel. Work under this Agreement shall be performed only by competent personnel under the supervision of and in the employment of Contractor. Contractor will comply with City's reasonable requests regarding assignment of personnel, but all personnel, including those assigned at City's request, must be supervised by Contractor. Contractor shall commit adequate resources to complete the project within the project schedule specified in this Agreement.

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

14. Independent Contractor; Payment of Taxes and Other Expenses

a. **Independent Contractor.** Contractor or any agent or employee of Contractor shall be deemed at all times to be an independent contractor and is wholly responsible for the manner in which it performs the services and work requested by City under this Agreement. Contractor or any agent or employee of Contractor shall not have employee status with City, nor be entitled to participate in any plans, arrangements, or distributions by City pertaining to or in connection with any retirement, health or other benefits that City may offer its employees. Contractor or any agent or employee of Contractor is liable for the acts and omissions of itself, its employees and its agents. Contractor shall be responsible for all obligations and payments, whether imposed by federal, state or local law, including, but not limited to, FICA, income tax withholdings, unemployment compensation, insurance, and other similar responsibilities related to Contractor's performing services and work, or any agent or employee of Contractor providing same. Nothing in this Agreement shall be construed as creating an employment or agency relationship between City and Contractor or any agent or employee of Contractor. Any terms in this Agreement referring to direction from City shall be construed as providing for direction as to policy and the result of Contractor's work only, and not as to the means by which such a result is obtained. City does not retain the right to control the means or the method by which Contractor performs work under this Agreement.

b. **Payment of Taxes and Other Expenses.** Should City, in its discretion, or a relevant taxing authority such as the Internal Revenue Service or the State Employment Development Division, or both, determine that Contractor is an employee for purposes of collection of any employment taxes, the amounts payable under this Agreement shall be reduced by amounts equal to both the employee and employer portions of the tax due (and offsetting any credits for amounts already paid by Contractor which can be applied against this liability). City shall then forward those amounts to the relevant taxing authority. Should a relevant taxing authority determine a liability for past services performed by Contractor for City, upon notification of such fact by City, Contractor shall promptly remit such amount due or arrange with City to have the amount due withheld from future payments to Contractor under this Agreement (again, offsetting any amounts already paid by Contractor which can be applied as a credit against such liability). A determination of employment status pursuant to the preceding two paragraphs shall be solely for the purposes of the particular tax in question, and for all other purposes of this Agreement, Contractor shall not be considered an employee of City. Notwithstanding the foregoing, should any court, arbitrator, or administrative authority determine that Contractor is an employee for any other purpose, then Contractor agrees to a reduction in City's financial liability so that City's total

expenses under this Agreement are not greater than they would have been had the court, arbitrator, or administrative authority determined that Contractor was not an employee.

15. Insurance

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

1) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and

2) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and

3) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence Combined Single Limit for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.

4) Professional liability insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 each claim with respect to negligent acts, errors or omissions in connection with professional services to be provided under this Agreement.

5) Fidelity Bond.

b. Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to provide:

1) Name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

2) That such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that insurance applies separately to each insured against whom claim is made or suit is brought.

c. Regarding Workers' Compensation, Contractor hereby agrees to waive subrogation which any insurer of Contractor may acquire from Contractor by virtue of the payment of any loss. Contractor agrees to obtain any endorsement that may be necessary to effect this waiver of subrogation. The Workers' Compensation policy shall be endorsed with a waiver of subrogation in favor of the City for all work performed by the Contractor, its employees, agents and subcontractors.

d. All policies shall provide thirty days' advance written notice to the City of reduction or nonrenewal of coverages or cancellation of coverages for any reason. Notices shall be sent to the City address in the "Notices to the Parties" section:

e. Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

f. Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

g. Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

h. Before commencing any operations under this Agreement, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Failure to maintain insurance shall constitute a material breach of this Agreement.

i. Approval of the insurance by City shall not relieve or decrease the liability of Contractor hereunder.

16. Indemnification

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

17. Incidental and Consequential Damages. Contractor shall be responsible for incidental and consequential damages resulting in whole or in part from Contractor's acts or omissions. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

18. Liability of City. CITY'S PAYMENT OBLIGATIONS UNDER THIS AGREEMENT SHALL BE LIMITED TO THE PAYMENT OF THE COMPENSATION PROVIDED FOR IN SECTION 5 OF

THIS AGREEMENT. NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL CITY BE LIABLE, REGARDLESS OF WHETHER ANY CLAIM IS BASED ON CONTRACT OR TORT, FOR ANY SPECIAL, CONSEQUENTIAL, INDIRECT OR INCIDENTAL DAMAGES, INCLUDING, BUT NOT LIMITED TO, LOST PROFITS, ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT OR THE SERVICES PERFORMED IN CONNECTION WITH THIS AGREEMENT.

19. Left blank by agreement of the parties. (Liquidated damages)

20. **Default; Remedies.** Each of the following shall constitute an event of default ("Event of Default") under this Agreement:

(1) Contractor fails or refuses to perform or observe any term, covenant or condition contained in any of the following Sections of this Agreement:

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| 8. Submitting False Claims; Monetary Penalties. | 37. Drug-free workplace policy, |
| 10. Taxes | 53. Compliance with laws |
| 15. Insurance | 55. Supervision of minors |
| 24. Proprietary or confidential information of City | 57. Protection of private information |
| 30. Assignment | 58. Graffiti removal |
- And, item 1 of Appendix D attached to this Agreement

2) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, and such default continues for a period of ten days after written notice thereof from City to Contractor.

3) Contractor (a) is generally not paying its debts as they become due, (b) files, or consents by answer or otherwise to the filing against it of, a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction, (c) makes an assignment for the benefit of its creditors, (d) consents to the appointment of a custodian, receiver, trustee or other officer with similar powers of Contractor or of any substantial part of Contractor's property or (e) takes action for the purpose of any of the foregoing.

4) A court or government authority enters an order (a) appointing a custodian, receiver, trustee or other officer with similar powers with respect to Contractor or with respect to any substantial part of Contractor's property, (b) constituting an order for relief or approving a petition for relief or reorganization or arrangement or any other petition in bankruptcy or for liquidation or to take advantage of any bankruptcy, insolvency or other debtors' relief law of any jurisdiction or (c) ordering the dissolution, winding-up or liquidation of Contractor.

b. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default; Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. City shall have the right to offset from any

amounts due to Contractor under this Agreement or any other agreement between City and Contractor all damages, losses, costs or expenses incurred by City as a result of such Event of Default and any liquidated damages due from Contractor pursuant to the terms of this Agreement or any other agreement.

c. All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

21. Termination for Convenience

- a. City shall have the option, in its sole discretion, to terminate this Agreement, at any time during the term hereof, for convenience and without cause. City shall exercise this option by giving Contractor written notice of termination. The notice shall specify the date on which termination shall become effective.
- b. Upon receipt of the notice, Contractor shall commence and perform, with diligence, all actions necessary on the part of Contractor to effect the termination of this Agreement on the date specified by City and to minimize the liability of Contractor and City to third parties as a result of termination. All such actions shall be subject to the prior approval of City. Such actions shall include, without limitation:
- 1) Halting the performance of all services and other work under this Agreement on the date(s) and in the manner specified by City.
 - 2) Not placing any further orders or subcontracts for materials, services, equipment or other items.
 - 3) Terminating all existing orders and subcontracts.
 - 4) At City's direction, assigning to City any or all of Contractor's right, title, and interest under the orders and subcontracts terminated. Upon such assignment, City shall have the right, in its sole discretion, to settle or pay any or all claims arising out of the termination of such orders and subcontracts.
 - 5) Subject to City's approval, settling all outstanding liabilities and all claims arising out of the termination of orders and subcontracts.
 - 6) Completing performance of any services or work that City designates to be completed prior to the date of termination specified by City.
 - 7) Taking such action as may be necessary, or as the City may direct, for the protection and preservation of any property related to this Agreement which is in the possession of Contractor and in which City has or may acquire an interest.
- c. Within 30 days after the specified termination date, Contractor shall submit to City an invoice, which shall set forth each of the following as a separate line item:
- 1) The reasonable cost to Contractor, without profit, for all services and other work City directed Contractor to perform prior to the specified termination date, for which services or work City has not already tendered payment. Reasonable costs may include a reasonable allowance for actual overhead, not to exceed a total of 10% of Contractor's direct costs for services or other work. Any overhead

allowance shall be separately itemized. Contractor may also recover the reasonable cost of preparing the invoice.

2) A reasonable allowance for profit on the cost of the services and other work described in the immediately preceding subsection (1), provided that Contractor can establish, to the satisfaction of City, that Contractor would have made a profit had all services and other work under this Agreement been completed, and provided further, that the profit allowed shall in no event exceed 5% of such cost.

3) The reasonable cost to Contractor of handling material or equipment returned to the vendor, delivered to the City or otherwise disposed of as directed by the City.

4) A deduction for the cost of materials to be retained by Contractor, amounts realized from the sale of materials and not otherwise recovered by or credited to City, and any other appropriate credits to City against the cost of the services or other work.

d. In no event shall City be liable for costs incurred by Contractor or any of its subcontractors after the termination date specified by City, except for those costs specifically enumerated and described in the immediately preceding subsection (c). Such non-recoverable costs include, but are not limited to, anticipated profits on this Agreement, post-termination employee salaries, post-termination administrative expenses, post-termination overhead or unabsorbed overhead, attorneys' fees or other costs relating to the prosecution of a claim or lawsuit, prejudgment interest, or any other expense which is not reasonable or authorized under such subsection (c).

e. In arriving at the amount due to Contractor under this Section, City may deduct: (1) all payments previously made by City for work or other services covered by Contractor's final invoice; (2) any claim which City may have against Contractor in connection with this Agreement; (3) any invoiced costs or expenses excluded pursuant to the immediately preceding subsection (d); and (4) in instances in which, in the opinion of the City, the cost of any service or other work performed under this Agreement is excessively high due to costs incurred to remedy or replace defective or rejected services or other work, the difference between the invoiced amount and City's estimate of the reasonable cost of performing the invoiced services or other work in compliance with the requirements of this Agreement.

f. City's payment obligation under this Section shall survive termination of this Agreement.

22. Rights and Duties upon Termination or Expiration. This Section and the following Sections of this Agreement shall survive termination or expiration of this Agreement:

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| 8. Submitting false claims | 26. Ownership of Results |
| 9. Disallowance | 27. Works for Hire |
| 10. Taxes | 28. Audit and Inspection of Records |
| 11. Payment does not imply acceptance of work | 48. Modification of Agreement. |
| 13. Responsibility for equipment | 49. Administrative Remedy for Agreement Interpretation. |
| 14. Independent Contractor; Payment of Taxes and Other Expenses | 50. Agreement Made in California; Venue |
| 15. Insurance | 51. Construction |
| 16. Indemnification | 52. Entire Agreement |
| 17. Incidental and Consequential Damages | 56. Severability |
| 18. Liability of City | 57. Protection of private information |
| 24. Proprietary or confidential information of City | And, item 1 of Appendix D attached to this Agreement. |

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

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

24. Proprietary or Confidential Information of City

a. Contractor understands and agrees that, in the performance of the work or services under this Agreement or in contemplation thereof, Contractor may have access to private or confidential information which may be owned or controlled by City and that such information may contain proprietary or confidential details, the disclosure of which to third parties may be damaging to City. Contractor agrees that all information disclosed by City to Contractor shall be held in confidence and used only in performance of the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary data.

b. Contractor shall maintain the usual and customary records for persons receiving Services under this Agreement. Contractor agrees that all private or confidential information concerning persons receiving Services under this Agreement, whether disclosed by the City or by the individuals themselves, shall be held in the strictest confidence, shall be used only in performance of this Agreement, and shall be disclosed to third parties only as authorized by law. Contractor understands and agrees that this duty of care shall extend to confidential information contained or conveyed in any form, including but not limited to documents, files, patient or client records, facsimiles, recordings, telephone calls, telephone answering machines, voice mail or other telephone voice recording systems, computer files, e-mail or other computer network communications, and computer backup files, including disks and hard copies. The City reserves the right to terminate this Agreement for default if Contractor violates the terms of this section.

c. Contractor shall maintain its books and records in accordance with the generally accepted standards for such books and records for five years after the end of the fiscal year in which Services are furnished under this Agreement. Such access shall include making the books, documents and records available for inspection, examination or copying by the City, the California Department of Health Services or the U.S. Department of Health and Human Services and the Attorney General of the United States at all reasonable times at the Contractor's place of business or at such other mutually agreeable location in California. This provision shall also apply to any subcontract under this Agreement and to any contract between a subcontractor and related organizations of the subcontractor, and to their books, documents and records. The City acknowledges its duties and responsibilities regarding such records under such statutes and regulations.

d. The City owns all records of persons receiving Services and all fiscal records funded by this Agreement if Contractor goes out of business. Contractor shall immediately transfer possession of all these records if Contractor goes out of business. If this Agreement is terminated by either party, or expires, records shall be submitted to the City upon request.

e. All of the reports, information, and other materials prepared or assembled by Contractor under this Agreement shall be submitted to the Department of Public Health Contract Administrator and

shall not be divulged by Contractor to any other person or entity without the prior written permission of the Contract Administrator listed in Appendix A.

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 307 San Francisco, California 94102	FAX: (415) 252-3088 e-mail: luciana.garcia@sfdph.org
And:	Eric Ciasullo (CDTA) 415.252.3031 1380 Howard Street, 4 th floor San Francisco, California 94103	FAX: 415.252.3031 e-mail: eric.ciasullo@sfdph.org
To CONTRACTOR:	Bayview Hunters Point Foundation 150, Executive Park Blvd, Suite 2800 San Francisco, California 94134	FAX: 468-5104 e-mail: jacob.moody@bayviewci.org

Any notice of default must be sent by registered mail.

26. Ownership of Results. Any interest of Contractor or its Subcontractors, in drawings, plans, specifications, blueprints, studies, reports, memoranda, computation sheets, computer files and media or other documents prepared by Contractor or its subcontractors in connection with services to be performed under this Agreement, shall become the property of and will be transmitted to City. However, Contractor may retain and use copies for reference and as documentation of its experience and capabilities.

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

28. Audit and Inspection of Records

a. Contractor agrees to maintain and make available to the City, during regular business hours, accurate books and accounting records relating to its work under this Agreement. Contractor will permit City to audit, examine and make excerpts and transcripts from such books and records, and to make audits of all invoices, materials, payrolls, records or personnel and other data related to all other matters covered by this Agreement, whether funded in whole or in part under this Agreement. Contractor shall maintain such data and records in an accessible location and condition for a period of not less than five years after final payment under this Agreement or until after final audit has been resolved, whichever is later. The

State of California or any federal agency having an interest in the subject matter of this Agreement shall have the same rights conferred upon City by this Section.

b. Contractor shall annually have its books of accounts audited by a Certified Public Accountant and a copy of said audit report and the associated management letter(s) shall be transmitted to the Director of Public Health or his /her designee within one hundred eighty (180) calendar days following Contractor's fiscal year end date. If Contractor expends \$500,000 or more in Federal funding per year, from any and all Federal awards, said audit shall be conducted in accordance with OMB Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations. Said requirements can be found at the following website address: <http://www.whitehouse.gov/omb/circulars/a133/a133.html>. If Contractor expends less than \$500,000 a year in Federal awards, Contractor is exempt from the single audit requirements for that year, but records must be available for review or audit by appropriate officials of the Federal Agency, pass-through entity and General Accounting Office. Contractor agrees to reimburse the City any cost adjustments necessitated by this audit report. Any audit report which addresses all or part of the period covered by this Agreement shall treat the service components identified in the detailed descriptions attached to Appendix A and referred to in the Program Budgets of Appendix B as discrete program entities of the Contractor.

c. The Director of Public Health or his / her designee may approve of a waiver of the aforementioned audit requirement if the contractual Services are of a consulting or personal services nature, these Services are paid for through fee for service terms which limit the City's risk with such contracts, and it is determined that the work associated with the audit would produce undue burdens or costs and would provide minimal benefits. A written request for a waiver must be submitted to the DIRECTOR ninety (90) calendar days before the end of the Agreement term or Contractor's fiscal year, whichever comes first.

d. Any financial adjustments necessitated by this audit report shall be made by Contractor to the City. If Contractor is under contract to the City, the adjustment may be made in the next subsequent billing by Contractor to the City, or may be made by another written schedule determined solely by the City. In the event Contractor is not under contract to the City, written arrangements shall be made for audit adjustments.

29. Subcontracting. Contractor is prohibited from subcontracting this Agreement or any part of it unless such subcontracting is first approved by City in writing. Neither party shall, on the basis of this Agreement, contract on behalf of or in the name of the other party. An agreement made in violation of this provision shall confer no rights on any party and shall be null and void.

30. Assignment. The services to be performed by Contractor are personal in character and neither this Agreement nor any duties or obligations hereunder may be assigned or delegated by the Contractor unless first approved by City by written instrument executed and approved in the same manner as this Agreement.

31. Non-Waiver of Rights. The omission by either party at any time to enforce any default or right reserved to it, or to require performance of any of the terms, covenants, or provisions hereof by the other party at the time designated, shall not be a waiver of any such default or right to which the party is entitled, nor shall it in any way affect the right of the party to enforce such provisions thereafter.

32. Earned Income Credit (EIC) Forms. Administrative Code section 120 requires that employers provide their employees with IRS Form W-5 (The Earned Income Credit Advance Payment Certificate) and the IRS EIC Schedule, as set forth below. Employers can locate these forms at the IRS Office, on the Internet, or anywhere that Federal Tax Forms can be found. Contractor shall provide EIC Forms to each Eligible Employee at each of the following times: (i) within thirty days following the date on which this Agreement becomes effective (unless Contractor has already provided such EIC Forms at least once during the calendar year in which such effective date falls); (ii) promptly after any Eligible Employee is hired by Contractor; and (iii) annually between January 1 and January 31 of each calendar year during the term of this Agreement. Failure to comply with any requirement contained in subparagraph (a) of this Section shall constitute a material breach by Contractor of the terms of this Agreement. If, within thirty days after Contractor receives written notice of such a breach, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of thirty days, Contractor fails to commence efforts to cure within such period or thereafter fails to diligently pursue such cure to completion, the City may pursue any rights or remedies available under this Agreement or under applicable law. Any Subcontract entered into by Contractor shall require the subcontractor to comply, as to the subcontractor's Eligible Employees, with each of the terms of this section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Section 120 of the San Francisco Administrative Code.

33. Local Business Enterprise Utilization; Liquidated Damages

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

b. Compliance and Enforcement

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

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

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

34. **Nondiscrimination; Penalties**

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

b. **Subcontracts.** Contractor shall incorporate by reference in all subcontracts the provisions of §§12B.2(a), 12B.2(c)-(k), and 12C.3 of the San Francisco Administrative Code (copies of which are available from Purchasing) and shall require all subcontractors to comply with such provisions. Contractor's failure to comply with the obligations in this subsection shall constitute a material breach of this Agreement.

c. **Nondiscrimination in Benefits.** Contractor does not as of the date of this Agreement and will not during the term of this Agreement, in any of its operations in San Francisco, on real property owned by San Francisco, or where work is being performed for the City elsewhere in the United States, discriminate in the provision of bereavement leave, family medical leave, health benefits, membership or membership discounts, moving expenses, pension and retirement benefits or travel benefits, as well as any benefits other than the benefits specified above, between employees with domestic partners and employees with spouses, and/or between the domestic partners and spouses of such employees, where the domestic partnership has been registered with a governmental entity pursuant to state or local law authorizing such registration, subject to the conditions set forth in §12B.2(b) of the San Francisco Administrative Code.

d. **Condition to Contract.** As a condition to this Agreement, Contractor shall execute the "Chapter 12B Declaration: Nondiscrimination in Contracts and Benefits" form (form HRC-12B-101) with supporting documentation and secure the approval of the form by the San Francisco Human Rights Commission.

e. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapters 12B and 12C of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with and be bound by all of the provisions that apply to this Agreement under such Chapters, including but not limited to the remedies provided in such Chapters. Without limiting the foregoing, Contractor understands that pursuant to §§12B.2(h) and 12C.3(g) of the San Francisco Administrative Code, a penalty of \$50 for each person for each calendar day during which such person was discriminated against in violation of the provisions of this Agreement may be assessed against Contractor and/or deducted from any payments due Contractor.

35. **MacBride Principles—Northern Ireland.** Pursuant to San Francisco Administrative Code §12F.5, the City and County of San Francisco urges companies doing business in Northern Ireland to move towards resolving employment inequities, and encourages such companies to abide by the MacBride Principles. The City and County of San Francisco urges San Francisco companies to do

business with corporations that abide by the MacBride Principles. By signing below, the person executing this agreement on behalf of Contractor acknowledges and agrees that he or she has read and understood this section.

36. Tropical Hardwood and Virgin Redwood Ban. Pursuant to §804(b) of the San Francisco Environment Code, the City and County of San Francisco urges contractors not to import, purchase, obtain, or use for any purpose, any tropical hardwood, tropical hardwood wood product, virgin redwood or virgin redwood wood product.

37. Drug-Free Workplace Policy. Contractor acknowledges that pursuant to the Federal Drug-Free Workplace Act of 1989, the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance is prohibited on City premises. Contractor agrees that any violation of this prohibition by Contractor, its employees, agents or assigns will be deemed a material breach of this Agreement.

38. Resource Conservation. Chapter 5 of the San Francisco Environment Code ("Resource Conservation") is incorporated herein by reference. Failure by Contractor to comply with any of the applicable requirements of Chapter 5 will be deemed a material breach of contract.

39. Compliance with Americans with Disabilities Act. Contractor acknowledges that, pursuant to the Americans with Disabilities Act (ADA), programs, services and other activities provided by a public entity to the public, whether directly or through a contractor, must be accessible to the disabled public. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and any and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against disabled persons in the provision of services, benefits or activities provided under this Agreement and further agrees that any violation of this prohibition on the part of Contractor, its employees, agents or assigns will constitute a material breach of this Agreement.

40. Sunshine Ordinance. In accordance with San Francisco Administrative Code §67.24(e), contracts, contractors' bids, responses to solicitations and all other records of communications between City and persons or firms seeking contracts, shall be open to inspection immediately after a contract has been awarded. Nothing in this provision requires the disclosure of a private person or organization's net worth or other proprietary financial data submitted for qualification for a contract or other benefit until and unless that person or organization is awarded the contract or benefit. Information provided which is covered by this paragraph will be made available to the public upon request.

41. Public Access to Meetings and Records. If the Contractor receives a cumulative total per year of at least \$250,000 in City funds or City-administered funds and is a non-profit organization as defined in Chapter 12L of the San Francisco Administrative Code, Contractor shall comply with and be bound by all the applicable provisions of that Chapter. By executing this Agreement, the Contractor agrees to open its meetings and records to the public in the manner set forth in §§12L.4 and 12L.5 of the Administrative Code. Contractor further agrees to make-good faith efforts to promote community membership on its Board of Directors in the manner set forth in §12L.6 of the Administrative Code. The Contractor acknowledges that its material failure to comply with any of the provisions of this paragraph shall constitute a material breach of this Agreement. The Contractor further acknowledges that such material breach of the Agreement shall be grounds for the City to terminate and/or not renew the Agreement, partially or in its entirety.

42. Limitations on Contributions. Through execution of this Agreement, Contractor acknowledges that it is familiar with section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, or for a grant, loan or loan guarantee, from making any campaign contribution to (1) an individual holding a City elective office if the contract must be approved by the individual, a board on which that individual serves, or the board of a state agency on which an appointee of that individual serves, (2) a candidate for the office held by such individual, or (3) a committee controlled by such individual, at any time from the commencement of negotiations for the contract until the later of either the termination of negotiations for such contract or six months after the date the contract is approved. Contractor acknowledges that the foregoing restriction applies only if the contract or a combination or series of contracts approved by the same individual or board in a fiscal year have a total anticipated or actual value of \$50,000 or more. Contractor further acknowledges that the prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 20 percent in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Additionally, Contractor acknowledges that Contractor must inform each of the persons described in the preceding sentence of the prohibitions contained in Section 1.126. Contractor further agrees to provide to City the names of each person, entity or committee described above.

43. Requiring Minimum Compensation for Covered Employees

a. Contractor agrees to comply fully with and be bound by all of the provisions of the Minimum Compensation Ordinance (MCO), as set forth in San Francisco Administrative Code Chapter 12P (Chapter 12P), including the remedies provided, and implementing guidelines and rules. The provisions of Sections 12P.5 and 12P.5.1 of Chapter 12P are incorporated herein by reference and made a part of this Agreement as though fully set forth. The text of the MCO is available on the web at www.sfgov.org/olse/mco. A partial listing of some of Contractor's obligations under the MCO is set forth in this Section. Contractor is required to comply with all the provisions of the MCO, irrespective of the listing of obligations in this Section.

b. The MCO requires Contractor to pay Contractor's employees a minimum hourly gross compensation wage rate and to provide minimum compensated and uncompensated time off. The minimum wage rate may change from year to year and Contractor is obligated to keep informed of the then-current requirements. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of the MCO and shall contain contractual obligations substantially the same as those set forth in this Section. It is Contractor's obligation to ensure that any subcontractors of any tier under this Agreement comply with the requirements of the MCO. If any subcontractor under this Agreement fails to comply, City may pursue any of the remedies set forth in this Section against Contractor.

c. Contractor shall not take adverse action or otherwise discriminate against an employee or other person for the exercise or attempted exercise of rights under the MCO. Such actions, if taken within 90 days of the exercise or attempted exercise of such rights, will be rebuttably presumed to be retaliation prohibited by the MCO.

d. Contractor shall maintain employee and payroll records as required by the MCO. If Contractor fails to do so, it shall be presumed that the Contractor paid no more than the minimum wage required under State law.

e. The City is authorized to inspect Contractor's job sites and conduct interviews with employees and conduct audits of Contractor

f. Contractor's commitment to provide the Minimum Compensation is a material element of the City's consideration for this Agreement. The City in its sole discretion shall determine whether such a breach has occurred. The City and the public will suffer actual damage that will be impractical or extremely difficult to determine if the Contractor fails to comply with these requirements. Contractor agrees that the sums set forth in Section 12P.6.1 of the MCO as liquidated damages are not a penalty, but are reasonable estimates of the loss that the City and the public will incur for Contractor's noncompliance. The procedures governing the assessment of liquidated damages shall be those set forth in Section 12P.6.2 of Chapter 12P.

g. Contractor understands and agrees that if it fails to comply with the requirements of the MCO, the City shall have the right to pursue any rights or remedies available under Chapter 12P (including liquidated damages), under the terms of the contract, and under applicable law. If, within 30 days after receiving written notice of a breach of this Agreement for violating the MCO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, the City shall have the right to pursue any rights or remedies available under applicable law, including those set forth in Section 12P.6(c) of Chapter 12P. Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to the City.

h. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the MCO.

i. If Contractor is exempt from the MCO when this Agreement is executed because the cumulative amount of agreements with this department for the fiscal year is less than \$25,000, but Contractor later enters into an agreement or agreements that cause contractor to exceed that amount in a fiscal year, Contractor shall thereafter be required to comply with the MCO under this Agreement. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between the Contractor and this department to exceed \$25,000 in the fiscal year.

44. Requiring Health Benefits for Covered Employees. Contractor agrees to comply fully with and be bound by all of the provisions of the Health Care Accountability Ordinance (HCAO), as set forth in San Francisco Administrative Code Chapter 12Q, including the remedies provided, and implementing regulations, as the same may be amended from time to time. The provisions of section 12Q.5.1 of Chapter 12Q are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of the HCAO is available on the web at www.sfgov.org/olse. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 12Q.

a. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Section 12Q.3 of the HCAO. If Contractor chooses to offer the health plan option, such health plan shall meet the minimum standards set forth by the San Francisco Health Commission.

b. Notwithstanding the above, if the Contractor is a small business as defined in Section 12Q.3(e) of the HCAO, it shall have no obligation to comply with part (a) above.

c. Contractor's failure to comply with the HCAO shall constitute a material breach of this agreement. City shall notify Contractor if such a breach has occurred. If, within 30 days after receiving

City's written notice of a breach of this Agreement for violating the HCAO, Contractor fails to cure such breach or, if such breach cannot reasonably be cured within such period of 30 days, Contractor fails to commence efforts to cure within such period, or thereafter fails diligently to pursue such cure to completion, City shall have the right to pursue the remedies set forth in 12Q.5.1 and 12Q.5(f)(1-6). Each of these remedies shall be exercisable individually or in combination with any other rights or remedies available to City.

d. Any Subcontract entered into by Contractor shall require the Subcontractor to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section. Contractor shall notify City's Office of Contract Administration when it enters into such a Subcontract and shall certify to the Office of Contract Administration that it has notified the Subcontractor of the obligations under the HCAO and has imposed the requirements of the HCAO on Subcontractor through the Subcontract. Each Contractor shall be responsible for its Subcontractors' compliance with this Chapter. If a Subcontractor fails to comply, the City may pursue the remedies set forth in this Section against Contractor based on the Subcontractor's failure to comply, provided that City has first provided Contractor with notice and an opportunity to obtain a cure of the violation.

e. Contractor shall not discharge, reduce in compensation, or otherwise discriminate against any employee for notifying City with regard to Contractor's noncompliance or anticipated noncompliance with the requirements of the HCAO, for opposing any practice proscribed by the HCAO, for participating in proceedings related to the HCAO, or for seeking to assert or enforce any rights under the HCAO by any lawful means.

f. Contractor represents and warrants that it is not an entity that was set up, or is being used, for the purpose of evading the intent of the HCAO.

g. Contractor shall maintain employee and payroll records in compliance with the California Labor Code and Industrial Welfare Commission orders, including the number of hours each employee has worked on the City Contract.

h. Contractor shall keep itself informed of the current requirements of the HCAO.

i. Contractor shall provide reports to the City in accordance with any reporting standards promulgated by the City under the HCAO, including reports on Subcontractors and Subtenants, as applicable.

j. Contractor shall provide City with access to records pertaining to compliance with HCAO after receiving a written request from City to do so and being provided at least ten business days to respond.

k. Contractor shall allow City to inspect Contractor's job sites and have access to Contractor's employees in order to monitor and determine compliance with HCAO.

l. City may conduct random audits of Contractor to ascertain its compliance with HCAO. Contractor agrees to cooperate with City when it conducts such audits.

m. If Contractor is exempt from the HCAO when this Agreement is executed because its amount is less than \$25,000 (\$50,000 for nonprofits), but Contractor later enters into an agreement or agreements that cause Contractor's aggregate amount of all agreements with City to reach \$75,000, all the agreements shall be thereafter subject to the HCAO. This obligation arises on the effective date of the agreement that causes the cumulative amount of agreements between Contractor and the City to be equal to or greater than \$75,000 in the fiscal year.

45. First Source Hiring Program

a. **Incorporation of Administrative Code Provisions by Reference.** The provisions of Chapter 83 of the San Francisco Administrative Code are incorporated in this Section by reference and made a part of this Agreement as though fully set forth herein. Contractor shall comply fully with, and be bound by, all of the provisions that apply to this Agreement under such Chapter, including but not limited to the remedies provided therein. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Chapter 83.

b. **First Source Hiring Agreement.** As an essential term of, and consideration for, any contract or property contract with the City, not exempted by the FSHA, the Contractor shall enter into a first source hiring agreement ("agreement") with the City, on or before the effective date of the contract or property contract. Contractors shall also enter into an agreement with the City for any other work that it performs in the City. Such agreement shall:

1) Set appropriate hiring and retention goals for entry level positions. The employer shall agree to achieve these hiring and retention goals, or, if unable to achieve these goals, to establish good faith efforts as to its attempts to do so, as set forth in the agreement. The agreement shall take into consideration the employer's participation in existing job training, referral and/or brokerage programs. Within the discretion of the FSHA, subject to appropriate modifications, participation in such programs maybe certified as meeting the requirements of this Chapter. Failure either to achieve the specified goal, or to establish good faith efforts will constitute noncompliance and will subject the employer to the provisions of Section 83.10 of this Chapter.

2) Set first source interviewing, recruitment and hiring requirements, which will provide the San Francisco Workforce Development System with the first opportunity to provide qualified economically disadvantaged individuals for consideration for employment for entry level positions. Employers shall consider all applications of qualified economically disadvantaged individuals referred by the System for employment; provided however, if the employer utilizes nondiscriminatory screening criteria, the employer shall have the sole discretion to interview and/or hire individuals referred or certified by the San Francisco Workforce Development System as being qualified economically disadvantaged individuals. The duration of the first source interviewing requirement shall be determined by the FSHA and shall be set forth in each agreement, but shall not exceed 10 days. During that period, the employer may publicize the entry level positions in accordance with the agreement. A need for urgent or temporary hires must be evaluated, and appropriate provisions for such a situation must be made in the agreement.

3) Set appropriate requirements for providing notification of available entry level positions to the San Francisco Workforce Development System so that the System may train and refer an adequate pool of qualified economically disadvantaged individuals to participating employers. Notification should include such information as employment needs by occupational title, skills, and/or experience required, the hours required, wage scale and duration of employment, identification of entry level and training positions, identification of English language proficiency requirements, or absence thereof, and the projected schedule and procedures for hiring for each occupation. Employers should provide both long-term job need projections and notice before initiating the interviewing and hiring process. These notification requirements will take into consideration any need to protect the employer's proprietary information.

4) Set appropriate record keeping and monitoring requirements. The First Source Hiring Administration shall develop easy-to-use forms and record keeping requirements for documenting compliance with the agreement. To the greatest extent possible, these requirements shall utilize the employer's existing record keeping systems, be nonduplicative, and facilitate a coordinated flow of information and referrals.

5) Establish guidelines for employer good faith efforts to comply with the first source hiring requirements of this Chapter. The FSHA will work with City departments to develop employer good faith effort requirements appropriate to the types of contracts and property contracts handled by each department. Employers shall appoint a liaison for dealing with the development and implementation of the employer's agreement. In the event that the FSHA finds that the employer under a City contract or property contract has taken actions primarily for the purpose of circumventing the requirements of this Chapter, that employer shall be subject to the sanctions set forth in Section 83.10 of this Chapter.

6) Set the term of the requirements.

7) Set appropriate enforcement and sanctioning standards consistent with this Chapter.

8) Set forth the City's obligations to develop training programs, job applicant referrals, technical assistance, and information systems that assist the employer in complying with this Chapter.

9) Require the developer to include notice of the requirements of this Chapter in leases, subleases, and other occupancy contracts.

c. **Hiring Decisions.** Contractor shall make the final determination of whether an Economically Disadvantaged Individual referred by the System is "qualified" for the position.

d. **Exceptions.** Upon application by Employer, the First Source Hiring Administration may grant an exception to any or all of the requirements of Chapter 83 in any situation where it concludes that compliance with this Chapter would cause economic hardship.

e. **Liquidated Damages.** Contractor agrees:

1) To be liable to the City for liquidated damages as provided in this section;

2) To be subject to the procedures governing enforcement of breaches of contracts based on violations of contract provisions required by this Chapter as set forth in this section;

3) That the contractor's commitment to comply with this Chapter is a material element of the City's consideration for this contract; that the failure of the contractor to comply with the contract provisions required by this Chapter will cause harm to the City and the public which is significant and substantial but extremely difficult to quantify; that the harm to the City includes not only the financial cost of funding public assistance programs but also the insidious but impossible to quantify harm that this community and its families suffer as a result of unemployment; and that the assessment of liquidated damages of up to \$5,000 for every notice of a new hire for an entry level position improperly withheld by the contractor from the first source hiring process, as determined by the FSHA during its first investigation of a contractor, does not exceed a fair estimate of the financial and other damages that the City suffers as a result of the contractor's failure to comply with its first source referral contractual obligations.

4) That the continued failure by a contractor to comply with its first source referral contractual obligations will cause further significant and substantial harm to the City and the public, and that a second assessment of liquidated damages of up to \$10,000 for each entry level position improperly withheld from the FSHA, from the time of the conclusion of the first investigation forward, does not exceed the financial and other damages that the City suffers as a result of the contractor's continued failure to comply with its first source referral contractual obligations;

5) That in addition to the cost of investigating alleged violations under this Section, the computation of liquidated damages for purposes of this section is based on the following data:

(a) The average length of stay on public assistance in San Francisco's County Adult Assistance Program is approximately 41 months at an average monthly grant of \$348 per month, totaling approximately \$14,379; and

(b) In 2004, the retention rate of adults placed in employment programs funded under the Workforce Investment Act for at least the first six months of employment was 84.4%. Since qualified individuals under the First Source program face far fewer barriers to employment than their counterparts in programs funded by the Workforce Investment Act, it is reasonable to conclude that the average length of employment for an individual whom the First Source Program refers to an employer and who is hired in an entry level position is at least one year;

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

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

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

f. Subcontracts. Any subcontract entered into by Contractor shall require the subcontractor to comply with the requirements of Chapter 83 and shall contain contractual obligations substantially the same as those set forth in this Section.

46. Prohibition on Political Activity with City Funds. In accordance with San Francisco Administrative Code Chapter 12.G, Contractor may not participate in, support, or attempt to influence any political campaign for a candidate or for a ballot measure (collectively, "Political Activity") in the performance of the services provided under this Agreement. Contractor agrees to comply with San Francisco Administrative Code Chapter 12.G and any implementing rules and regulations promulgated by the City's Controller. The terms and provisions of Chapter 12.G are incorporated herein by this reference. In the event Contractor violates the provisions of this section, the City may, in addition to any other rights or remedies available hereunder, (i) terminate this Agreement, and (ii) prohibit Contractor from bidding on or receiving any new City contract for a period of two (2) years. The Controller will not consider Contractor's use of profit as a violation of this section.

47. Preservative-treated Wood Containing Arsenic. Contractor may not purchase preservative-treated wood products containing arsenic in the performance of this Agreement unless an exemption from the requirements of Chapter 13 of the San Francisco Environment Code is obtained from the Department of the Environment under Section 1304 of the Code. The term "preservative-treated wood containing arsenic" shall mean wood treated with a preservative that contains arsenic, elemental arsenic, or an arsenic copper combination, including, but not limited to, chromated copper arsenate preservative, ammoniacal copper zinc arsenate preservative, or ammoniacal copper arsenate preservative. Contractor may purchase preservative-treated wood products on the list of environmentally preferable alternatives prepared and adopted by the Department of the Environment. This provision does not preclude Contractor from purchasing preservative-treated wood containing arsenic for saltwater

immersion. The term "saltwater immersion" shall mean a pressure-treated wood that is used for construction purposes or facilities that are partially or totally immersed in saltwater.

48. Modification of Agreement. This Agreement may not be modified, nor may compliance with any of its terms be waived, except by written instrument executed and approved in the same manner as this Agreement.

49. Administrative Remedy for Agreement Interpretation – *DELETED BY MUTUAL AGREEMENT OF THE PARTIES*

50. Agreement Made in California; Venue. The formation, interpretation and performance of this Agreement shall be governed by the laws of the State of California. Venue for all litigation relative to the formation, interpretation and performance of this Agreement shall be in San Francisco.

51. Construction. All paragraph captions are for reference only and shall not be considered in construing this Agreement.

52. Entire Agreement. This contract sets forth the entire Agreement between the parties, and supersedes all other oral or written provisions. This contract may be modified only as provided in Section 48, "Modification of Agreement."

53. Compliance with Laws. Contractor shall keep itself fully informed of the City's Charter, codes, ordinances and regulations of the City and of all state, and federal laws in any manner affecting the performance of this Agreement, and must at all times comply with such local codes, ordinances, and regulations and all applicable laws as they may be amended from time to time.

54. Services Provided by Attorneys. Any services to be provided by a law firm or attorney must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

55. Supervision of Minors. Contractor, and any subcontractors, shall comply with California Penal Code section 11105.3 and request from the Department of Justice records of all convictions or any arrest pending adjudication involving the offenses specified in Welfare and Institution Code section 15660(a) of any person who applies for employment or volunteer position with Contractor, or any subcontractor, in which he or she would have supervisory or disciplinary power over a minor under his or her care. If Contractor, or any subcontractor, is providing services at a City park, playground, recreational center or beach (separately and collectively, "Recreational Site"), Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or volunteer position to provide those services if that person has been convicted of any offense that was listed in former Penal Code section 11105.3 (h)(1) or 11105.3(h)(3). If Contractor, or any of its subcontractors, hires an employee or volunteer to provide services to minors at any location other than a Recreational Site, and that employee or volunteer has been convicted of an offense specified in Penal Code section 11105.3(c), then Contractor shall comply, and cause its subcontractors to comply with that section and provide written notice to the parents or guardians of any minor who will be supervised or disciplined by the employee or volunteer not less than ten (10)

days prior to the day the employee or volunteer begins his or her duties or tasks. Contractor shall provide, or cause its subcontractors to provide City with a copy of any such notice at the same time that it provides notice to any parent or guardian. Contractor shall expressly require any of its subcontractors with supervisory or disciplinary power over a minor to comply with this section of the Agreement as a condition of its contract with the subcontractor. Contractor acknowledges and agrees that failure by Contractor or any of its subcontractors to comply with any provision of this section of the Agreement shall constitute an Event of Default. Contractor further acknowledges and agrees that such Event of Default shall be grounds for the City to terminate the Agreement, partially or in its entirety, to recover from Contractor any amounts paid under this Agreement, and to withhold any future payments to Contractor. The remedies provided in this Section shall not limited any other remedy available to the City hereunder, or in equity or law for an Event of Default, and each remedy may be exercised individually or in combination with any other available remedy. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy.

56. Severability. Should the application of any provision of this Agreement to any particular facts or circumstances be found by a court of competent jurisdiction to be invalid or unenforceable, then (a) the validity of other provisions of this Agreement shall not be affected or impaired thereby, and (b) such provision shall be enforced to the maximum extent possible so as to effect the intent of the parties and shall be reformed without further action by the parties to the extent necessary to make such provision valid and enforceable.

57. Protection of Private Information. Contractor has read and agrees to the terms set forth in San Francisco Administrative Code Sections 12M.2, "Nondisclosure of Private Information," and 12M.3, "Enforcement" of Administrative Code Chapter 12M, "Protection of Private Information," which are incorporated herein as if fully set forth. Contractor agrees that any failure of Contractor to comply with the requirements of Section 12M.2 of this Chapter shall be a material breach of the Contract. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract, bring a false claim action against the Contractor pursuant to Chapter 6 or Chapter 21 of the Administrative Code, or debar the Contractor.

58. Graffiti Removal. Graffiti is detrimental to the health, safety and welfare of the community in that it promotes a perception in the community that the laws protecting public and private property can be disregarded with impunity. This perception fosters a sense of disrespect of the law that results in an increase in crime; degrades the community and leads to urban blight; is detrimental to property values, business opportunities and the enjoyment of life; is inconsistent with the City's property maintenance goals and aesthetic standards; and results in additional graffiti and in other properties becoming the target of graffiti unless it is quickly removed from public and private property. Graffiti results in visual pollution and is a public nuisance. Graffiti must be abated as quickly as possible to avoid detrimental impacts on the City and County and its residents, and to prevent the further spread of graffiti. Contractor shall remove all graffiti from any real property owned or leased by Contractor in the City and County of San Francisco within forty eight (48) hours of the earlier of Contractor's (a) discovery or notification of the graffiti or (b) receipt of notification of the graffiti from the Department of Public Works. This section is not intended to require a Contractor to breach any lease or other agreement that it may have concerning its use of the real property. The term "graffiti" means any inscription, word, figure, marking or design that is affixed, marked, etched, scratched, drawn or painted on any building, structure, fixture or other improvement, whether permanent or temporary, including by way of example only and without limitation, signs, banners, billboards and fencing surrounding construction sites, whether public or private, without the consent of the owner of the property or the owner's authorized agent, and which is visible from the public right-of-way. "Graffiti" shall not include: (1) any sign or banner that is authorized by, and in compliance with, the applicable requirements of the San Francisco Public Works Code, the San Francisco Planning Code or the San Francisco Building Code; or (2) any mural or other painting or marking on the property that is protected as a work of fine art under the California Art Preservation Act (California Civil Code Sections 987 et seq.) or as a work of visual art under the Federal Visual Artists Rights Act of 1990 (17 U.S.C. §§ 101 et seq.).

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

59. Food Service Waste Reduction Requirements. Effective June 1, 2007 Contractor agrees to comply fully with and be bound by all of the provisions of the Food Service Waste Reduction Ordinance, as set forth in San Francisco Environment Code Chapter 16, including the remedies provided, and implementing guidelines and rules. The provisions of Chapter 16 are incorporated herein by reference and made a part of this Agreement as though fully set forth. This provision is a material term of this Agreement. By entering into this Agreement, Contractor agrees that if it breaches this provision, City will suffer actual damages that will be impractical or extremely difficult to determine; further, Contractor agrees that the sum of one hundred dollars (\$100) liquidated damages for the first breach, two hundred dollars (\$200) liquidated damages for the second breach in the same year, and five hundred dollars (\$500) liquidated damages for subsequent breaches in the same year is reasonable estimate of the damage that City will incur based on the violation, established in light of the circumstances existing at the time this Agreement was made. Such amount shall not be considered a penalty, but rather agreed monetary damages sustained by City because of Contractor's failure to comply with this provision.

60. Left blank by agreement of the parties. (Slavery era disclosure)

61. Cooperative Drafting. This Agreement has been drafted through a cooperative effort of both parties, and both parties have had an opportunity to have the Agreement reviewed and revised by legal counsel. No party shall be considered the drafter of this Agreement, and no presumption or rule that an ambiguity shall be construed against the party drafting the clause shall apply to the interpretation or enforcement of this Agreement.

62. Dispute Resolution Procedure. A Dispute Resolution Procedure is attached under the Appendix G to address issues that have not been resolved administratively by other departmental remedies.

63. Additional Terms. Additional Terms are attached hereto as Appendix D and are incorporated into this Agreement by reference as though fully set forth herein.

Bayview Hunters Point Foundation
July 1, 2010 through June 30, 2011

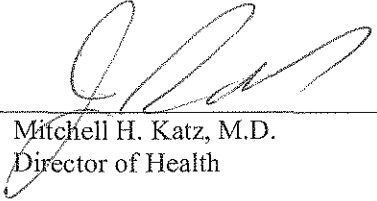
IN WITNESS WHEREOF, the parties hereto have executed this Agreement on the day first mentioned above.

CITY

CONTRACTOR

Recommended by:

Bayview Hunters Point Foundation



Mitchell H. Katz, M.D.
Director of Health




Date

Approved as to Form:

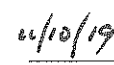
Dennis J. Herrera
City Attorney

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

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

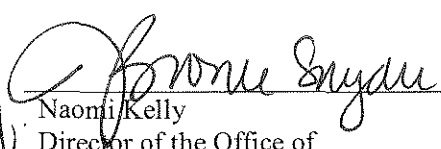
By: 

Terence Howzell
Deputy City Attorney



11/10/19
Date


Approved:



Naomi Kelly
Director of the Office of
Contract Administration and
Purchaser



12/23/10
Date



Jacob Moody
Executive Director
150 Executive Park Blvd, Suite 2800,
San Francisco, CA 94134



10-26-10
Date

City vendor number: 03121

RECEIVED
PURCHASING DEPARTMENT
10 DEC 16 AM 8:07

RECEIVED
PURCHASING DEPARTMENT
10 DEC 13 PM 1:37

Bayview Hunters Point Foundation
July 1, 2010 through June 30, 2011

Appendices

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

Appendix A
Services to be provided by Contractor

I. **Terms**

A. Contract Administrator:

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

B. Reports:

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

C. Evaluation:

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

D. Possession of Licenses/Permits:

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

E. Adequate Resources:

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

F. Admission Policy:

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

G. San Francisco Residents Only:

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

H. Grievance Procedure:

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

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of staff and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Acknowledgment of Funding:

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

K. Client Fees and Third Party Revenue:

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

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

L. Patients Rights:

All applicable Patients Rights laws and procedures shall be implemented.

M. Under-Utilization Reports:

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

N. Quality Assurance:

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

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

O. Compliance With Grant Award Notices:

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

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

P. Clinics to Remain Open: (CMHS/mental health outpatient contracts only)

Outpatient clinics are part of the San Francisco Department of Public Health Community Mental Health Services public safety net; as such, these clinics are to remain open to referrals from the CMHS Central Access Team, 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, CONTRACTOR 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.

Q. Quality Improvement: (CMHS/mental health only)

CONTRACTOR agrees to participate in and comply with the current CMHS Quality Management Plan requirements.

R. Compliance with Community Mental Health Services and Community Substance Abuse Services Policies and Procedures

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

S. Working Trial Balance with Year-End Cost Report

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

T. Harm Reduction

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

2. Description of Services

Detailed description of services are listed below and are attached hereto

Appendix A-1 Methadone Maintenance

Appendix A-2 Jail Methadone Courtesy Dosing Program

Appendix A-3 HIV Opt-Out Testing

Appendix A-4 Youth Moving Forward

Appendix A-5 Jail Methadone Courtesy Dosing Program

Appendix A-6 Outpatient Mental Family Center

Appendix A-7 Children's Behavioral Health Program

Appendix A-8 AB3632 School-Based Services

Appendix A-9 Balboa Teen Health Center

Appendix A-10 Family Mosaic Project

Appendix A-11 Anchor Project

Appendix A-12 Dimensions Outpatient LGBT Youth Substance Abuse

1. Agency and Program Information

Bayview Hunters Point Foundation for Community Improvement
Narcotic Treatment Program: Methadone Maintenance
1625 Carroll Street
San Francisco, CA 94124
Jacob K. Moody, Executive Director
Lillian Shine, Deputy Director
Alfreda Nesbitt, Program Director, Substance Abuse Services
Ph. (415) 822-8200
Fax (415) 822-6822

2. Nature of Document

New Renewal Modification

Providers of Behavioral Health Services

3. Goal Statement

The goal of the Bayview Outpatient Methadone Maintenance Treatment Program is to support clients in the development of a productive and independent life through the provision of appropriate medical, psychological, and case management treatment services to improve the clients' quality of life and support successful rehabilitation.

4. Target Population

The Methadone Maintenance Program targets San Francisco residents who are abusing, addicted, or at-risk for addiction to heroin and suffer from its attendant mental health and physical health disorders, and who are unable to cease the use of heroin without medical assistance. These individuals are adults and older adults aged 18 and over. The African-American population and the following communities in the Southeast sector of San Francisco such as the Bayview Hunters Point and Sunnyside are targeted. However, any individual may reside anywhere in San Francisco. There are no residency requirements for MediCal beneficiaries.

5. Modality of Service/Intervention

A. Modality: Methadone Maintenance

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
Dispensing <i>197 contracted slots x 365 days per yr x .993 (utilization rate) =</i>	71,473	197	197
Individual Counseling <i>197 clients x 9.5 (10 min. couns. Increments) per month x 12 months</i>	22,635	197	197
Groups <i>89 clients x 1 (10 min. couns. Increments) per month x 12 months</i>	1,062	89	89
Total UDC Served			197

6. Methodology

Program Description/Philosophy:

The Methadone Maintenance Program embraces the San Francisco Department of Public Health’s principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in as productive and independent lifestyle as possible.

Each client entering the Methadone Maintenance Program receives an intake assessment, medical examination, and a mental status examination. No more than five percent of clients will be placed on a detoxification regimen designed to facilitate their transition to methadone maintenance treatment. Additionally, clients participate with counselors in developing and regularly reviewing their individualized treatment plans which identify quantifiable quarterly and annual goals. In the ongoing phases of treatment, clients are required to participate in individual counseling sessions. Support groups, structured educational experiences, and recovery activities are available on a voluntary basis for interested clients. All clients will come to the clinic daily for their methadone dosing.

All clients will be offered the opportunity to participate in both individual and group mental health counseling provided by the Bayview Hunters Point Foundation Mental Health services. Staff from both programs will hold regular

case conferences to determine clients' needs, the best methodology for psychological support towards recovery, and monitor client progress.

The Methadone Maintenance Treatment Program will also assist clients in reaching and maintaining productive opiate-free lives.

Admission Criteria:

Clients seeking admission for Methadone Maintenance treatment must meet the following minimum criteria, which will be entered in their individual treatment records upon acceptance into the program:

- Confirmed and documented history of at least two years of addiction to opiates;
- Confirmed history of two or more unsuccessful attempts in withdrawal treatment with subsequent relapse to illicit opiate use;
- A minimum age of 18 years;
- Certification by the physician of fitness for replacement narcotic therapy based upon physical examination, medical history, and indicated laboratory findings;
- Evidence of observed signs of physical dependence.

Intended and Average Length of Stay:

The intended length of stay for new clients admitted to the Methadone Maintenance Program is two years (2) and the current average length of stay is three + years (3+). The goal is to taper the client off methadone as the client makes progress towards recovery. However, clients in consultation with his/her counselor, therapist, and physician, may choose to remain on methadone if the methadone benefits the clients. Extended treatment can be provided based upon approved treatment plans and client involvement.

Criteria for Successful Participation:

Continued presence at the clinic for daily dosing and counseling sessions with primary counselor. Adherence to self-developed treatment goals and adherence to daily presence at clinic for dosing and counseling sessions.

Criteria for Successful Completion:

Successful completion of the program is on a continuum. It begins at the start of treatment and is recognized by the adherence to daily visits to the clinic and progresses to a client who is clean and sober, who no longer needs methadone treatment to remain heroin-free and who could be, based on client objectives, employment, connected to family, remaining arrest-free, and with no visits to the Emergency Department at the hospital for substance abuse sickness or injury. The

program uses client established treatment plan goals to define the place on the continuum where the client starts and ends.

Strategies:

The Methadone Maintenance Program's administrative staff manages its list of interested persons who are awaiting methadone maintenance services. The Clinical Director and Methadone Program Coordinator have responsibility for holding regularly scheduled individual and group supervision sessions with the counseling staff. The dual purpose of these sessions is to both oversee the counseling staff's ongoing clinical work and to provide them with in-service training to further develop their skills for the continued operation of a client-directed and rehabilitation-oriented therapeutic milieu. This milieu program will include the following levels of client participation:

- Intake and orientation
- Program operation
- Transition
- Aftercare

Upon admission, the clients work directly with his/her primary counselor to develop and complete an initial needs assessment and treatment plan. These documents become effective when the client's primary counselor signs them.

Needs Assessment

The needs assessment process for all Outpatient Methadone Maintenance clients includes:

- A summary of the client's psychological and sociological background, including specific educational and vocational experiences, skills (technical, vocational, artistic, etc.), and interests.
- The client's strengths, needs, abilities, and preferences, which are documented in the client's own words
- An assessment of the client's needs for:
 - Dental, Vision, Health, Mental Health, and Complementary Care
 - HIV and Veneral Disease/Infectious Disease screening
 - Educational, economic, and legal services
 - Vocational habilitation and or rehabilitation

Treatment Plan

- Quantifiable short-term (requires 90 days or less to achieve) and long-term (requires over 90 days to achieve) goals to be achieved by the client that are based on identified needs with estimated target dates for their attainment;

- Specific behavioral tasks the client must accomplish to achieve each treatment plan goal within the time period of the estimated target dates;
- A description of the type, purpose and frequency of counseling and program activities the client will be participating in;
- Clients' primary counselors will formally evaluate and update the needs assessments and treatment plans every three months (or sooner if indicated) from the date of clients' signed admission to the program. A twice a year review will also occur at joint mental health case conferences. This review process will be documented and include:
 - An evaluation of the results stemming from the monthly progress notes;
 - A summary of the client's progress or lack thereof towards achieving each of the identified goals in their previous treatment plan. Changes, adjustments, and additions to the client needs assessment;
 - New goals and behavioral tasks for any newly identified needs, and related changes in the type and frequency of the counseling
 - Services being provided to the client as well as their level of participation in the program;
 - The completed, updated treatment plan becoming effective on the day the primary counselor signs it.

The Coordinator of the Methadone Maintenance Program and the Medical Director will review all initial and updated treatment plans and needs assessments within 14 calendar days from the effective dates of the plans. They both will countersign these documents upon their final review to signify concurrence with the findings and will both record and sign any amendments to the individual plans where it is deemed clinically or medically (for the Medical Director only) appropriate.

Outreach:

The Methadone Maintenance Program's primary outreach relationship is with the Centralized Opiate Program Evaluation (COPE). Currently, clients being referred from the COPE for Methadone Maintenance treatment may be either admitted directly to the Methadone Maintenance program, or a detoxification may occur prior to assignment to the Methadone Maintenance Program. Additional outreach relationships have been developed with Project Homeless Connect (PHC), Southeast Health Center, and the PAES counseling service. Street outreach is also conducted to recruit clients.

Discharge Criteria for non-compliance:

Fourteen (14) days of no showing for dosing and/or threats or acts of violence against staff or other clients. Clients may request a fair hearing if they feel that discharge is unfair. In circumstances where clients are immediately discharged and terminated from the Methadone Maintenance Program, they are referred to other Narcotic Treatment Programs in the San Francisco Bay Area.

Schedule:

The schedule for Methadone Maintenance dosing is as follows:

DAY	TIMES
Monday – Friday	6:15 a.m. – 11:00 a.m.
Saturday – Sunday	7:00 a.m. – 10:00 a.m.
Holidays	6:15 a.m. – 10:00 a.m.

Linkages:

Outside resources are regularly utilized for all Methadone Maintenance clients when they are ready to receive these services: For life skills classes, vocational training, job placement and counseling services, and financial support. These programs include, Positive Directions Equal Change; Northern California Service League; San Francisco Homeless Connect; Bayview Mental Health Services; Swords to Plowshares; Westside Community Services; SF Department of Human Services County Adult Assistance Programs.

Staffing:

The Methadone Maintenance Program’s medical, clinical and administrative staff ensures efficient and effective program operations and service delivery. Refer to Exhibit B for further information on staffing.

7. Objectives and Measurements

A. Performance/Outcome Objectives

- A.1a. The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010-June 2011 will be compared with the data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.

- A.2.a.** During fiscal year 2010-2011 40% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by Avatar discharge codes, applicable to both Adult/Older Adult & CYF Substance Abuse Treatment Providers.
- A.2.a(iii).** Methadone objective- 70% of clients admitted into methadone treatment will still be in methadone treatment and stay in treatment for 12 months after admission.
- A.2.b.** Substance Abuse Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer. For Substance Abuse Residential Treatment Providers, this will be measured from admission to discharge for clients who remain in the program for 30 days or longer.
- A.2.c.** Substance Abuse Treatment Providers will show a reduction of days in jail or prison from admission to discharge for 60% of new clients admitted during Fiscal Year 2010-11, who remained in the program for 30 days or longer.
- A.3.a.** 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.
- F.1.a.** Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake an annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.
- F.1.b.** All clients and families at intake an annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred. *The new Avatar system will allow electronic documentation of such information.*
- F.1.c.** 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.
- G.1.a.** For all contractors and civil service clinics, information on self-help alcohol and drug association Recovery groups (such as Alcoholics Anonymous, Alateen, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. *Cultural Competency Unit will compile the informing material on self-help Recovery groups and make it available to all contractors and civil service clinics by September 2010.*

G.1.b. All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific populations served, and to inform the SOC Program Managers about the interventions.

H.1.a. Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

H.1.b. Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

B. Other Measurable Objectives/Process Objectives

C.4a. During fiscal year 2010-11, 70% of closed treatment episodes will show three or more service days of treatment as measured by Avatar rating clients engaged in the treatment process.

C.6c. During fiscal year 2010-11 100% of unduplicated clients or prevention participants in attendance at the program on the targeted satisfaction survey days will be given and encouraged to complete the Citywide Client Satisfaction Survey.

D.1a. During fiscal year 2010-2011, 95,170 units of service will be provided, consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by Avatar and documented by counselors' case notes and program records.

D.4d. During fiscal year 2010-11, all Substance Abuse Prevention providers will complete a common risk assessment tool for 60% of the program participants.

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

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

- D.5c.** Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.
- D.5d.** Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).
- D.5e.** During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.
- D.5f.** Providers will have all program service staff including physicians, counselors, social workers, and outreach workers each complete a self assessment of integration practices using the CODECAT.
- D.6a.** Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.
- D.8a.** If applicable each program shall report to CBHS Administrative Staff on Innovative and/ or best practices being used by the program including available outcome data.
- D.9a.** During Fiscal Year 2010-11, Substance Abuse Providers will make quarterly Improvement in the accuracy of assessment and recording of admission and discharge CalOMS data for the following ADP and County priority questions:
- 1) Change in all AOD use from admission to discharge
 - 2) Change in housing from admission to discharge
 - 3) Change in any arrests in the 30 days prior to discharge compared with any arrests 30 days prior to admission

- 4) Change in employment or in school from admission to discharge
- 5) Length of stay from date of admission to date of last service
- 6) Change in emergency room visits and hospital overnights from admission to discharge
- 7) Change in mental health outpatient emergency and psychiatric facility visits from admission to discharge

8. Continuous Quality Improvement

This modality currently enters data into Avatar and accepts the following requirements:

- Maintain connection to the Avatar database;
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;
- Enter data into the Avatar computerized database as instructed, by appropriately trained staff in an accurate and timely manner to ensure accurate preparation of invoices;
- Review, analyze, comment and reconcile reports prepared by CBHS, including keeping these reports organized and on-site; and
- Remain licensed by the State Department of Alcohol and Drug Programs (DADP), be in compliance with DADP licensing regulations, and maintain C.A.R.F. accreditation through the State Alcohol & Mental Health Services Administration (SAMHSA) as required under new federal regulations.

The Methadone Maintenance Program will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Contractor: Bayview Hunters Point Foundation
Program: Jail Methadone Courtesy Dosing Program

Appendix A-2

Contract Term (MM/DD/YY)
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

1. Agency and Program Information

Bayview Hunters Point Foundation for Community Improvement
Jail Methadone Courtesy Dosing Program
1625 Carroll Street
San Francisco, CA 94124
Jacob K. Moody, Executive Director
Lillian Shine, Deputy Director
Alfredta Nesbitt, Program Director, Substance Abuse Services
Ph. (415) 822-8200
Fax (415) 822-6822

2. Nature of Document

New Renewal Modification

Providers of Behavioral Health Services

3. Goal Statement

The Bayview Jail Methadone Maintenance and Detoxification Program (Jail Courtesy Dosing) will provide daily doses of methadone to incarcerated clients as provided in community-based Narcotic Treatment Programs (whether Methadone Maintenance or Detoxification) in order to facilitate transition back to the community Narcotic Treatment Program once the client is released.

4. Target Population

All programs target San Francisco residents who are abusing, addicted, or at-risk for addiction. The population served in this Jail Methadone Courtesy Dosing Program consists of multi-cultural, incarcerated adult male, female and transgender heroin abusers who are unable to cease the use of heroin without medical assistance, are currently registered in a Narcotic Treatment Program, and are incarcerated in the San Francisco City and County jails.

5. Modality of Service/Intervention

A. Modality: Methadone Maintenance

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
Dispensing 66 contracted slots x 365 days per yr x .79.53 (utilization rate) =	19,092	66	66
Total UDC Served			66

6. Methodology

Program Description/Philosophy:

The Jail Methadone Maintenance and Detoxification Programs provide methadone maintenance or detoxification dosing services to eligible incarcerated clients. The staff dispensing nurses for this program, after obtaining the appropriate documentation and medical orders from the treating physicians of the incarcerated clients' at their home clinics, provide daily methadone maintenance or detoxification dosing services as prescribed by the clients' clinic physicians.

The Jail Methadone Dosing Program embraces the San Francisco Department of Public Health's principles of Harm Reduction and Cultural Competency to provide the highest quality treatment services resources for clients. Adherence to these principles facilitates efforts by clients to return to successful community living in a productive and independent lifestyle as possible.

Admission Criteria:

Clients who become incarcerated while enrolled in a San Francisco County funded Narcotic Treatment Program.

Intended and Average Length of Stay:

The intended length of stay is less than 30 days. However, clients may receive jail dosing for more than 30 days based on the treating physician's orders and the Jail Health Services recommendation.

Strategies:

The Dispensing Nurses in this service unit identify, on a daily basis, incarcerated clients in the San Francisco County Jails who are currently active on the rolls of a county funded Methadone Treatment Program. After receiving signed orders from clients' treating physicians in their respective Methadone Treatment Programs, the prescribed dose of methadone is prepared and delivered to the jails where the eligible clients are currently residing. Dispensing Nurses maintain all appropriate documentation regarding the dosing. The counseling requirement is waived for incarcerated clients.

Discharge Criteria for Non-Compliance:

The discharge standards for non-compliance are those, which are applicable to and required by the client's home clinic. If clients are tapered off methadone while in jail, they cannot receive methadone after being tapered off. If clients are transferred to state prison, their participation in the program will be terminated as state prisons do not provide methadone dosing.

Schedule:

Dispensing Nurses deliver doses of methadone to San Francisco County Jails to eligible clients Mondays through Fridays. Methadone doses for weekends and holidays are prepared on Fridays and signed over to Jail Health Services staff to be administered.

Progression:

The treating physician in the community Narcotic Treatment Program establishes the progression of treatment for clients.

Linkages:

Bayview Hunters Point Substance Abuse Services maintains linkages with Jail Health Services and other San Francisco County funded Narcotic Treatment Programs (BAART-Geary/FACET, BAART-Market, San Francisco General Hospital OTOP, OBOT, and Westside). These programs are in the process of developing a unified Memorandum of Understanding to guide the Jail Methadone Dosing process.

Staffing:

The Jail Methadone Maintenance and Detoxification Program's medical, clinical and administrative staff ensures efficient and effective program operation and service delivery. Refer to Exhibit B for further information on staffing.

7. Objectives and Measurements

A. Performance/Outcome Objectives

B. Other Measurable Objectives/Process Objectives

- D.1a.** During fiscal year 2010-2011, 19,092 units of service (doses of Methadone) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for each modality and as measured by BIS and documented by counselors' case notes and program records.
- D.5a.** Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).
- D.5b.** Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.
- D.5c.** Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan via email to CBHSIntegration@sfdph.org.
- D.5d.** Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental

health and substance abuse problems as required by CBHS Integration Policy (Manual Number 1.05-01).

- D.5e.** During Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity with the Department of Public Health or Public Health Consortium Clinic located in closest proximity to their program.

Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

- D.6a.** Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.

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

8. Continuous Quality Improvement

This modality does not enter data into Avatar since eligible clients are already registered at their home clinics. However, the Jail Methadone Courtesy Dosing Program accepts and adheres to the following requirements:

- Connection to CBHS Avatar is not applicable for this program
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;
- Enter data into the agency's computerized database as instructed by appropriately trained staff in an accurate and timely manner to ensure accurate preparation of invoices;

Contractor: Bayview Hunters Point Foundation
Program: Jail Methadone Courtesy Dosing Program

Appendix A-2

Contract Term (MM/DD/YY)
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- CBHS does not prepare a report for the Jail Methadone Courtesy Dosing Program, as units of service for this program are not entered into BIS. However, this program will prepare reports for CBHS as required, which will include units of service and the unduplicated client count.
- Remain licensed by the State Department of Alcohol and Drug Programs (DADP), be in compliance with its licensing regulation, and maintain accreditation as required through the Substance Abuse & Mental Health Services Administration (SAMHSA) under new federal regulations.

The Jail Methadone Maintenance and Detoxification Program will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Health Insurance Portability Accountability Act (HIPAA), and Cultural Competency. The Jail Methadone Courtesy Dosing Program is an ancillary program that is jail-based; therefore the client satisfaction surveys objective is waived.

Contractor: Bayview Hunters Point Foundation
Program: HIV Opt-Out Testing

Appendix A-3

Contract Term (MM/DD/YY)
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

1. Agency and Program Information

Bayview Hunters Point Foundation for Community Improvement
HIV Set Aside: Routine Opt-Out HIV Screening, Counseling, and
Placement

1625 Carroll Street

San Francisco, CA 94124

Jacob K. Moody, Executive Director

Lillian Shine, Deputy Director

Alfredta Nesbitt, Program Director, Substance Abuse Services

Ph. (415) 822-8200

Fax (415) 822-6822

2. Nature of Document

New Renewal Modification

3. Goal Statement

The goal of opt-out HIV screening is to reduce the spread of HIV/AIDS by providing routine testing to clients who are enrolled in our narcotic treatment program. In addition, it is the program's goal to reduce risk among clients who are at-risk for HIV infection and to link those who test positive for HIV to care.

4. Target Population

The program targets adults aged eighteen and over who are being admitted to the narcotic treatment program and those who are presently enrolled in the narcotic treatment program, who are abusing, addicted, or at-risk for addiction and do not know their HIV status. The African-American population and the following communities in the Southeast sector of San Francisco such as the Bayview Hunters Point and Sunnydale are targeted. However, any individual may reside anywhere in San Francisco. Those individuals who are also homeless/indigent are also targeted.

Program services will also be offered to the partners of clients served by the narcotic treatment program and to the targeted populations in the communities of Bayview Hunters Point, Sunnydale, and Potrero Hill.

Contractor: Bayview Hunters Point Foundation
 Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)
 7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

5. Modality of Service/Intervention

A. Modality: Ancillary Services

Strategy 65 – HIV Early Intervention Services

Those activities involved in the prevention and delay of the progression of HIV by encouraging HIV counseling, testing, assessment of the progression of the disease and the provision of prophylactic and anti-viral prescription drugs.

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Community Engagement-170 Groups 1 Group equals 1 Hour of Preparation plus 1 Hour of Presentation total 340 hours</i>	170		
<i>Testing 197 x 1 cycle 1 Cycle equals Pre-Counseling plus Blood Draw/Test plus Post-Counseling and Results plus Referral equals 197 cycles</i>	197	197	197
Total UOS Delivered	367		197
Total UDC Served			

6. Methodology

Program Description/Philosophy:

“Opt-out” HIV screening means that medical care providers do not need to obtain written consent for HIV testing and may incorporate testing as part of primary or general medical care. Prior to ordering a test that identifies infection with HIV, a medical care provider shall inform the client that the test is planned, provide information about the test, inform the patient that there are numerous treatment options available for a client who tests positive for HIV and that a person who tests negative for HIV should continue to be routinely tested, and advise the client that he or she has the right to decline the test. If a client declines the test, the

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

medical care provider shall note that fact in the client's medical file. A significant program goal of opt-out HIV screening is disclosure of HIV status to potential and/or current sexual and/or needle sharing partners and program design should prioritize the completion of this phase, as well as successful linkage strategies for those patients testing HIV-positive.

HIV/AIDS is having a devastating effect on poor communities and communities of color. Combined with substance use and abuse these effects are compounded and pose a significant threat to the continued well-being of these communities. This program is designed to reduce the negative effects of HIV/AIDS and improve the life of the recovering client. For those seeking treatment for addiction this program embodies a belief that early detection can prolong both the quantity and quality of a person's life, that no one needs to face this disease alone, and that families and their support are integral to long-term survival. This philosophy echoes the goal of this program which is to reduce risk of HIV infection and link those who are HIV positive to care. The treatment philosophy of this program is to fully embrace the principles of Harm Reduction and Cultural Competency in order to provide the highest quality treatment services and resources for clients.

Admission Criteria:

Clients being treated in one of the Bayview Substance Abuse Services treatment programs, who are residents of San Francisco and have a history of substance abuse or those who are in treatment and do not know their HIV status.

Strategies:

Each program participant will receive the following services:

- At the time of admission/induction to treatment and annually, each client will be informed that they will receive an HIV test, which they may decline to take.
- Intake assessment to determine clients' needs and HIV-related risk behaviors;
- Individualized treatment plan and risk-reduction plans will be developed to reduce HIV-related drug and sexual risk behaviors.
- Post-test counseling will be conducted after test results have been received by the program. If client tests HIV positive, referrals to care will be made.

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)

7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- Individual and group counseling, referrals, partner disclosure, and follow-up services for individual and partner of individual in the narcotic treatment program who is receiving services
- Advocacy and assistance with appropriate health and social service agencies

Community Engagement:

Engagement activities are carried out in-house and off-site within the other service units of the Bayview Substance Abuse Programs, particularly through the program's HIV counselor. This engagement focuses on identifying and providing support services to clients in treatment and in the community who may need those services. Community engagement is primarily focused on targeting and working with populations who are at-risk of HIV infection. Engagement strategies include the following:

- Recruiting individuals for HIV testing at programs in the Bayview Hunters Point, Sunnyside, and Potrero Hill communities
- Conducting presentations about our services at the different programs in the Bayview Hunters Point, Sunnyside, and Potrero Hill communities. Flyers with our program's information on where to go for HIV testing will be provided to these programs.
- Conducting groups on prevention, risk assessment and reduction, the importance of being tested for HIV, and other HIV related topics at these different programs in the aforementioned communities as well as at the Bayview Hunters Point Narcotic Treatment Program
- Clients who are new to the Bayview Hunters Point Narcotic Treatment Program will attend a mandatory HIV Prevention and Risk Reduction group upon admission to the program
- Existing clients at the Bayview Hunters Point Narcotic Treatment Program will attend a mandatory HIV Prevention and Risk Reduction group on each 90-day update of their treatment plan
- Methadone Counselors at the Bayview Hunters Point Narcotic Treatment Program will refer clients to the HIV Counselor for in-depth counseling of general HIV-related issues

Schedule:

Services are available Monday through Friday, 6:00am to 2:00pm.

A typical weekly schedule would be:

Monday – Friday: Intake, risk reduction counseling, and advocacy.

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

Progression:

A client's need for support services and risk-reduction counseling is usually intensified during the initial stages treatment. However, support services and risk-reduction counseling will remain ongoing as long as the client remains in treatment. For those who opt-out of HIV screening or still have not been screened, counselors will check-in with those clients every 90 days about getting tested for HIV. Additionally, treatment plans are revised and updated every 90 days. All clients' risk will be re-assessed for HIV infection every 90 days, and all clients will receive ongoing risk reduction counseling.

Linkages:

The primary linkages are in-house with the other Bayview Substance Abuse treatment units for HIV-positive clients in need of substance abuse treatment. For HIV-positive clients in need of medical services, referrals are made to the Southeast Health Center, the Early Access Medical Clinic at San Francisco General Hospital, the Southeast Partnership for Health-Center of Excellence, and the Early Intervention Program at Southeast Health Center. Other linkages that the program has include the the Centralized Opiate Program Evaluation (COPE), Project Homeless Connect (PHC), the PAES counseling service, Bayview Mental Health program, and Swords to Plowshares.

Staffing:

The program's clinical and administrative staff ensures efficient and effective program operation and service delivery. Refer to Exhibit B for more information on staffing.

7. Objectives and Measurements

A. Performance/Outcome Objectives

- 100% of HIV- or unknown HIV-status patients will be informed they will receive an HIV test at induction and annually and that they may decline the test.
- 90% of patients who have a confirmed HIV-positive test result will be offered partner services options.

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)

7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- 90% of patients who have a confirmed HIV-positive test result will be linked to HIV medical care and at a minimum, these patients will have an HIV-related medical appointment made and kept.

B. Other Measurable Objectives/Process Objectives

- D.1a.** During fiscal year 2010-2011, 367 units of service (UOS) will be provided consisting of treatment, prevention, or ancillary services as specified in the unit of service definition for this modality and as documented in counselors' case notes and program records.
- D.4d.** During Fiscal Year 2010-11, all Substance Abuse Prevention providers will complete a common risk assessment for 60% of the program participants.
- D.5a.** Each program will complete a new self-assessment with the COMPASS every two (2) years (a new COMPASS must be completed every other fiscal year).
- D.5b.** Using the results of the most recently completed COMPASS (which must be completed every 2 years), each program will identify at least one program process improvement activity to be implemented by the end of the fiscal year using an Action Plan format to document this activity. Copies of the program Action Plan will be sent via email to CBHSIntegration@sfdph.org.
- D.5c.** Each behavioral health partnership will identify, plan, and complete a minimum of six (6) hours of joint partnership activities during the fiscal year. Activities may include but are not limited to: meetings, training, case conferencing, program visits, staff sharing, or other integration activities in order to fulfill the goals of a successful partnership. Programs will submit the annual partnership plan to CBHSIntegration@sfdph.org.
- D.5d.** Each program will select and utilize at least one of the CBHS approved list of valid and reliable screening tools to identify co-occurring mental health and substance abuse problems as required by CBHS Integration Policy (Manual Number: 1.05-01).
- D.5e.** During the Fiscal Year 2010-11, each program will participate in one Primary Care partnership activity with the Department of Public Health or

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)
7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

Public Health Consortium Clinic located in closest proximity to their program. Optimal activities will be designed to promote cooperative planning and response to natural disaster or emergency events, neighborhood health fairs to increase joint referrals, or mutual open house events to promote cross-staff education and program awareness.

- D.6a.** Working with their CBHS program managers, programs will develop three (3) mutually agreed upon opportunities for improvement under their 2010 Cultural Competency Reports and report out on the identified program-specific opportunities for improvement and progress toward these improvements by September 30, 2011. Reports should be sent to both program managers and the DPH/EEO.
- D.8a.** If applicable each program shall report to CBHS Administrative Staff on innovative and/ or best practices being used by the program including available outcome data.
- D.9a.** During the Fiscal Year 2010-11, Substance Abuse Providers will make quarterly improvements in the accuracy of assessment and recording of admission and discharge CalOMS data for the following ADP and County priority questions:
- 1) Change in all AOD use from admission to discharge
 - 2) Change in housing from admission to discharge
 - 3) Change in any arrests in the 30 days prior to discharge compared with any arrests 30 days prior to admission
 - 4) Change in employment or in school from admission to discharge
 - 5) Length of stay from date of admission to date of last service
 - 6) Change in emergency room visits and hospital overnights from admission to discharge
 - 7) Change in mental health outpatient emergency and psychiatric facility visits from admission to discharge.

8. Continuous Quality Improvement

This modality currently enters data into the Avatar and accepts the following requirements:

- Maintain connection to the Avatar database;
- Remain committed to collecting client and service data with integrity by appropriately trained and skilled staff;

Contractor: Bayview Hunters Point Foundation

Appendix A-3

Program: HIV Opt-Out Testing

Contract Term (MM/DD/YY)

7/01/10 through 6/30/11

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

- Enter data into the Avatar computerized database as instructed by appropriately trained staff in an accurate and timely manner to ensure accurate preparation of invoices; and,
- Review, analyze, comment and reconcile reports prepared by CBHS, including keeping these reports organized and on-site.

The program will comply with the San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

City Fiscal Year (CBHS only): 10-11

1. Program Name: Youth Moving Forward

Program Address: 5015 Third Street
City, State, Zip Code: San Francisco, CA 94124
Telephone: (415) 822-1585
Facsimile: (415) 822-6443

2. Nature of Document (check one)

- New** **Renewal** **Modification**

3. Goal Statement

The goal of the Youth Moving Forward Substance Abuse Treatment Outpatient Program is to provide coordinated treatment including individual, group, family and collateral counseling to African-American youth community in San Francisco with particular emphasis on the Southeastern section of San Francisco, Western Addition and Potrero Hill. Youth Moving Forward is operated by The Foundation with Potrero Hill Neighborhood House as a sub-contractor. In addition, this contract provides three months of close-out costs to Morrisania West, Inc., a former member of this collaboration, using The Foundation as a fiscal intermediary.

4. Target Population

The target population for the YMF program is African-American youth ages 12-21 who reside in the Southeastern (Bayview-Hunters Point, Sunnydale) section and Western Addition and Potrero Hill communities who are at risk for substance abuse or who currently use and Abuse alcohol, drugs or tobacco. As part of its commitment to all youth in these changing neighborhoods, YMF will also provide outreach, referral and services to the Latino, Asian-Pacific and GBLQT communities within these sectors. YMF will connect with language appropriate service providers for those youth seeking services in a language other than English.

5. Modality(ies)/Interventions

<i>Program 4A</i>			
<i>Units of Service (UOS) Description BVHPF</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Individual Counseling: 4 substance abuse counselors x 30 hrs. of direct services per 1.0 FTE counselor per wk x 46 wks per year (2 wks vacation, 2 wks holiday, 2 wks sick leave)</i>	5520	90	90
<i>Group Counseling: 75 clients x 1.5 (10 min. couns. increments) per month x 12 months =</i>	1350	75	75
Total UOS	6870		
Total UDC Served			90

<i>Program 4B</i>			
<i>Units of Service (UOS) Description PHNH</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Individual Counseling: 3 substance abuse counselors x 30 hrs. of direct services per 1.0 FTE counselor per wk x 46 wks per year (2 wks vacation, 2 wks holiday, 2 wks sick leave)</i>	4140	45	45
<i>Group Counseling: 45 clients x 1.5 (10 min. couns. increments) per month x 12 months =</i>	810	45	45
<i>Total UOS</i>	4950		
<i>Total UDC Served</i>			45

<i>Program 4C</i>			
<i>Units of Service (UOS) Description MWI</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Close-Out Costs: Individual and group counseling, referrals, and transfer of records</i>	3 (months) 45,896	n/a	n/a
<i>Total UOS</i>	45,896		
<i>Total UDC Served</i>			n/a

6. Methodology

FY 2010-2011 marks the fifth year of Youth Moving Forward. In the five years of its existence YMF has refined its methodology to focus on three treatment/intervention strategies to obtain maximum results. FY 2010-2011 marks the consolidation of all activities by service providers into a cohesive whole.

Program Operation

Outreach, Assessment and Intake:

The YMF program conducts outreach through various community resource centers; the program does outreach to the Juvenile Justice Probation Department, San Francisco Unified School District and community youth programs. The program receives referrals from the aforementioned entities. Eligibility for admission is based on a want, desire and need to address an individual's substance abuse problem. A written agreement is made with the client and program counselor. All relevant intake and informational documents are generated using Avatar. The client is provided an assessment and an initial history to determine any pre-existing factors that are relevant to the proposed treatment plan. The client is assigned to a counselor that best fits the clients' treatment profile. This assignment of counselor is based on gender, age or sexual orientation. The client is then provided an initial 30 day treatment plan and then a follow up 60 and 90 day plan.

Program: Youth Moving Forward- Substance Abuse
Treatment

Contract Term (MM/DD/YY)

07 / 01 / 2010 through 06 / 30 / 2010

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

Treatment Model

The service delivery model is based on individual and group counseling sessions that are based on three phase progressions. The client is provided with an initial set of goals and objectives that are reviewed on a 30, 60 or 90 day basis and the clients progression to the next phase is determined by the success or failure in obtaining those goals. The individual sessions are conducted on a one to one basis in the counselor's office while the group sessions are conducted with similar situated clients by gender and age. There is a monthly co-ed group that focuses on building character through balanced relationships with the opposite sex. The individual sessions are conducted on a twice a week rotation unless the counselors assessment of the client calls for daily or more contact and interactions. The group sessions are on a weekly basis, with positive social outings scheduled on a weekly format.

The modality for programming is based on the **Adolescent Community Reinforcement Approach, (A-CRA)** a treatment modality that is Evidence Based practice approved by the Substance Abuse and Mental Health Services Administration (SAMHSA). This approach to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with pro-social activities and behaviors that support recovery. A-CRA includes sessions for adolescents alone, parents/caregivers alone, and adolescents and parents/caregivers together. According to the adolescent's needs and self-assessment of happiness in multiple areas of functioning, therapists choose from among 17 A-CRA procedures that address problem-solving and communication skills and active participation in pro-social activities with the goal of improving life satisfaction and eliminating alcohol and substance use problems. Role-playing/behavioral rehearsal is a critical component of the skills training used in A-CRA, particularly for the acquisition of better communication and relapse prevention skills. Homework between sessions consists of practicing skills learned during sessions and participating in pro-social leisure activities.

In addition, counselors also use Cognitive Behavioral Intervention and Motivational Interviewing methods as a service modality. These intervention modalities have been used in the substance abuse services delivery system in San Francisco for many years and staff is well trained in their methodology.

The hours of operation are from 10 a.m. until 8p.m. with positive social activities provided on the weekend and selected overnight stays. The YMF Program has extensive linkages with youth based mental health programs for the referral of clients. The average length of stay for a client is one year. As an adolescent based program the YMF does encourage clients to continue in the program for a two year period, or until an appropriate referral to a positive social long term activity is accomplished.

Exit and After Care

Once the client has accomplished his or her goals, the client is then provided with a comprehensive exit plan that provides the client with a referral to a more specifically focused program that promotes positive social activities and educational attainment and advancement. If the client is age appropriate they can still obtain YMF services through The Foundation's Bayview-Hunters Point

Prevention Programming or DCFY funded programming at Potrero Hill Neighborhood House. It is optional, based on the counselor's evaluation and assessment of the client, to reduce the individual treatment sessions on the basis of the clients' progression of their goals and objectives. This step-down process is decided with the assistance of the program Clinical Director. The counselor and the client prepare for the eventual program discharge while the clients in the third phase of the program.

Program Supervision and Clinical Supervision

All Program staff are supervised by a Program Coordinator housed at BVHPPF and are provided monthly Clinical Supervision by the current Clinical Supervisor at BVHPPF. Staff meets monthly to do a clinical case conference on clients, train on program innovations and build team. Program Coordinator and Clinical Supervisor review all notes entered into Avatar.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Objective A.1: Reduced Psychiatric Symptoms

A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-2011 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected for July 2010 – June 2011 will be compared with the data collected in July 2009 – June 2010.

A.2.a.(i) During Fiscal Year 2010-2011, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

A.2.b Substance Abuse Outpatient Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer. For Substance Abuse Residential Treatment Providers, this will be measured from admission to discharge for clients who remain in the program for 30 days or longer.

Objective A.3: Increase Stable Living Environment

A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective F.1: Health Disparity in African Americans

F.1.a Metabolic and health screening

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available.

Outpatient providers will document screening information in the Avatar Health Monitoring section. X

F.1.b Primary Care provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective G.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-2012

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

8. Continuous Quality Improvement

Bayview Hunters Point Foundation for Community Improvement (The Foundation) is committed to the provision of high quality, culturally effective programs that meet the needs of its clients. To this end for Youth Moving Forward, there are several systems in place to insure adherence and compliance with the goals and objectives found in this document.

- a. The Foundation and its subcontractors will guarantee compliance with Health Commission, Local, State, Federal and/or funding source policies and requirements such as Harm Reduction, Health Insurance Portability and Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

- b. The Foundation, its internal program and all subcontractors will hold a quarterly Quality Assurance Meetings to determine the extent to which all sites are adhering to program standards and plans to remediate any deficiencies. Reports of these meetings will be transmitted to staff and to relevant DPH staff. These reports will include problems identified, strategies to improve, assigned staff to complete and date of completion.
- c. A collective staff meeting will be held twice a year to insure all program staffs are operating at optimum levels in all areas of the performance objectives.
- d. The Director of Compliance and Quality Assurance, a new position at The Foundation will on a quarterly basis at each program:
 - Review of client records
 - Review and insure the updating of written policies and protocols and practices
 - Conduct a preliminary in preparation for DPH Site audit
 - Conduct Expert review of educational materials developed by the program for clients
 - Insure adequate staff training
 - Chair the Quality Assurance Committee
- e. Youth Moving Forward will use a Clinical Supervisor who will:
 - Develop a Clinical consultation and supervision plan for each site and each staff member. Clinical supervision will occur on a weekly basis at each site.
 - Case Conferences to be held monthly at each site with the Clinical Supervisor.
- f. Staff will be supported to complete all required certification training and be released to attend DPH trainings as appropriate. The Director of Compliance and Quality Assurance and the Clinical Supervisor will determine if additional site and program trainings are necessary. In consultation with program directors, the DCQA and the CS will determine program changes that need to be made to meet performance objectives.
- g. A fiscal year end meeting will be held to assess performance and progress in collective action.

Contractor: : Bayview Hunters Foundation
 Program: Primary Prevention-Substance Abuse

Contract Term (MM/DD/YY)
 07 / 01 / 2010 through 06 / 30 / 2010

City Fiscal Year (CBHS only):

Funding Source (AIDS Office & CHPP only):

1. Program Name: Bayview Hunters Point Foundation Youth Services-Primary Prevention-Substance Abuse

Program Address: 5015 Third Street
 City, State, Zip Code: San Francisco, CA 94124
 Telephone: (415) 822-1585
 Facsimile: (415) 822-6443

2. Nature of Document (check one)

New Renewal Modification

3. Goal Statement

The Bayview Hunters Point Foundation Prevention Programs goal is to improve the environmental literacy of the youth community by providing community action in the form of Outreach and direct involvement in issues that effect the quality of life in underserved communities of color. The Prevention Program also seeks to strengthen family through Educational outreach

4. Target Population

The target population for the Prevention program are youth and their families in the Bayview Hunters Point community. The program also seeks to influence policy makers by advocating environmental strategies that promote positive public policy.

5. Modality(ies)/Intervention

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>1.0125 FTE x 40 hrs x 52 wks = 2106 hrs/3 = 702 hrs</i>			
<i>Community Based: 702 hours in cross program promotional seminars and strategies</i>	<i>702</i>	<i>50</i>	<i>50</i>
<i>Educational: 702 hours providing 1 hr skill bldg. wkshps, youth focused community events, and 1 hour school assemblies.</i>	<i>702</i>	<i>50</i>	<i>50</i>
<i>Environmental: 702 hours provided for 1-hr wkly clean up activities in community</i>	<i>702</i>	<i>50</i>	<i>50</i>
<i>Total UDC Served</i>			<i>150</i>

6. Methodology

The Primary Prevention Program is designed to address the needs of youth in Bayview Hunters Point that have not yet started substance use or are in a limited experimental stage of substance use. The program is linked to the SFDPH Prevention Plan and its goals and objectives. Utilizing educational strategies and the Community Action Model, the program engages youth in activities that ground them in the neighborhood, expand their thinking about health activities and build connections to the entire population.

Substance Abuse Prevention Education and the Juvenile Justice Center

The Program uses a model for prevention of risky behaviors that recognizes a continuum of change that starts with knowledge about a risk and progresses to change attitudes, beliefs and behaviors (KABB).

Based on this, the program begins substance abuse prevention efforts with building knowledge and supporting youth to gain perspective on their own behaviors and the risky behaviors of those around them by educating youth in schools and the Juvenile Justice Center about substance abuse and engaging them in reflective discussion.

Our site-based educational efforts address the second of the identified San Francisco Substance Abuse Prevention Services Strategic Plan goals: Changing norms and increasing public awareness of alcohol and other drugs.

Small Group Education in Schools

The program has taught substance abuse prevention in the schools for nearly 15 years, it now shifts its curriculum to the San Francisco CBHS' Special Programs for Youth (SPY) Health Education Substance Abuse Wellness Program that the program uses at the Juvenile Justice Center.

Counselors meet with the groups at their schools for an average of 15 hour-long sessions during the year. Meeting at lunch or during class depending on the preference of each school, sessions has a support group/rap group format that will begin with presentation of a topic with background/educational information and will move into facilitated discussion.

The primary objective of these sessions is to increase the knowledge of middle and high school youth about risks associated with substance abuse. Additionally, the program supports them to reflect on their pressures and choices, and to increase empowerment and skills for healthy behaviors. The relationship between substance abuse and other conditions such as truancy, anger, strained school, family and community relationships as well as poor mental health are explored.

Once a year the program administers a brief questionnaire to a sample of youth in small groups asking about any actual changes knowledge, beliefs and/or behaviors as a result of the groups in both the Juvenile Justice Center and schools. This will be in addition to the annual Satisfaction Survey. Together, the two contacts will help us to assess the effectiveness of the programs.

Larger Group Presentations in Schools

The Foundation has historically responded to requests from the schools to provide substance abuse prevention education presentations to larger groups in classrooms or assemblies. This program continues to do this for a minimum of 8 single session presentations of one hour or less at the six

schools mentioned above that will reach a minimum of 300 youth and as many as 500 pulling materials from the SPY curriculum.

The objective in these presentations is to help youth take the first step onto the continuum of prevention by increasing their knowledge about substance abuse and encouraging them to discuss it with us, with their peers, with their families and with other influential adults. The efforts in schools that we have described here will be conducted in English only.

Small Groups in the Juvenile Justice Center

The program provides services at the Juvenile Justice Center. Using SF BHCS' Special Programs for Youth (SPY) Health Education Substance Abuse Wellness Program curriculum. The enrollment in the groups will change as youth move through the Center, but we anticipate that most youth will experience multiple sessions and some may have more than 20. We anticipate we will work with about 50 youth at anyone time and will reach an unduplicated minimum of 200 youth over the course of a 45 session year.

Once a year the program administers a brief questionnaire to a sample of youth in small groups asking about any actual changes knowledge, beliefs and/or behaviors as a result of the groups in both the Juvenile Justice Center and schools. This will be in addition to the annual Satisfaction Survey. Together, the two contacts will help us to assess the effectiveness of the programs.

Environmental-Community Based

The prevention environmental program service delivery is based on the Community Action Model. In the CAM the program trains participants to define, design and do community diagnosis. The youth then analyze the results of the community diagnosis and select an action or activity to implement. The youth then maintain and enforce the action and activity. The activity that we have chosen is litter removal and education. This activity takes place on weekends from 9-12 noon. The youth work in the BVHP residential community and remove discarded trash that is left on the streets; we then analyze what is the preponderant trash and focus on reducing that commodity in the community. For example, if most of the trash came from fast food restaurants, the youth would target that industry for a community action. We will also with the CBHS prevention programs to implement the Strengthening Families project.

Family Centered Prevention

Targeted in the Spring of 2011 the program will implement the Strengthening Families 14 week program per training and modifications approved by CYF system of care. .

7. Objectives and Measurements

Objective E.1: Prevention

E.1.a Establish at least two priority risk factors for your community/program based on the Communities That Cares (CTC) worksheet.

- By July 2010 the BVHP Youth Services Prevention program will implement an environmental strategy that uses the Community Action Model to reduce a negative environmental impact in the community they reside in.

- By October 2010 the BVHP prevention program will collaborate with the Youth Leadership Institute to implement a Community Action Model to effect public policy on a city wide basis.
 - Evaluation of the CAM action will be by client and community surveys conducted with the Youth Leadership Institute staff.
- By March of 2010 the Bayview Hunters Point Youth Services Prevention Program will collaborate with CBHS to implement the Strengthening Families Program.
 - Evaluation will be with the assistance of CBHS staff.

E.1.b Demonstrate a reduction in one risk factor for your community/population.

E.1.d In Fiscal Year 2010-2011, the rejection rate of data entered into State CalOMS Prevention must not exceed 5% annually.

E.1.e Create a project that addresses health disparities in African Americans related to alcohol advertising, availability and/or consumption. Central Administration must approve all provider projects.

Objective F.1.a Metabolic and health screening

Metabolic screening (Height, Weight, & Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

Objective G.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinics, information on selfhelp alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12-step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-2012

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

8. Continuous Quality Improvement

This Prevention modality will enter data into CalOMS Prevention and accept the following requirements:

- Since Prevention programs are incorporated into the CalOMS Prevention, Bayview Youth Services will participate in required training to facilitate the entering of data as required.
- Remain committed to collecting participant and service data with integrity by appropriately trained and skilled staff.
- To work with Community Substance Abuse Services in its efforts to collect data and to facilitate the development of the CalOMS Prevention computerized database for prevention services. Data currently tracked manually will be gathered and entered at least on a monthly basis.
- The Youth Services Prevention Program will prepare quarterly reports for CBHS as required.
- The Bayview Youth Service Prevention Program is not a treatment program. It is, therefore, not required to be certified by the State Department of Alcohol and Drug Programs (DADP). The Bayview Youth Services building does house other programs that involve treatment, and therefore does have DADP certification.

1. Agency and Program Information

Bayview Hunters Point Foundation
Bayview Hunters Point Behavioral Health Program (BVHP BHP)
5815 Third Street
San Francisco, CA 94124
Jacob K. Moody, Executive Director
Lillian Shine, Deputy Director
Debbera Burrell, Director, Behavioral Health Services
Alfreda Nesbitt, Director, Narcotics & Substance Abuse
Ph. (415) 822-7500 or (415)822-8200
Fax (415) 822-9767 or (415) 822-6822

2. Nature of Document

New Renewal Modification

Providers of Integrated Behavioral Health Services

3. Goal Statement

The Bayview Hunters Point Foundation Behavioral Health Program will provide integrated mental health and substance abuse services for adults. The Foundation's goals are:

- * to continue and expand mental health outpatient services for adults of all ages in a newly formed and integrated *Bay View Hunters Point Behavioral Health Program (BVHP BHP)*.
- * to establish adult substance abuse outpatient treatment for 70 adults annually, co-located with mental health services at the BVHP BHP.
- * to *better integrate the mental health and substance abuse services* which The Foundation has traditionally offered.

4. Target Population

The Bayview Hunters Point Behavioral Health Program will serve target population clients in San Francisco's mental health system who meet the County's eligibility guidelines and admissions criteria as identified through the access information and referral system. Additionally, CBHS policy stipulates that all programs are expected to provide coordinated care to target population clients who do not require specialty services, when necessary, as determined by CBHS administration. The Foundation plans to deliver outpatient behavioral health services that proportionally break down as follows:

- About 90% of outpatient services delivered will be to mental health and or integrated dual-diagnosis clients (e.g., to clients with serious behavioral health or co-occurring

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mental health and substance abuse disorders). We estimate providing 285 adults with 7,939 units of service in this service track each year.

- About 10% of services will be delivered to single substance-abuse-only diagnosis clients. We estimate providing 70 adults with 2,050 units of service in this service track each year.

Both service tracks will serve all adult age ranges (ages 18+) from transition age youth (TAY) to adults and older-adults (60+). Because of the nature of the challenges and inequities in the community (per Section a.1), targeted populations will naturally include adults from the following sub-groups:

- Indigent, homeless or marginally housed: Due to poverty in the target area, many clients – about 35% - have these housing challenges.
- Victims of violence/sexual violence: Approximately 65% of client present with trauma issues related to community/domestic/sexual violence.

The target population to be served will include registered residents, meeting CBHS eligibility criteria, who basically are:

- Victims of racial/cultural/language discrimination: Based on current data, we expect 70% of clients to be low-income African American, 15% to be low-income Latino, 10% to be low-income Caucasian, and 5% to be low-income Asian/Pacific Islander. Most have been victims of discrimination.
- Young adults aged 18-26: Historically, about 25% of clients fall in this age range. This group is developmentally distinct from other adults and can access services in our Youth Services Division as a first point of entry.
- Older Adults aged 60+: Historically, about 10% of clients fall in this age range, however, most of these have entered services under age 60, and turned 60 while in services.
- Families: The focus of the BVHP BHP is in fact whole-family treatment, recognizing that everyone is a product of family and environment. The Foundation will seek to increase behavioral health services to pregnant women.
- LGBTQQ: Historically, about 1% of clients identify themselves as LGBTQQ.
- Men who have sex with men/intravenous or methamphetamine users: Historically, about 1-2% of clients identify themselves in these categories.

Clients will be residents of the Southeast Sector of San Francisco and with most clients from zip codes 94124, 94134 and 94107.

Non-discrimination governs the provision of services, benefits and facilities to clients or potential clients. Concurrently, there is also a special focus on the provision of outpatient services to mentally ill ethnic minority populations, and to offer information and services in the primary language of the client.

The Bayview Hunters Point Behavioral Health Program is a component of a community-based human service agency representing a diverse, multi-ethnic population. The program is staffed with licensed and license-eligible marriage & family therapists, social

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workers, psychologists, and board certified psychiatrists who are oriented to the community and responsive to the issues of ethnicity, culture, language, and gender.

Through linkages with other community health service providers the Bayview Hunters Point Behavioral Health Program has developed a network of services to address the issues of clients with mental health, substance abuse, or co-occurring disorders. In response to the Bayview Hunters Point Health Disparities Report, the Bayview Hunters Point Foundation for Community Improvement and the Southeast Health Center has established the Bayview Health Campus. This collaboration will:

- allow for BVHPFCI to serve a critical role where service gaps exist at SEHC.*
- allow for a natural referral conduit for SEHC patients into BVHPFCI services, and vice versa*
- be the practical manifestation of the SFDPH integration process*
- Facilitate co-management for our common patients*
- Serve as a platform from which community health coordination and planning can occur to address specific health disparities.*

The Behavioral Health Program provides mental health interventions to residents of San Francisco who have co-occurring chronic mental and substance abuse disorders, with an emphasis on reducing the number of people requiring more intensive levels of care. Through treatment and community services, logical, coordinated interventions will be provided to adult, adolescent and child residents of San Francisco. These services will be rehabilitation oriented and directed toward relieving or reversing the symptoms of emotional and mental disorders, and to reduce inpatient hospitalizations.

The Behavioral Health Program services are provided to adults. Outpatient services are usually provided on a regularly scheduled basis, with arrangements made for non-scheduled visits during times of increased stress or crisis. In promoting comprehensive care, services are provided at sites other than the mental health clinic (i.e., schools, etc.). As indirect services are provided to other individuals who play significant roles in the care of clients, as well as to agencies and programs offering direct services in the community.

5. Modality of Service/Intervention

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services: Crisis Intervention, Medication Support Services, Mental Health Services, Assessment, Therapeutic Behavioral Services, Outreach Services/Consultation Services, Case Management Brokerage

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Program A	B	C	D
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>UOS Overall: 7.50 FTE x 40 hours/week x 44 weeks/year x 60% effective ratio = 7,920 hours/year</i>	475,200 min		
<i>Mental Health Services</i>	316,346 min	300	300
<i>Medication Support</i>	53,366 min	45	45
<i>Crisis Intervention</i>	1,484 min	3	3
<i>Case Management Brokerage</i>	15,624 min	12	12
<i>Community Client Services (classroom and community presentations)</i>	312 hr (= 18,720 min)	~	~
<i>SA/ODF Individual</i>	896 hr (= 53,760 min)	60	60
<i>SA/ODF Groups</i>	265 hr (= 15,900 min)	45	45
Total UDC Served		465	300
Total UOS	475,200 min (= 7,920 hr)		

6. Methodology

Program Description/Philosophy:

Program services will be delivered within the context of integrated mental health and substance abuse service guidelines, which include several components of integrated programs considered evidence based according to Drake, Essock, and colleagues (2001). These components include:

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- *Staged interventions* where stages of treatment (engagement, persuasion, active treatment and relapse prevention) are delivered based on individual readiness for each stage.
- *Motivational interventions* which involve helping the individual identify goals and to recognize that not managing one's illnesses interferes with attaining these goals.
- *Counseling* to help clients develop skills and supports to control symptoms and pursue an abstinent lifestyle.
- *Social support interventions* which recognize the role of social networks and peer support in recovery from dual disorders.
- *Long-term perspective* which recognizes that recovery may occur over months or years.
- *Comprehensiveness* in helping an individual transform many aspects of their life habits, stress, management, friends, activities and housing.
- *Cultural sensitivity and competence* which are critical to engaging clients.

The BVHP BHP operates from 9:00 A.M. to 6:00 P.M. Monday through Friday. Early morning or evening services are available by appointment. The following services will be offered to all clients:

Community Engagement/Outreach

Assessment:

Treatment Plan

Individual Counseling:

Motivational Interviewing (MI):

- Cognitive Behavioral Therapy (CBT):

In all cases, there will be close monitoring and oversight by the clinician - addressing the different stages of change in recovery - to ensure the stability and consistency of treatment.

Group Counseling:

Care Coordination/Case Management:

Medication Management

Crisis Intervention (CI):

Transition Planning

Program services will be delivered within the context of guidelines, which include:

- System-wide standards of accountability based on cost, access, quality and outcomes.
- A single point of entry for adult and children's services
- A common definition of the priority target population
- The use of common admission and discharge criteria coordinated care for all clients
- To provide services that are culturally and linguistically appropriate

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- The provision of a standard core of services in each cluster
- To fulfill the public mental health system's mission of serving as the system of care for San Franciscans, the Behavioral Health Program will participate in the CBHS Advanced Access initiative by:
 - Providing intake assessment and medication evaluation, as needed, within 24-48 hours of request;
 - Ensuring timely collection and reporting of data to CBHS as required. The Outpatient Mental Health Family Center will provide quarterly measures of new client demand according to Advanced Access reporting methodology, and more frequently if required by CBHS;
 - Program will provide and document the initial risk assessment using the CBHS IRA form within 24-48 hours of request for service;
 - Program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.
 - Measuring delay of access for both new and ongoing clients on at least a monthly basis according to Advanced Access reporting methodology, and more frequently if required by CBHS.

Because of limited and shrinking mental health resources, coupled with the need to immediately serve many new acute clients, the Behavioral Health Program will consistently apply utilization review and discharge/exit criteria to alleviate increasing caseload pressure, and to prioritize services to those most in need. Clinicians will consider such factors as: risk of harm, functional status, psychiatric stability and risk of decompensation, medication compliance progress and status of Care Plan objectives, and the client's overall environment, to determine which clients can be discharged from MHS/CMB services into medication-only, or to PPN/Primary Care. The program will also utilize more time-efficient brief therapy and group interventions to maximize the number of clients that can be helped.

Within the Foundation's ongoing program and services planning, strategies for the design and implementation of Wellness and Recovery models of care represent efforts of highest priority. In promoting integrated services based on behavioral health models, the Foundation is developing Wellness and Recovery models specifically within its mental health and substance abuse programs. Staff and clients of these programs have participated in a number of forums and activities, which serve as the basis for the implementation of a newly formed rehabilitative and wellness/recovery project. The principles guiding the work of this project support vocational, rehabilitative, and consumer-operated projects, and promote enhanced and sustainable levels of functioning and well being for program clients.

The Behavioral Health Program will participate in the CBHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to CBHS

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as required and which may be changed from time to time with prior notice from CBHS. The Behavioral Health Program will provide and document the initial risk assessments using the CBHA IRA form within 24-48 hours of request for service.

The Behavioral Health Program will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

The Behavioral Health Program will provide services in the preferred language of the consumer (including sign language as provided through the Department of Public Health) and will make provisions for the use of trained interpreters when needed.

Admission Criteria:

The Behavioral Health Program will provide services to not less than 355 adult, adolescent and child clients during the 2009-2010 contract year. At least 25% of the outpatient services provided by the Outpatient Behavioral Health Team will be children's cases. Bayview Behavioral Health Program will make concerted efforts to admit clients referred from 24-hour treatment services. Any refusal of clients will be based on appropriate clinical/program decisions. Lack of Medi-Cal as a funding source will not be used as criteria for refusal of services to clients, although the program is committed to the maximization of Medi-Cal as a revenue source within its contractual agreement with the Department of Public Health.

Strategies:

Behavioral Health Services (Assessment, Group and Individual Therapy, Collateral Services, Targeted Case Management) are designed to respond to the specific treatment and rehabilitation of clients served.

Assessments include evaluation or analysis of the cause or nature of mental, emotional, or behavioral disturbances. Cultural issues and history will be included in the assessment process.

Group Therapy represents outpatient contacts in which one or more clinicians treat two or more identified clients at the same time, focusing on the needs of the individuals served. Services are tailored to provide interventions consistent with goals and results.

Individual Therapy involves one-to-one contact between the client and clinician, which results in a record of therapeutic experiences in the client's chart, following the identification of milestones that focus on symptom reduction as detailed in the Individual Service Plan and the Coordinated Care Plan.

Collateral Services include contact or sessions with significant persons in the life of an identified client, focusing on the needs of that client. Services include consultation and

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

training to promote understanding of mental illness and training to assist in effective utilization of services.

Targeted Case Management includes the provision of clinic based and offsite behavioral health services, helping clients to access needed supports in order to live successfully in the community (e.g., escorting clients to obtain entitlements, housing, medical care, and managing money), providing as much daily contact as needed and appropriate, providing crisis intervention in a timely manner, arranging urgent medication visits including drop-in med visits, collaborating with other parties involved in the client's life, and providing extensive treatment services.

Medication Support Services include the prescribing and administering of medications necessary to alleviate the symptoms of mental illness, and the assessment of side effects and/or results. To maintain continuity and effectiveness, during the transition of clients between service providers, when appropriate, prescribers of medications will attempt to consult with the former prescriber regarding medication regimen.

Crisis Intervention will be provided to clients based on specific circumstances. Often a resolution of the crisis situation for an individual is sufficient to restore equilibrium in his or her life, and often results in a return to appropriate functioning. For others, crisis intervention can help to prepare them for longer-term care as indicated.

Case Management/Brokerage services promote advocacy and assistance in accessing needed medical, educational, pre-vocational and vocational, rehabilitative or other community services.

Services to Dually Diagnosed Clients: The Behavioral Health Program will utilize the Department of Public Health's "Any Door the Right Door" model to assist in the reduction of multiple psychiatric hospitalization and to increase levels of independent functioning in the least restrictive environments. As with its other target populations, the Behavioral Health Program will provide solution-focused interventions with the dually diagnosed population to realistically respond to the multi-problem needs of mental illness and substance abuse. Treatment for these individuals will include assessments; individual and group counseling; services coordination; independent living skills, and substance abuse treatment and referral. During fiscal year 2010-2011, the Foundation's Integrated Behavioral Health Program will provide collaborative treatment options for individuals who present with co-occurring chemical dependency and mental illness. The integrated services provided by the Bayview Hunters Point Integrated Behavioral Health Program and Jelani House (residential substance abuse services) partnership allows for continuous, coordinated, integrated mental health and substance abuse treatment services; referral services and case management for clients with co-occurring disorders.

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Referral Services: Referrals from inpatient services will receive priority by the Behavioral Health Program staff to maximize the probability of successful linkages for new clients. These referrals will be immediately assigned to staff to effect appropriate face-to-face follow up and assessment. The program is committed to making contact with the client while he/she is still hospitalized as staffing and resources permit. Development of the service plans for these individuals will include treatment support and family involvement as much as possible, complemented by other needed health and social services referrals.

Urgent Care: When Urgent Care services -- psychiatric attention which is needed within the same day (but not emergency psychiatric services which is care provided to a client in response to a potentially life-threatening situation) -- are required, the Behavioral Health Program will provide appropriate clinician and physician back up to meet unexpected client and service needs. These Urgent Care services will permit the provision of needed medications as well. If the Program is unable to immediately address the Urgent Care circumstances, its resource capability will permit appropriate referral and follow up.

Schedule:

The Behavioral Health Program operates from 9:00 A.M. to 6:00 P.M. Monday through Friday. Early morning or evening services are available by appointment. Referral and intake services are coordinated through the Integrated Service Center.

Linkages:

The Behavioral Health Program will develop linkage strategies to facilitate referrals to vocational services as needed. Within the Bayview Mental Health Services, vocational opportunities will be available for clients and other referral options will be reviewed and made available to all clients. The Center will develop linkage capability with the following off-site Bayview Hunters Point Foundation service providers, in order to promote a broad base of comprehensive child, youth and family treatment options:

- Bayview Youth Services
- Bayview AB3632 Program

Staffing:

The Foundation understands the importance of race, culture and language in its service provision, and maintains staffing and programming which appropriately respond to these issues. Recruitment and hiring of staff ensures competency to deliver and manage culturally and linguistically appropriate services to the population served, and provision of effective program and therapeutic interventions designed to meet the special clinical needs of diverse populations. Diverse populations include those from racial, ethnic and cultural backgrounds, the homeless, and individuals of varied sexual orientations and disabilities.

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Refer to Exhibit B for further information on staffing.

PERFORMANCE OBJECTIVES:

Objective A.1: Reduced Psychiatric Symptoms

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by the these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.
- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.
- A.1.l Providers will ensure that all clinicians who provide mental health services are certified in the use of the Adult Needs and Strengths assessment (ANSA). New employees will have completed the ANSA training within 30 days of hire.
- A.1.m Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the MRD/ANSA assessment and treatment plans completed in the online record within 30 days of episode opening. For the purpose of this performance objective, an 85% completion will be considered a passing score.

Objective A.3: Increase Stable Living Environment

- A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.1: Access to Service:

- B.1.a 75% of uninsured active clients, with a DSM-IV diagnosis code that likely indicates a disability, who are open in the program as of July 1, 2010, will have SSI linked to Medi-Cal applications submitted by June 30, 2011. Programs are also strongly encouraged to refer eligible clients to Health San Francisco.

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Objective B.2: Treatment Access and Retention

B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective C.2: Client Outcomes data collection

C.2.a for clients on atypical antipsychotics, at least 50% will have metabolic monitoring as per American Diabetes Association- American Psychiatric Association Guidelines for the Use of Atypical Antipsychotics in Adults, documented in CBHS Avatar Health Monitoring, or for clinics without access to Avatar, documentation in the antipsychotic Metabolic Monitoring Form or equivalent.

Objective F.1: Health Disparity in African Americans

Interventions to address health issues:

F.1.a Metabolic and health screening

Metabolic screening (Height, Weight, and Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.

F.1.b Primary Care Provider and health care information

All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.

F.1.c Active engagement with primary care provider

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Objective g.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12- step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. ***Cultural Competency Unit will compile the informing material on self-help Recovery groups and make it available to all contractors and civil service clinics by September 2010.***

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for performance Objective FY 2011-2012

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. ***System of Care, Program Review. And Quality Improvement Unit will provide feedback to contractor/clinic via new client survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.***

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. ***Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.***

1. Agency and Program Information

Bayview Hunters Point Children's Behavioral Health Program
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San Francisco, CA 94124
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2. Nature of Document

New Renewal Modification

Providers of Behavioral Health Services

3. Goal Statement

The Bayview Hunters Point Outpatient Behavioral Health Program Children's Service provides mental health treatment and prevention services to children, youth and their families. The team of clinicians, trained to treat children and adolescents, is part of the SFCBHS System of Care for Children, Youth and Families. It is the goal of the BVPH Behavioral Health Program Outpatient Children's Service's child treatment team to provide age-specific outpatient services to children through the age of 18 that will:

- improve functioning in the home, school, and community,
- improve family support to caregivers,
- promote growth and development, and
- prevent psychiatric disability

Services will be provided in a culturally sensitive, community-based setting. Prevention and early intervention services will be provided through mental health consultation in childcare settings.

4. Target Population

The children's services team will serve children through the age of 18 and their caregivers. The geographic area served includes Bayview, Hunter's Point, Visitation Valley, Potrero Hill and Sunnyside. Criteria for admission will be consistent with the CBHS guidelines for eligibility. Referrals will be accepted for all child, youth, and family access points, including the ACCESS unit, the AB3632 unit, the Foster Care Mental Health unit, Child Crisis, and Family Mosaic.

In recent years, the outpatient clinic population has included:

- preschool aged children with social-emotional difficulties, often associated with developmental delay
- school-aged children eligible for AB3632 services who require psychotherapy to benefit from special education
- children and youth with behavioral difficulties, often at risk of school suspension,
- children involved with child welfare due to neglect or abuse
- children exposed to family or community violence
- children whose parents are recovering from substance abuse or addiction
- youth involved with juvenile probation due to conduct disorder or gang involvement

In addition to clinic-based services, outreach and mental health consultation to child care agencies provides prevention and early intervention services to children ages birth to 5.

Approximately 81% of the children served are African-Americans; about 7% Latino, 6% Asian /Pacific Islander and 5% Caucasian; with 95% are EPSAT Medi-Cal eligible.

5. Modality of Service/Intervention

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services:

Mental Health Services, Assessment, Therapy, Collateral, Case Management, Crisis Intervention, Outreach Services/Consultation Services

The program will participate in the CBHS Advanced Access Initiative and will provide an intake appointment within 24-48 hours of request for service. The program will adhere to CBHS guidelines regarding assessment and treatment of indigent clients, who will be referred to Medi-Cal, Healthy Families or Healthy Kids, if eligible.

Contractor: Bayview Hunters Point Foundation
 Program: Bayview Hunters Point
 Children's Behavioral Health Program
 City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Appendix A-7
 Contract Term (MM/DD/YY)
 7/01/10 through 6/30/11

Program A	B	C	D
<i>Units of Services (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>UOS overall: 3.25 FTE x 40 hours/week x 44 weeks/year x 60%LOE = 3,432 hours/year</i>	205,920		
<i>Mental Health Services</i>	148,871	70	70
<i>Medication Support</i>	8,320	4	4
<i>Crisis Intervention</i>	388	1	1
<i>Case Management Brokerage</i>	32,741	16	16
<i>Community Client Services (classrooms and community presentations)</i>	260 hr (= 15,600 min)	~	~
Total UOS	205,920 min (= 3,432 hr)		
Total UDC Served		91	70

Methodology

Services are accessible during the normal clinic hours, 9a.m. to 6 p.m. Monday thru Friday. When parents call, they are offered an intake appointment immediately. Evening appointments can be arranged. Children are generally seen after school.

The program utilizes brief therapy strategies in a flexible, creative manner. Intensive services are offered during the first two months. Less intensive services are available afterward for follow-up and support as needed. Information and referral are provided for a wide range of related programs in the community.

Both individual and conjoint family sessions are provided for children and their caregivers. The child is usually assessed in a play therapy setting. Classroom observation, on-site collaboration and problem-solving with teachers, and educational placement planning are utilized as well. Outreach visits to the home, hospital, or juvenile hall are also offered when necessary.

Professional staff have specialized training and experience. Staff include a board certified, licensed Child Psychiatrist, and clinicians, supervised by licensed clinicians, who are licensed or license-eligible marriage & family therapists & clinical social workers, experienced in serving a diverse, multi-ethnic population composed primarily of English speaking African-American children and families.

PERFORMANCE/OUTCOME OBJECTIVES

Objective A.1: Reduced Psychiatric Symptoms

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by the these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.
- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.
- A.1.f Providers will ensure that clinicians who provide mental health services are certified in the use of the Child and Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.
- A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and the treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program objective, an 85% completion rate will be considered a passing score.
- A.1.h CYF AGENCY REPRESENTATIVES ATTEND REGULARLY SCHEDULED Super User calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

- A.1.i Outpatient clients opened will have a reassessment/Outpatient Treatment Report in the online record within 30 Days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this performance objective, a 100% completion will be considered a passing score.
- A.1.j Outpatient clients will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of the Episode Opening.

Objective A.3: Increase Stable Living Environment

- A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

- B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective F.1: Health Disparity in African Americans

Interventions to address health issues:

- F.1.a **Metabolic and health screening**
Metabolic screening (Height, Weight, and Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.
- F.1.b **Primary Care Provider and health care information**
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.
- F.1.c **Active engagement with primary care provider**
75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Contractor: Bayview Hunters Point Foundation

Appendix A-7

Program: Bayview Hunters Point

Contract Term (MM/DD/YY)

Children's Behavioral Health Program

7/01/10 through 6/30/11

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Objective g.1: Alcohol Use/Dependency

G.1.a For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12- step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites.

G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for performance Objective FY 2011-2012

H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families.

H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families.

1. Agency and Program Information

AB3632 School-Based Services
5815 Third Street
San Francisco, CA 94124
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Lillian Shine, Deputy Director
Debberra Burrell, Program Director, Mental Health Services
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2. Nature of Document

New Renewal Modification

Providers of Behavioral Health Services

3. Goal Statement

Through efforts with established community-based mental health programs, San Francisco Community Behavioral Health Services has developed the means to address the critical needs of those individuals meeting AB3632 guidelines. It is the goal of the Bayview Hunters Point Foundation Mental Health School Site Program to provide mental health services to emotionally disturbed children and adolescents who are enrolled in Special Education Classes, and their families. These options will serve to improve the pupils' educational performance, as well as to lessen the possible requirement of more restrictive interventions.

4. Target Population

Bayview Hunters Point Mental Health Service will provide the needed mental health services to emotionally disturbed children and adolescents in need of mental health services, and their families. The project will provide school-site mental health services to this targeted population, as well as consultation to appropriate school staff. The schools that will be served include the following:

- Balboa High School
- Phillip and Sala Burton High School
- A.P. Giannini Middle School
- Herbert Hoover Middle School
- Martin Luther King M.S.
- Ida B. Wells High School
- Downtown High School

5. Modality of Service/Intervention

A. Modality: See CRDC, Exhibit B

B. Definition of Billable Services:

Mental Health Services, Medication Support Services, Crisis Intervention, Targeted Case Management, Outreach Services/Consultation Services

<i>Program A</i>	<i>B</i>	<i>C</i>	<i>D</i>
<i>Units of Service (UOS) Description</i>	<i>Units of Service</i>	<i>Number of Clients</i>	<i>Unduplicated Clients (UDC)</i>
<i>Mental Health Services: 3.0 FTE x 92 hours/month of all contracted Mental Health Services.</i>	99,422	48	48
<i>Mental Health Promotions</i>	86	48	48
Total UDC Served			96

6. Methodology

Program Description/Philosophy:

The AB3632 program is designed to increase Special Education students' abilities to benefit from their educational experience, and to improve their functioning in the classroom and in peer relationships.

The AB3632 program will participate in the CBHS Advanced Access initiative, including ensuring timely measurement of data at the site and reporting of data to CBHS as required and which may be changed from time to time with prior notice from CBHS.

The program will provide and document the initial risk assessments using the CBHA IRA form within 24-48 hours of request for service. Program staff will adhere to CBHS guidelines regarding assessment and treatment of indigent (uninsured) clients.

Strategies:

In general, our organization plans to provide the following services at the schools:

- 1:1 Mental health/substance abuse counseling
- Special Education Support Services
- Parent Support/Education
- Some Case Management/Mentoring

- Client Support/Empowerment
- Violence/gang prevention via therapeutic discussions and/or guest presenters

Schedule:

Ongoing services will be provided before, during and after school hours on school days. Services will be provided as teachers and administrators have availability

Staffing:

Refer to Exhibit B for further information on staffing

PERFORMANCE/OUTCOME OBJECTIVES

Objective A.1: Reduced Psychiatric Symptoms

- A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010 will be reduced by at least 15% compared to the number of acute inpatient hospital episodes used by the these same clients in Fiscal Year 2009-2010. This is applicable only to clients opened to the program no later than July 1, 2010. Data collected in July 2009-June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 5% or less of the clients hospitalized.
- A.1.e 75% of clients who have been served for two months or more will have met or partially met 50% of their treatment objectives at discharge.
- A.1.f Providers will ensure that clinicians who provide mental health services are certified in the use of the Child and Adolescent Needs and Strengths (CANS). New employees will have completed the CANS training within 30 days of hire.
- A.1.g Clients with an open episode, for whom two or more contacts had been billed within the first 30 days, should have both the initial CANS assessment and the treatment plans completed in the online record within 30 days of episode opening. For the purpose of this program objective, an 85% completion rate will be considered a passing score.
- A.1.h CYF AGENCY REPRESENTATIVES ATTEND REGULARLY SCHEDULED Super User calls. For the purpose of this performance objective, an 80% attendance of all calls will be considered a passing score.

- A.1.i Outpatient clients opened will have a reassessment/Outpatient Treatment Report in the online record within 30 Days of the 6 month anniversary of their Episode Opening date and every 6 months thereafter. For the purpose of this performance objective, a 100% completion will be considered a passing score.
- A.1.j Outpatient clients will have an updated Treatment Plan in the online record within 30 days of the 6 month anniversary of the Episode Opening.

Objective A.3: Increase Stable Living Environment

- A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable living situation after 1 year in treatment.

Objective B.2: Treatment Access and Retention

- B.2.a During Fiscal Year 2010-2011, 70% of treatment episodes will show three or more service days of treatment within 30 days of admission for substance abuse treatment and CYF mental health treatment providers, and 60 days of admission for adult mental health treatment providers as measured by BIS indicating clients engaged in the treatment process.

Objective F.1: Health Disparity in African Americans

Interventions to address health issues:

- F.1.a **Metabolic and health screening**
Metabolic screening (Height, Weight, and Blood Pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening information in the Avatar Health Monitoring section.
- F.1.b **Primary Care Provider and health care information**
All clients and families at intake and annually will have a review of medical history, verify who the primary care provider is, and when the last primary care appointment occurred.
- F.1.c **Active engagement with primary care provider**

Contractor: Bayview Hunters Point Foundation

Exhibit A-8

Program: AB3632 School-Based Services

Contract Term (MM/DD/YY)

7/01/10 through 6/30/11

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Funding Source (AIDS Office & CHPP only):

75% of clients who are in treatment for over 90 days will have, upon discharge, an identified primary care provider.

Objective g.1: Alcohol Use/Dependency

- G.1.a For all contractors and civil service clinics, information on self-help alcohol and drug addiction Recovery groups (such as Alcoholics Anonymous, Alateen, Alanon, Rational Recovery, and other 12- step or self-help programs) will be kept on prominent display and distributed to clients and families at all program sites. *Cultural Competency Unit will compile the informing material on self-help Recovery groups and make it available to all contractors and civil service clinics by September 2010.*
- G.1.b All contractors and civil service clinics are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific population served, and to inform the SOC Program Managers about the interventions.

Objective H.1: Planning for performance Objective FY 2011-2012

- H.1.a Contractors and Civil Service Clinics will remove any barriers to accessing services by African American individuals and families. *System of Care, Program Re3view. And Quality Improvement Unit will provide feedback to contractor/clinic via new client survey with suggested interventions. The contractor/clinic will establish performance improvement objective for the following year, based on feedback from the survey.*
- H.1.b Contractors and Civil Service Clinics will promote engagement and remove barriers to retention by African American individuals and families. *Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor/clinic. The contractor/clinic will establish performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and on-going review of clinical literature is encouraged.*

1. Agency and Program Information

Balboa Teen Health Center
Behavioral Health Services
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2. Nature of Document

New Renewal Modification

Providers of Behavioral Health Services

3. Goal Statement

- Provide prevention and early intervention behavioral health services including (1) prevention activities that address stigma, and increase awareness of and access to services, (2) screening, assessment, short-term crisis and individual/group counseling services to students and their families.
- Integrate completely into the student support efforts at Balboa High School provided through the San Francisco Unified School District.

4. Target Population

High and middle school students at Balboa and Denman specifically, other adolescents in school settings as requested, students who are recently released from the Youth Guidance Center, and pregnant and parenting teens.

Services at BTHC are available to all Balboa High School and Denman Middle School students, and after school to any SFUSD student by appointment. Generally, our target population is youth from diverse ethnic backgrounds, 12-19 years of age, serving slightly more females than males.

5. Modality of Service/Intervention

A. Prevention:

A UOS for prevention is defined as one fifteen (15) minute increment of group or individual behavioral health screening, consultations or presentations (including preparation time and follow-up, approx. two to

three hours for every group presentation) provided to students, family members, or staff/faculty members. UOS can be offered in a face-to-face context, or through media such as closed-circuit school television.

B. Early Intervention:

A UOS for early intervention is defined as one fifteen (15) minute increment of face-to-face assessment, individual/group crisis intervention, individual/group/ family counseling, therapy, and/or case management, including charting and other associated clinical paperwork.

6. Methodology

Program Description/Philosophy:

Balboa Teen Health Center (BTHC) is a program of DPH Community Health Programs for Youth (CHPY), dedicated to the philosophy that adolescents have the right to confidential, comprehensive health care in a safe, accessible setting. The goal of CHPY's services is to promote well-being and health, and encourage family involvement and support when appropriate.

Utilizing staff therapists, graduate trainees and peer advocates (Youth Advisory Board), Behavioral Health Services will provide prevention services to both individuals and groups, support outreach and access activities, and offer assessment, crisis intervention and individual, group, family and collateral services on site at Balboa High School by trained professional staff receiving regular clinical supervision. This program is part of a comprehensive medical/mental health/substance abuse/health education service that emphasizes appropriate integrated interventions to developing adolescents. Top diagnoses for behavioral health services include: depression, anxiety, family/peer relationships, acculturation, academic problems, and trauma related issues.

Prevention/Outreach Strategies:

Youth	N=900	Total UOS = 3330
Adult	N=300	

- (1) **YAB stigma presentations:** The behavioral health team will work with BTHC's Youth Advisory Board (YAB) to (1) train peer advocates/educators and (2) review/update power point presentation that (1) addresses the issue of stigma related to youth accessing BH services, (2) educates on minor consent and access to services, and (3) presents several behavioral health issues common to our target population with support options. Utilizing Balboa High School Television (BALTV), the YAB

will broadcast the power point into classrooms, followed by youth/staff pairs to provide in-class follow-up and discussion.

Timeline: July 2010- June 2011: ongoing peer development and training
September 2010- May 2011: average of 4 classes per month

UOS: 400 (youth training/development during the school year-100 hours)
150 (30 classes X 1.25 hours for each class)

N= 900

- (2) **ELL class presentations:** Balboa High School has a significant number of students who are newly arrived to the United States and San Francisco. Most are just learning English, have not acculturated to this country, and some have suffered significant trauma in their lives. Bilingual staff (Spanish, Cantonese), will work alone or in collaboration with bilingual youth from the YAB to make presentations in ESL classes. Purpose includes supporting positive acculturation, identifying any issues of concern which may lead to an ongoing lunch group or identifying students interested in individual assessment and early intervention services.

Timeline: August 2010: Review curriculum, update and modify as needed.
September 2010-June 2011: offer curriculum in all ELL classes

UOS: 156 (12 classes X 1.25 hours + 24 hours prep)

N= 75

- (3) **Groups: Middle School Youth/ Peer Resources:** In collaboration with Peer Resources at Balboa HS, BTH will train and support high school youth to offer prevention education activities to middle school youth at Denman Middle School; there are two activities that will be offered this year:

- (1) In one peer resource class, staff will train high school youth to be mentors to middle school youth in class, on a weekly basis- **25 classes**
- (2) In a second high school peer resource class, students will be trained to offer prevention education services including issues of mental health and substance use to middle school students- **25 classes**

Timeline: August 2010 – June 2011: ongoing student training at high school level
September/October 2010 – June 2011: work with middle school youth

UOS: 600 (50 classes X 1 hour/ MS classroom+1 hour/HS class+1 hour prep/class)

N= 25

(4) Screening:

Youth = **200 screened**

Family members = **40 included** in screening/assessment/service provision

Any student can self-refer for behavioral health services at BTHC. However, students are most often referred for screening and assessment by someone other than themselves including a friend or parent, school faculty, intra-clinic referral, or from another agency or school. Behavioral health staff meets with the student to screen (identify issues) and assess (determine level of need for intervention). During the assessment phase, staff also determines whether the client meets criteria for minor consent or requires parental consent to continue to treatment phase.

When indicated, parents and/or other family members may be requested to participate in services with their child. In these cases, the family will be asked to come in for an assessment visit which may lead to an agreement for time limited treatment.

Timeline: July 2010 – June 2011 services are ongoing

UOS: 800 (200 youth/families X average 60 minute screening)

N= 200 youth; 40 family members

(5) Graduate Student Seminar: training/client consultation seminar for graduate students; training focus on adolescent behavioral health, minor consent, ethics, working with families, etc

Timeline: August 2010 – May 2011

UOS: 408 (34 seminars @ 2 hours each + 1 hour prep each seminar)

N= 5

(6) Faculty/staff training: BTHC behavioral health staff will provide education and information to Balboa faculty and administration on topics including CPS reporting and follow-up, suicide prevention, and identifying youth with behavioral health issues and successful referral to clinic services. This will occur periodically through faculty/staff meetings.

Timeline: August - September 2010: consult with Balboa administration to identify any specific training needs and finalize topics to be addressed including those listed above

September 2010-June 2011: **a minimum of three presentations** will be made to Balboa faculty and staff as determined by BHS Principal and BTHC Director

UOS: 48 (3 one hour trainings + 9 hours preparation)

N= 75

(7) Parent Outreach/engagement: BTHC staff will work with parent liaisons at Balboa High School to inform parents of services available through BTHC and to engage them in planning activities throughout the year; this may include attendance and presentations at monthly school Parent-Teacher-Student Association (PTSA) meetings and utilizing the PTSA newsletter to send out information and elicit feedback on a monthly basis.

Timeline: September 2010-June 2011: meet with parent liaisons to determine PTSA and newsletter timelines; solicit input on issues liaisons are aware of through conversation with parents; attempt to utilize PTSA meeting in September as a focus group to gather direct family input

December 2010-May 2011: maximize utilization of PTSA and parent liaisons by making monthly presentations that provide information and education, support awareness of services available through the clinic, and solicit input for parent workshops

UOS: 48 (6 one hour PTA presentations + 1 hour preparation for each)

N= 25

UOS: 80 (5 newsletters X 4 hours preparation each)

N= 300

(8) Parent workshops: BTHC staff and YAB will offer periodic workshops on issues cogent to adolescent development and parent roles in positive interventions and support. These workshops will help parents to understand normal adolescent development, identify issues impacting positive development, and address parental roles in limit setting, boundaries and consequences. With assistance from the YAB, these workshops may also offer help in increasing communication between parent and child.

Timeline: September-December 2010: offer a minimum of 6 monthly workshops as determined by BTHC staff, BHS administration and parent liaison.

UOS: 120 (6 2-hour presentations + 3 hour prep. for each workshop)

N= 25

(9) Staff Consultation: these services included staff participation in school-based meetings such as Student Success Teams and other student oriented meetings. Staff will also work with individual teachers or other agency staff on behalf of client/family needs. Staff will attend a minimum of 40 school-based meetings and consult with a minimum of 50 adults.

Timeline: September 2010 – June 2011: services are ongoing

UOS: 320 (40 meetings X 2 hours each)

N= 30 +

UOS: 200 (100 consults X 30 minutes average)

N= 50

Early Intervention Services

Youth	N= 120	Total UOS=4218
Family Members/Other Adults	N= 40	

(1) Assessment: 120 youth will be assessed for services
Timeline: services are ongoing August 2010 – June 2011
UOS: 480 (120 youth X one hour)

(2) Crisis intervention: will be provided as needed; this may include both individual and group services; **a minimum of 12 youth** will access crisis services
Timeline: services are ongoing October 2010 – June 2011
UOS: 100 (10 youth X 2.5 hours average time spent/client)

(3) Brief individual/family therapy: utilizing motivational interviewing, CBT, brief therapy, and systems theory, **a minimum of 100 youth** will access individual and family services
Timeline: August 2010 – June 2011: services are ongoing
UOS: 3062 (100 youth/families X 1.3 one hour sessions/charting average X ~6 sessions)

(3) Group interventions: With training and consultation from the UCSF Langley Porter Institute, BTHC behavioral health staff will maintain their Dialectical Behavior Therapy (DBT) consult group this year. Staff will provide a minimum of two group interventions, possibly including lunchtime or after school groups based on identified needs. **A minimum of 15 youth** will participate in an ongoing group interventions.
Timeline: August 2010 – June 2011: provision of **at least twice monthly consult group which will meet a minimum of 18 times**
September 2010 – June 2011: implement and continually evaluate work with two groups

UOS: 216 (18 groups (1 hour each) + 40 hours preparation and notes)

(4) Groups: High School/ Various: This year BTHC will offer a minimum of 2 group series to meet student needs as determined by student feedback, BHS faculty and staff input, and clinic capacity.
UOS: 360 (30 groups x 3 hours group/prep/charting)
N= 15

Schedule:

BTHC is open Monday – Friday between the hours of 8:30 am and 5:00 pm.
Special events such as parent workshops or PTSA meetings occur after regular clinic
Hours.

Mental Health and Health Education Services:

Individual, couple/dyad and family services are available by appointment and drop-in
daily; group work is scheduled during class times, during lunch, and after school.

Linkages:

Collaborative relationships are in place to provide additional services for specific
populations including:

- RAMS – provides mental health professional targeting A/PI youth twice weekly at
BTHC
- BVHP Foundation – provides mental health professional targeting AB3632 youth
twice weekly at BTHC
- Huckleberry Youth Programs and Larkin Street Youth Services – access to supportive
housing and other services
- Urban Services YMCA – partnership offering substance abuse prevention and
treatment services for Denman and Balboa students

Staffing:

All Behavioral Health therapist staff are currently licensed MFTs. The Behavioral
Health staff have a team coordinator and report to the director of Community
Health Programs for Youth. Interns are recruited primarily from accredited
programs at SFSU and USF. Behavioral health staff work as part of a
multidisciplinary team at BTHC.

7. Objectives and Measurements

A. Performance/Outcome Objectives

Prevention

Goal 1: By June 30, 2011, a minimum of 900 youth will participate in a collaborative prevention
effort of BTHC staff and Youth Advisory Board including viewing a YAB inspired power point
and participating in a follow-up classroom discussion.

Goal 2: By June 30, 2011, a minimum of 25% of participating youth will complete a pre and post
survey indicating an increased (1) willingness to access services if needed, (2) understanding of

minor consent laws for behavioral health services, and (3) understanding of common adolescent issues benefiting from outside help.

Goal 3: By June 30, 2011, a minimum of 40 parents will participate in 1 or more of 3 Parent Workshops conducted by BTHC behavioral health staff and YAB

Goal 4: By June 30, 2011, parents participating in Parent Workshops will complete a post workshop survey identifying what worked best and least for them and offering feedback for future workshops.

Early Intervention

Goal 1: A minimum of 120 youth will be assessed for mental health and substance abuse issues; 100 will be provided with one or more early intervention services

Goal 2: 60% of these clients will successfully meet their goals or will have left with satisfactory progress as measured by clinic notes, discharge codes and self-report.

B. Other Measurable Objectives/Process Objectives

Objective 6. Client Satisfaction

During Fiscal Year 2010-11, 100% of unduplicated clients who received a face-to-face billable service during the survey period will be given and encouraged to complete a Citywide Client Satisfaction Survey.

Data Source:

Program Tracking Sheet and Program Self Report

Program Review Measurement:

Objective will be evaluated based on the survey administration closest to the 12-month period from July 1, 2010 to June 30, 2011

8. Continuous Quality Improvement

Objective 5. Integration Activities

By December 31, 2011, program will complete a new self-assessment with the revised COMPASS (a new COMPASS must be completed every other fiscal year).

Data Source:

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

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

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

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Each program must complete a minimum of six (6) hours of training on co-occurring issues/dual diagnosis capacity during the fiscal year. This training requirement may be satisfied by attending CBHS sponsored integration trainings or with a behavioral health partner. Programs will submit the annual training plan via email to CBHSIntegration@sfdph.org.

Data Source:

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

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Each program must appoint a Change Agent who is required to attend at least 50% of the monthly Change Agent Meetings.

Data Source:

Programs must name Change Agent in submission to CBHSIntegration@sfdph.org., and Change Agents must sign-in at monthly meetings.

Program Review Measurement:

Objective will be evaluated quarterly during the 12-month period from July 1, 2010 to June 30, 2011. Only the summaries from the two first quarterly meetings held by March 2010 will be included in the program review.

Program-Specific COI Activities:

The Director of the Balboa Teen Health Center will be responsible for evaluation of services provided to the client population, and will ensure the collection, compilation, and submission of required reports to CBHS pursuant to established guidelines. Balboa Teen Health Center, Behavioral Health Services, will comply with San Francisco Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Quality Assurance Procedures:

The Balboa Teen Health Center will adhere to the CBHS Child, Adolescent and Family Plan for Quality Management, including chart monitoring, program evaluation and training requirements.

Emergency Response:

The Balboa Teen Health Center has developed and will maintain a Site Specific Emergency Response Plan through the San Francisco Unified School District. The Plan has been reviewed and approved by Community Behavioral Health Services, and represents compliance with the Emergency Response Plan of CBHS. Guidelines and procedures have also been developed to ensure an annual update and submission of documentation as requested by Community Behavioral Services relative to the emergency service protocols. Training will occur at the Balboa Teen Health Center as required so that all staff are knowledgeable of the provisions of the Site Specific Emergency Response Plan.

In a declared emergency, the Balboa Teen Health Center Behavioral Health Service will participate in the emergency response of Community Behavioral Health Services. The City will reimburse the Bayview Hunters Point Foundation for its services rendered as

Contractor: Bayview Hunters Point Foundation
Program: Balboa Teen Health Center- Behavioral
Health Services

Exhibit A-9

Contract Term 7/01/10 through 6/30/11

City Fiscal Year (CBHS only): 7/01/10 – 6/30/11

Funding Source (AIDS Office & CHPP only): MHSA

part of the City's emergency response following approval of reimbursement to the city by the State of California, Department of Mental Health, and/or the Federal Emergency Management Agency.

1. Family Mosaic Project (Fiscal Intermediary)
1309 Evans Street
San Francisco, CA 94124
(415) 206-7645

2. **Nature of Document**

New Renewal Modification

3. **GOAL STATEMENT**

The goals of the Family Mosaic Project are to provide a system of coordinated interdepartmental services to severely emotionally disturbed children and their families; reduce out-of-home placements of children; stabilize existing placements, and improve the overall functioning of children served by the Project.

4. **TARGET POPULATION**

Severely emotionally disturbed children and adolescents between the ages of 3 and 16 who are in out-of-home placements or who are at risk for out-of-home placements.

5. **MODALITY/INTERVENTIONS**

Modality: Outpatient

Interventions:

The primary service provided by the Family Mosaic Project is case management, following a thorough and comprehensive evaluation. Parents and service providers participate in service plan development facilitated by case managers. The staff to client ratio ranges from 1:12 to 1:15. The total units of service capability are defined as 108 to 230 cases.

6. **METHODOLOGY**

Case managers coordinate services available through the Department of Health Care Services, Department of Social Services, Juvenile Justice, San Francisco Unified School District and private providers. The program also works with community agencies to develop wrap-around services tailored to the unique needs of the individual child. Primary funding is through a capitated, managed care contract with the California Department of Health Services.

7. **OBJECTIVES AND MEASUREMENTS**

A. Staff will work with community agencies to develop non-traditional wrap around services

In-service Training – Ongoing:

1) Staff will receive ongoing training on the nature of services in the Department of Human Services, Mental Health, Public Health, Juvenile Probation and the San Francisco Unified School District.

2) Staff will receive training in Cultural Competence.

B. Staff will continue the utilization of the data management system.

8. CONTINUOUS QUALITY IMPROVEMENT

The Family Mosaic Project will comply with the existing Department of Public Health, State Mental Health and Community Behavioral Health Services guidelines regarding evaluation procedures. The project will comply with Health Commission, Local, State, Federal and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Continuous Quality Improvement (CQI) procedures will be in compliance with Community Behavioral Health Services requirements.

1. Agency and Program Information

Anchor Project (Fiscal Intermediary)
150 Executive Park, Suite 2800
San Francisco, CA 94134
Tel. (415) 468-5100
Fax (415) 468-5104

2. Nature of Document

New Renewal Modification

Providers of Behavioral Health Services

3. Goal Statement

The Anchor Project is a collaborative venture between Community Behavioral Health Services and Golden Gate Regional Center. It involves a multi-disciplinary team working out of the O.M.I. Family Center. The program is funded by Community Behavioral Health Services.

The multi-disciplinary team will be composed of the following members:

- Psychologist Trainee
- Licensed Clinical Social Worker/MFT
- Clinical Social Worker/MFT Coordinator of the program
- Administrative Assistant, and
- Social Work Trainees.

This team will target (40 - 60) consumers who are enrolled in Golden Gate Regional Center Services as well as the mental health program and are:

- Have a dual developmental and mental health diagnosis,
- Have a history of multiple admissions to psychiatric emergency services and inpatient facilities,
- Have a history of severe behavioral problems that place them at risk of losing their community placements.

Each "high risk" adult in this Anchor Project will be assessed by team members and will have a behavioral plan designed for them that will avert crisis through proactive intervention, identification of early warning signs, and clarification of the roles and responsibilities of all participants in the plan.

4. Target Population

The target population for this project will be forty (40 - 60) "high risk" adults with developmental and mental health disabilities and/or accompanying behavioral difficulties.

State Definition of Developmental Disability:

“Developmental Disability” means a disability which originates

Federal Definition of Developmental Disability:

For purposes of the Developmental Disabilities Act, a developmental disability is a severe, chronic disability of a person which

- Is attributable to a mental or physical impairment or combination of mental and physical impairments,
- Is manifest before age 22,
- Is likely to continue indefinitely,
- Results in substantial functional limitations in three or more of the following areas of major life activity: self care, receptive and expressive language, learning, mobility, self-direction, capacity for independent language, capacity for independent living, or economic self-sufficiency; and
- Reflects the need for combination and sequence of special, interdisciplinary, or generic care, treatment or other services that are lifelong or extended duration and individually planned and coordinated.

The target population includes males and females 18 to 65 year of age who:

- Have histories of multiple admissions to psychiatric emergency services and inpatient facilities,
- Have seizure disorders,
- Have histories of unsuccessful placements,
- Have drug and alcohol problems,
- Have a history of one or more of the following behaviors: aggressive physical and verbal behaviors, assaultive or self-injurious behavior, suicidal threats, fire-setting, sexual assault or sexually acting out, and dementia.

Adolescents will be admitted to the project on a case-by-case basis.

5. Modality of Service/Intervention

Modality: Case Management

Interventions:

- To reduce the use of psychiatric emergency services;
- To reduce the use of inpatient hospitalization;
- Prevent client from going into crisis;
- Reduce loss of community placements;
- Improve/enhance the quality of life for the individual;
- To provide a forum for cross-training of Community Mental Health and Golden Gate Regional Center staff on issues involving developmental disabilities and mental health.

6. Methodology

- Prioritization of limited resources to serve those most in need. Need clearly defined by target population criteria used uniformly across the system;
- Development of a single network of services by strengthening the partnership between private (contractors) and public (civil service) services, working toward a common goal of serving the identified target population;
- Linkage of high user clients to services in order to hospitalize fewer Anchor Project patients annually;
- Deliver cost effective services in a manner consistent with maximizing the use of limited staff resources via treatment methods (groups, off-site services, urgent care) which maximizes treatment effectiveness while reducing client dysfunction and therefore reducing cost of service.

7. Objectives and Measurements

- Training of staff on admission and discharge criteria role of coordinators and outcome measurement.
- Community outreach.
- Provision of services to the designated target population, regardless of ethnic, cultural background, gender, sexual orientation, creed, or disability.
- Participation in meetings, or training necessary for the implementation of maintenance of new pilot project.
- Notifying CBHS administration when capacity issues arise or other implementation obstacles arise, so that appropriate problem-solving strategies can be jointly developed and implemented by CBHS and the Anchor Project.

8. Continuous Quality Improvement

The Anchor Project will comply with the existing Department of Public Health, State Mental Health, and Community Behavioral Health Services guidelines regarding evaluation procedures. The Anchor Project will comply with Health Commission, Local, State, Federal, and/or Funding Source policies and requirements such as Harm Reduction, Health Insurance Portability Accountability Act (HIPAA), Cultural Competency, and Client Satisfaction.

Continuous Quality Improvement (CQI) procedures will be in compliance with Community Behavioral Health Services requirements.

Contractor: Bayview Hunter's Point
Foundation/Dimensions Clinic Collaborative
Program: LGBTQ Youth Substance Abuse
Treatment

Contract Term (MM/DD/YY)
10/01/10through 06/30/11

City Fiscal Year (CBHS only): 2010-11

Funding Source (AIDS Office & CHPP only):

1. **Legal Entity Name:** Bayview Hunter's Point Foundation
Program Name: Dimensions Outpatient LGBTQ Youth Substance Abuse
Program Address: 17th Street, San Francisco, CA 94109
Telephone: (415) 468.5100/K. Shine-BVHPF; 575.5685/M. Baxter-Dimensions
Facsimile: (415) 468.5105/575.5799
Provider Contact: Kim Shine/BVHP, Michael Baxter/Dimensions
Reporting Unit No new number???

2. **Nature of Document** (check one)

New **Renewal** **Modification**

3. **Goal Statement**

To reduce the impact of substance abuse and addiction among Lesbian, Gay, Bisexual, Transgender, Queer and Questioning Youth by successfully implementing the described interventions.

4. **Target Population**

The target population served through this contract is adolescent and transitional-age (12-24) lesbian, gay, bisexual, transgender, queer and questioning youth of San Francisco who are abusing substances, are at risk of abusing substances and/or have other co-occurring disorders.

5. **Modality(ies)/Interventions**

- Outpatient Substance Abuse Treatment.
- Definition of Billable Services:

The unit of service for outpatient programs is defined as the time (in minutes) spent by a substance abuse counselor performing one or more of the following: assessment, treatment planning, individual and group counseling, case management, education, family collateral counseling, aftercare, and crisis intervention. This is inclusive of all time spent by the counselor in providing direct services to the client, including time spent on the phone and in the field, as well as time spent away from the client used for development of assessments, treatment plans, and collateral information.

Formula for defining UOS: 60,300 minutes

UOS = .75FY X 1.45FTE X 35hr X 44wk X .6Effort = 1005 hr = 60,300 minutes

Formula for defining UDC:

40 clients X 1.5 cycles = 60 clients

6. Methodology

Program Description

Dimensions Outpatient Substance Abuse Services are based out of the Dimensions Clinic, located at the Castro Mission Health Center, 3850 17th Street in the Castro district of San Francisco. Services are integrated into Dimensions' comprehensive health care program that includes primary medical and reproductive health care, mental health and health education services. Substance abuse services will be available during clinic and non-clinic hours at CMHC and may also be provided at other community sites including LYRIC, the LGBT Center, Huckleberry's MultiService Center, the Larkin Street Youth Clinic, and various SFUSD Wellness Centers..

A. Admission, Intake and Enrollment

Admission criteria are defined as follows:

All lesbian, gay, bisexual, transgender, queer and questioning youth of San Francisco, between the ages of 12 and 24, who present with signs and symptoms of a substance abuse problem (as indicated by identification of drugs of abuse and an assessment of the social, psychological, physical and/or behavioral problems related to the drug of abuse) are eligible for substance abuse treatment. No potential client will be turned away due to gender, race, creed, ethnicity, religion, sexual orientation, gender identity, physical or psychiatric status. Clients will be assessed for their eligibility and suitability for outpatient treatment and those clients who may need residential or acute services will be referred for collateral or pre-treatment interventions. Clients who exclusively wish methadone maintenance will be referred to an appropriate agency. Admission policy will be explained to all clients at the intake evaluation appointment.

Clients needing substance abuse intervention may be referred to these services in much the same way as other clients are referred to other existing programs. This includes (1) self-referral, (2) intra-clinic referral, and (3) outside agency referral.

The focus of substance abuse counseling is a harm reduction model that may include working toward cessation of use. Individual counseling is anticipated to be 6-9 months in duration generally, with more intensive cases requiring longer interventions. Group interventions will vary in length providing both educational and process oriented components. There will be an emphasis on group work, although some clients will be seen individually only and others in both group and individual sessions.

Intake

During the Intake process each client is assessed through a standard intake process to evaluate current substance abuse issues, concurrent psychosocial stressors and needs, and higher-risk sexual and IDU behaviors as well as any potential mental health needs that may need additional assessment and attention. All intakes are conducted by licensed or license-eligible Clinical Social Workers, Marriage

and Family Therapists, or interns enrolled in a Master's level program. The standardized intake assessment and treatment planning considers the following psychosocial issues: substance abuse; medical issues (including HIV and psychiatric medication compliance); housing; employment; education/training; legal; social; sexual; relationship; emotional; recreational; spiritual; stress; family issues; trauma; higher risk sexual behaviors; financial; and, other mental health issues. Intake paperwork has been condensed to reduce the amount of time required to complete the minimum requirements in recognition of the impact that a lengthy enrollment process can have on youth clients. As part of the intake assessment, each client will also be assessed for the need for adjunct services and provided referrals as appropriate. Clients are informed of their right to receive substance abuse treatment without parental consent if they are at least 12 years of age. Because of the important role family plays in most youth clients, we encourage them to inform their parents and bring them into the treatment process as indicated.

Every client enrolled is routinely screened at the time of intake and monitored throughout the course of treatment for the need for primary care; psychiatric services; case management services; HIV and STD testing and counseling; as well as housing, employment, detoxification, benefits, legal and social services.

C. Program Delivery

Delivery Model

Dimensions Substance Abuse Services will provide an outpatient substance abuse program which considers the full spectrum of needs of lesbian, gay, bisexual, transgender, queer and questioning substance using/abusing youth. Services will also be provided to those with concomitant mental health problems and/or HIV disease. The program utilizes components from various models of treatment: social and public health, harm reduction, cognitive-behavioral, abstinence, 12-step, and other self-help programs.

The overall structure will be a psychosocial, experiential model that focuses on the development of self-esteem, positive identity, promotes the development of community and instills a sense of empowerment in LGBTQQ Youth through a combination of peer role-modeling, mentoring activities and experiential techniques that incorporate elements of traditional substance abuse treatment in a manner relevant to the developmental needs of varying age-groups and developmental realities of this population. The model will include a phased-approach to treatment whereby those clients who have been in the program longer and achieved substance abuse and mental health goals will be encouraged to take on leadership-roles in the group programs and mentor newer clients and/or those in groups targeted for younger age-groups.

The program will be structured to address the full spectrum of needs of lesbian, gay, bisexual, transgender and queer/questioning youth substance users/abusers and those with concomitant mental health problems and/or other significant psychosocial co-factors. Clinicians are trained in a variety of disciplines and competent at integrating strategies from various models of treatment including: social and public health, harm reduction, abstinence, mental health, cognitive-behavioral, support, dialectical

behavior therapy, motivational interviewing, psychoeducational, relational, 12-step, and other self-help programs. This incorporation of a variety of treatment approaches is founded in our commitment to meeting people where they are and consistent with professionally accepted standards included in "Stages of Change" (Prochaska & DiClemente, 1994), "Motivational Interviewing" (Miller & Rolnick, 2002), harm reduction, and relapse prevention models, all of which are suitable to the proposed model that values 'recovery' from both substance abuse and mental health issues.

Strategies:

Since the target population is lesbian, gay, bisexual, transgender, queer and questioning youth, special consideration will be given to the understanding of the psychological ramifications of societal sexism, homophobia, heterosexism and transphobia and the role they play in each client's self-acceptance and substance use/abuse. The program is also cognizant of the issues and needs of clients that derive from their racial/ethnic identities, their class status, age, gender, and mental and physical abilities/disabilities. Finally, Dimensions Substance Abuse Services program is designed to be particularly sensitive to those lesbian, gay, bisexual, or transgender clients whose substance abuse or substance dependence exists concurrently with other mental health problems and/or HIV disease.

The primary intervention model for our outpatient substance abuse services will be the motivational intervention model. This strategy will: (1) provide feedback from assessments concerning the impact of substance abuse on physical, social and psychosocial functioning, (2) provide direct advice about the need for change and how it may be accomplished, (3) attempt to remove significant barriers to change, (4) suggest or provide alternative approaches from which the individual can choose to achieve change, (5) decrease the attractiveness of substance use through increasing awareness of the negative consequences and risks associated with it, (6) utilize external contingencies or pressures to enhance commitment, and (7) develop a clear set of personal goals for change and maintaining periodic contact. In addition, the therapist/counselor will attempt to link the youth with as many services as necessary to meet the needs of that particular client and to provide opportunities for alternatives to drug use.

Location and Hours of Operation

Clinical services are offered at the Dimensions Clinic Thursday 5 pm to 9 pm and Saturday noon to 4 pm. Additional hours at Castro Mission Health Center will include Friday afternoons. Additional outreach and service delivery will be provided at the LGBTQ Community Center, LYRIC, the Larkin Street Youth Clinic and selected Wellness Centers associated with the San Francisco Public School System during school hours.

Frequency and Duration of Treatment

Clients entering treatment will generally be enrolled in group and/or individual weekly therapy. The anticipated length of staged treatment will be 9 months with an average expected stay of 6 months recognizing that treatment plans will be individualized to meet the needs of each individual client and those with higher acuity may require longer treatment while some clients with lower acuity may desire and be able to be integrated into the community at a faster rate.

Individual Counseling

Dimensions Substance Abuse Services will provide **individual assessment** services for all clients, with many expected to continue with individual counseling. For some clients, individual counseling is needed as preparation for subsequent group counseling; for others, it is provided to deal with issues that cannot be addressed comprehensively in group or to reinforce what has been addressed in group. In some cases, clients who are unable to engage in group counseling will be provided with individual counseling as the primary treatment modality.

The clinical staff consists of licensed or license-eligible Social Workers or Marriage and Family Therapists who have been trained in a variety of disciplines. They are adept at integrating a variety of psychotherapeutic interventions and counseling techniques including cognitive-behavioral; psychodynamic; motivational interviewing; and harm-reduction and risk-reduction techniques that promote behavioral change and improved functioning. All clinical staff are professionally trained in the provision of substance abuse counseling as well as individual, couples and family psychotherapy.

The individual counselor may also serve as the primary service coordinator and advocate in assisting the client to obtain services from other community service agencies and governmental programs. These include but are not limited to assistance with housing, food, vocational rehabilitation, entitlement programs, medical care, and HIV services. Our clients are frequently without any income, either homeless or at risk of becoming homeless, and case management services assist our clients in obtaining housing and other programs depending upon the client's needs.

Group Support

Clients enrolled in group services will initially be scheduled to attend one group per week based on their treatment goals/needs and abilities. We will offer Youth Groups that utilize a harm-reduction approach, but allowing for abstinence-based work as desired by the client.

A variety of therapeutic group techniques will be utilized with the population that are developmentally appropriate to the age range of the group and may include psychoeducational groups that address substance abuse and sexual risk, boundary setting, ego development and dual diagnosis challenges.

Group development and structure will also take the following into consideration:

- The needs of substance abuse treatment that addresses the needs of transgender/gender neutral/gender queer/gender questioning youth who would benefit from the safety of a group outside the traditional binary gender structure.
- Groups that consider and address common issues related to the interrelationship between substance abuse, sex and sexuality

- Harm reduction groups utilizing principles from Motivational Interviewing and selected exercises from the Matrix Model of Substance Abuse Treatment.
- Groups that facilitate expression of issues pertinent to youth including: sexuality, adolescence, family, relationships, school, and the correlation between these issues and substance use in the lives of the participants .
- An abstinence support group for youth who choose abstinence or are mandated to attend abstinence based treatment, if indicated need for same.

D. Exit Criteria and Process

The intended length of stay varies with the client's treatment plan and the aspects of the program in which she/he is engaged. Overall, the length of stay for Substance Abuse Services clients will be targeted at 9-12 months. All clients remaining in treatment for longer than 9 months will be reviewed for an evaluation of the need for continued treatment and the development of treatment plan recommendations.

Step-down planning will be a component of all individual treatment plans after 3 months of enrollment. Generally, step-down would involve decreasing individual therapy while promoting ongoing, and perhaps even additional, group support.

Criteria for successful completion of the program will vary, according to client goals and according to the treatment track in which she/he participates. For those clients who have established harm-reduction as their treatment goal, success may be measured by learning to moderate and manage substance use, by making significant changes in lifestyle that ensure improved health and functioning for the client, and/or by movement into abstinence based programming. Clients who establish abstinence as their treatment goal will be considered as having successfully completed the program when they have achieved stable abstinence and developed skills and support systems that support ongoing maintenance of abstinence goals.

Clients who successfully complete the group treatment protocol and/or have been successful in meeting treatment goals are discharged from the program with referrals to ongoing psychotherapy and/or community support groups and services as clinically appropriate.

7. Objectives and Measurements

PERFORMANCE OBJECTIVES FY 2010-11

OUTCOME A: IMPROVE CLIENT SYMPTOMS

Objective A.1: Reduce Psychiatric Symptoms

A.1.a The total number of acute inpatient hospital episodes used by clients in Fiscal Year 2010-11 will be reduced by at least 15% compare to the number of acute inpatient hospital episodes used by these same clients in Fiscal 200-10. This is applicable only to clients opened to the program no later than July 1,2010. Data collected for July 2010 – June 2011 will be compared with data collected July 2009 – June 2010. Programs will be exempt from meeting this objective if more than 50% of the total number of inpatient episodes was used by 55 or less of the clients hospitalized.

Objective A.2: Reduce Substance Use

A.2.a During Fiscal Year 2010-11, at least 60% of discharged clients will have successfully completed treatment or will have left before completion with satisfactory progress as measured by BIS discharge codes.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and December 31, 2010.

Program Review Measurement:

Objective will be evaluated based on a 6-month period from July 1, 2010 to December 31, 2010.

A.2.b Substance Abuse Treatment Providers will show a reduction of AOD use from admission to discharge for 60% of clients who remain in the program for 60 days or longer.

Client Inclusion Criteria:

Clients discharged between July 1, 2010 and June 30, 2011.

Program Review Measurement:

Objective will be evaluated based on a 12-month period from July 1, 2010 to June 30, 2011.

Objective A.3: Increase Stable Living Environment

A.3.a 35% of clients who were homeless when they entered treatment will be in a more stable environment after 1 year in treatment.

Objective B.2: Collect Client Outcomes

B.2.a During Fiscal Year 2010-11, 70% of treatment episodes will show three or more service dates of treatment within 30 days of admission as measured by BIS as indicating clients engagement in the treatment process.

Objective F.1: Health Disparity in African Americans: to improve health, well-being and quality of life of African Americans living in San Francisco through immediate identification of possible health problems for all current and new AA clients and through enhancing the welcoming and engagement of AA clients.

- F.1.a** Metabolic and health screening (weight, height, blood pressure) will be provided for all behavioral health clients at intake and annually when medically trained staff and equipment are available. Outpatient providers will document screening info in the Avatar Health Monitoring section.
- F.1.b** Primary care provider and health care information: All clients and families at intake and annually will have a review of medical history, verify PCP and last PC visit. Document in Avatar.
- F.1.c** Active engagement with primary care provider: 75% of clients who are in treatment for over 90 days will have, upon discharge, an identified PCP.

Objective G.1: Alcohol Use/Dependency

- G.1.a** Information on self-help alcohol and drug addiction recovery groups (Alateen for example) will be kept on prominent display and distributed to clients and families when appropriate at all program sites. (to be displayed when provided by Cultural Competency Unit)
- G.1.b** All contractors are encouraged to develop clinically appropriate interventions (either Evidence Based Practice or Practice Based Evidence) to meet the needs of the specific populations served, and to inform the SOC Program Manager about the interventions.

Objective H.1: Planning for Performance Objective FY 2011-12

- H.1.a** Contractors will remove any barriers to accessing services by African American individuals and families; this will be accomplished through feedback from the SOC, Program Review and Quality Improvement Unit via new client survey with suggested interventions. Contractor will establish performance improvement objective for the following year, based on feedback from the survey.
- H.1.b** Contractors will promote engagement and remove barriers to retention by African American individuals and families. (Program evaluation unit will evaluate retention of African American clients and provide feedback to contractor leading to establishment of performance improvement objective for the following year, based on their program's client retention data. Use of best practices, culturally appropriate clinical interventions, and ongoing review of clinical literature is encouraged.

Appendix B Calculation of Charges

I. Method of Payment

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

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

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

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

(2) Cost Reimbursement (Monthly Reimbursement for Actual Expenditures within Budget):

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

B. Final Closing Invoice

(1) Fee For Service Reimbursement:

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

(2) Cost Reimbursement:

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

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

D. Upon 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 Budgets are listed below and are attached hereto.

Budget Summary

Appendix B-1 Methadone Maintenance

Appendix B-2 Jail Methadone Courtesy Dosing Program

Appendix B-3a AIDS Opt-Out HIV Early Intervention

Appendix B-3b AIDS Opt-Out HIV Testing Community Engagement

Appendix B-4a Youth Moving Forward

Appendix B-4b PHNH Youth Moving Forward – Intensive Outreach

Appendix B-4c Morrisania West

Appendix B-5 Prevention

Appendix B-6 Adult Behavioral Health

Appendix B-7 Children's Behavioral Health Outpatient

Appendix B-8 AB3632

Appendix B-9 Balboa MHSA

Appendix B-10 Family Mosaic

Appendix B-11 Anchor Program

Appendix B-12 Dimensions Outpatient LGBTQ Youth Substance Abuse

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 Twenty Seven Million Four Hundred Fifty One Thousand Eight Hundred Fifty Seven Dollars (\$27,451,857) for the period of July 1, 2010 through December 31, 2015.

CONTRACTOR understands that, of this maximum dollar obligation, \$2,941,270 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 a Appendix B, Program Budget and Cost Reporting Data Collection form, as approved by the CITY's Department of Public Health based on the CITY's allocation of funding for SERVICES for that fiscal year.

July1, 2010 through June 30, 2011	\$4,979,847
July1, 2011 through June 30, 2012	\$4,620,026
July1, 2012 through June 30, 2013	\$4,260,204
July1, 2013 through June 30, 2014	\$4,260,204
July1, 2014 through June 30, 2015	\$4,260,204
July1, 2015 through December 31, 2015	\$2,130,102
	\$24,510,587
Contingency	<u>\$2,941,270</u>
Total	\$27,451,857

(3) CONTRACTOR understands that the CITY may need to adjust sources of revenue and agrees that these needed adjustments will become part of this Agreement by written modification to CONTRACTOR. In event that such reimbursement is terminated or reduced, this Agreement shall be terminated or proportionately reduced accordingly. In no event will CONTRACTOR be entitled to compensation in excess of these amounts for these periods without there first being a modification of the Agreement or a revision to Appendix B, Budget, as provided for in this section of this Agreement.

(4) CONTRACTOR further understands that, \$2,072,855 of the period from July 1, 2010 through December 31, 2010 in the Contract Number DPHM11000210 is included with this Agreement. Upon execution of this Agreement, all the terms under this Agreement will supersede the Contract Number BPHM07000071 for the Fiscal Year 2010-11.

C. CONTRACTOR agrees to comply with its Budget as shown in Appendix B in the provision of SERVICES. Changes to the budget that do not increase or reduce the maximum dollar obligation of the CITY are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. CONTRACTOR agrees to comply fully with that policy/procedure.

D. No costs or charges shall be incurred under this Agreement nor shall any payments become due to CONTRACTOR until reports, SERVICES, or both, required under this Agreement are received from CONTRACTOR and approved by the DIRECTOR as being in accordance with this Agreement. CITY may withhold payment to CONTRACTOR in any instance in which CONTRACTOR has failed or refused to satisfy any material obligation provided for under this Agreement.

E. In no event shall the CITY be liable for interest or late charges for any late payments.

F. CONTRACTOR understands and agrees that should the CITY'S maximum dollar obligation under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New						
If modification, Effective Date of Mod:		# of Mod:		VENDOR ID (DPH USE ONLY):				
LEGAL ENTITY NUMBER: 3121								
LEGAL ENTITY/CONTRACTOR NAME: Bayview Hunters Point Foundation								
APPENDIX NUMBER	B-1	B-2	B-3a	B-3b	B-4a	B-4b		
PROVIDER NUMBER	3838	3838	3838	3838	3838	3838		
PROVIDER NAME:	Outpatient Methadone Maintenance	Jail Methadone Courtesy Dosing	AIDS Opt-Out HIV Testing/ HIV Early Intervention	AIDS Opt-Out HIV Testing/ Community Engagement	Youth Moving Forward	PHNH Youth Moving Forward - Intensive Outreach		Page Total
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:								
SALARIES & EMPLOYEE BENEFITS	645,101	113,169	13,570	54,278	269,950	132,678		1,228,746
OPERATING EXPENSE	464,638	100,663	8,939	35,756	105,401	39,918		755,315
CAPITAL OUTLAY (COST \$5,000 AND OVER)								
SUBTOTAL DIRECT COSTS	1,109,739	213,832	22,509	90,034	375,351	172,596		1,984,061
INDIRECT COST AMOUNT	122,834	23,668	2,491	9,966	41,549	19,046		219,554
INDIRECT %	11%	11%	11%	11%	11%	11%		11%
TOTAL FUNDING USES:	1,232,573	237,500	25,000	100,000	416,900	191,642		2,203,615
CBHS MENTAL HEALTH FUNDING SOURCES								
FEDERAL REVENUES								
SDMC Regular FFP (50%)								
ARRA SDMC FFP (11.5%)								
STATE REVENUES								
EPSDT State Match								
MHSA								
Family Mosaic Capitated Medi-Cal								
GRANTS								
SAMHSA								
PRIOR YEAR ROLL OVER								
MHSA								
WORK ORDERS								
3RD PARTY PAYOR REVENUES								
REALIGNMENT FUNDS								
COUNTY GENERAL FUND								
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES								
CBHS SUBSTANCE ABUSE FUNDING SOURCES:								
FEDERAL REVENUES								
SAPT Federal Discretionary 93.959	780,552				39,844			820,396
Drug Medical	375,626							375,626
HIV Set-Aside 93.959			25,000	100,000				125,000
Adolescent Treatment Services 93.959					262,152			262,152
SAPT Primary Prevention 93.959								
STATE REVENUES								
GF Match to CAL SGF					2,534			2,534
State General Fund					22,810			22,810
GRANTS/PROJECTS								
WORK ORDERS								
3RD PARTY PAYOR REVENUES								
COUNTY GENERAL FUND	76,395	237,500			89,560	191,642		595,097
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	1,232,573	237,500	25,000	100,000	416,900	191,642		2,203,615
TOTAL DPH REVENUES	1,232,573	237,500	25,000	100,000	416,900	191,642		2,203,615
NON-DPH REVENUES								
In-Kind								
TOTAL NON-DPH REVENUES	-	-	-	-	-	-		-
TOTAL REVENUES (DPH AND NON-DPH)	1,232,573	237,500	25,000	100,000	416,900	191,642		2,203,615

Prepared by/Phone Number: Lillian "Kim" Shine 415-468-5106

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New				
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER:						
LEGAL ENTITY/CONTRACTOR NAME:						
APPENDIX NUMBER	B-4c	B-5	B-6	B-7	B-8	
PROVIDER NUMBER	3121	3121	3838	3838	3121	
PROVIDER NAME:	Momsania West	Prevention	Adult Behavioral Health	Children's Behavioral Health Outpatient	AB3632	Page Total
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	40,971	80,386	664,427	316,400	165,172	1,267,355
OPERATING EXPENSE	28,997	14,370	240,913	84,714	12,913	381,907
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	69,968	94,756	905,340	401,114	178,085	1,649,262
INDIRECT COST AMOUNT	7,597	10,489	100,210	44,408	19,712	182,416
INDIRECT %	11%	11%	11%	11%	11%	55%
TOTAL FUNDING USES:	77,565	105,245	1,005,550	445,522	197,797	1,831,678
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)			313,572	222,761	35,573	571,906
ARRA SDMC FFP (11.59)			72,686	51,636	8,246	132,568
STATE REVENUES						
EPSDT State Match				148,849	11,793	160,642
MHSA					50,000	50,000
Family Mosaic Capitated Medi-Cal						
GRANTS						
SAMHSA						
PRIOR YEAR ROLL OVER						
MHSA						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS			82,126		11,977	94,103
COUNTY GENERAL FUND			537,166	22,276	80,207	639,649
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			1,005,550	445,522	197,796	1,648,868
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
SAPT Federal Discretionary 93.959						
Drug Medical						
HIV Set-Aside 93.959						
Adolescent Treatment Services 93.959						
SAPT Primary Prevention 93.959		105,245				105,245
STATE REVENUES						
GF Match to CAL SGF						
State General Fund						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND	77,565					77,565
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	77,565	105,245				182,810
TOTAL DPH REVENUES	77,565	105,245	1,005,550	445,522	197,796	1,831,678
Unit of Time	45,896					45,896
Rate	1.69					
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	77,565	105,245	1,005,550	445,522	197,796	1,831,678

DPH 1: Department of Public Health Contract Budget Summary

CONTRACT TYPE - This contract is:		New				
If modification, Effective Date of Mod.:		# of Mod:		VENDOR ID (DPH USE ONLY):		
LEGAL ENTITY NUMBER:						
LEGAL ENTITY/CONTRACTOR NAME:						
APPENDIX NUMBER	B-9	B-10	B-11	B-12		
PROVIDER NUMBER						
PROVIDER NAME:	Balboa MHSa	Family Mosaic	Anchor Program	Dimensions Optl Substance Abuse	Page Total	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	188,432	358,237	166,370	85,800	798,839	3,294,940
OPERATING EXPENSE	34,961	23,170	13,077	3,500	74,708	1,211,930
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	223,393	381,407	179,447	89,300	873,547	4,506,870
INDIRECT COST AMOUNT	24,007	37,130	21,559	10,700	93,496	495,466
INDIRECT %	11%	10%	12%	12%	11%	11%
TOTAL FUNDING USES:	247,400	418,537	201,106	100,000	967,043	5,002,336
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)						571,906
ARRA SDMC FFP (11.59)						132,568
STATE REVENUES						
EPSDT State Match						160,642
MHSA	150,000				150,000	200,000
Family Mosaic Capitated Medi-Cal		233,646			233,646	233,646
GRANTS						
SAMHSA		143,228			143,228	143,228
PRIOR YEAR ROLL OVER						
MHSA	74,909				74,909	74,909
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND		41,663	156,215	44,891	44,891	138,994
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	224,909	418,537	201,106	-	844,552	2,493,420
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
SAPT Federal Discretionary 93.959						820,396
Drug Medical						375,626
HIV Set-Aside 93.959						125,000
Adolescent Treatment Services 93.959						262,152
SAPT Primary Prevention 93.959						105,245
STATE REVENUES						
GF Match to CAL SGF						2,534
State General Fund						22,810
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND				100,000	100,000	772,662
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	100,000	100,000	2,486,425
TOTAL DPH REVENUES	224,909	418,537	201,106	100,000	944,552	4,979,845
NON-DPH REVENUES						
In-Kind	22,491				22,491	22,491
TOTAL NON-DPH REVENUES	22,491	-	-	-	22,491	22,491
TOTAL REVENUES (DPH AND NON-DPH)	247,400	418,537	201,106	100,000	967,043	5,002,336

Prepared by/Phone Number: Lillian "Kim" Shine 415-468-5106

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: B-1, Page 1		
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #:		3838
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance	Outpatient Methadone Maintenance			
REPORTING UNIT:	38164	38164	38164			
MODE OF SVCS / SERVICE FUNCTION CODE:	NTP-48	NTP-48 INDIVIDUAL	NTP-48 Groups			
SERVICE DESCRIPTION:	SA-Narcotic Tx Narc Replacement Therapy - All Svcs	Individual Counseling	Group Counseling			TOTAL
CBHS FUNDING TERM:	7/1/10 - 6/30/11	7/1/10 - 6/30/11	7/1/10 - 6/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	465,345	176,325	3,431			645,101
OPERATING EXPENSE	335,166	129,470				464,636
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	800,513	305,795	3,431			1,109,739
INDIRECT COST AMOUNT	88,606	33,805	423			122,834
TOTAL FUNDING USES:	889,119	339,600	3,854			1,232,573
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
SAPT Federal Discretionary 93 959	563,052	217,500				780,552
Drug Medical	270,959	102,813	1,854			375,626
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND	55,108	19,257	2,000			76,365
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	889,119	339,600	3,854			1,232,573
TOTAL DPH REVENUES	889,119	339,600	3,854			1,232,573
NON-DPH REVENUES						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	889,119	339,600	3,854			1,232,573
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹	71,473					
UNITS OF TIME ²		22,635	1,062			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	12.44	15.00	3.63			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	12.44	15.00	3.63			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	12.44	15.00	3.63			
UNDUPLICATED CLIENTS	197	197	89			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-1, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121
 Provider Name (same as line 8 on DPH 1): Outpatient Methadone Maintenance

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	131,251	131,251			
Utilities(Elec. Water, Gas, Phone, Scavenger)	31,918	31,918			
Office Supplies, Postage	30,059	30,059			
Building Maintenance Supplies and Repair	19,230	19,230			
Printing and Reproduction	312	312			
Insurance	20,214	20,214			
Staff Training	-	-			
Staff Travel-(Local & Out of Town)	7,724	7,724			
Rental of Equipment	4,168	4,168			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
Medical Director & As-needed Nurses	92,340	92,340			
	-	-			
	-	-			
	-	-			
OTHER					
Medical Supplies	56,024	56,024			
Security Services	33,689	33,689			
Lab Tests	18,728	18,728			
Licenses	17,412	17,412			
Advertising	1,569	1,569			
TOTAL OPERATING EXPENSE	464,638	464,638			

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):3838

Provider Name (same as line 8 on DPH 1):Outpatient Methadone Maintenance

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs.	\$45,518	59%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
$0.591 \text{ FTE} \times \$77,028 = \$45,518$		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$29,690	90%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
$0.90 \text{ FTE} \times \$32,989 = \$29,690$		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$27,603	76%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
$0.761 \text{ FTE} \times \$36,261 = \$27,603$		
Intake/Billing Clerk: This position ensures that services and financial eligibility for all clients enrolled in programs are processed, i.e., conducts client intakes, billing and payment documentation and data input.	\$24,978	85%
Minimum Qualifications: Completion of high school, supplemented by work experience in medical billing and intake functions.		
$0.848 \text{ FTE} \times \$29,449 = 24,978$		
Nurse Practitioner/Physician: This position performs medical examinations of new clients and re-evaluations of clients on an annual basis. Performs limited laboratory, phelobotomy and test procedures.	\$38,000	50%
Minimum Qualifications: Must be a licensed Family Nurse Practitioner or Physician's Assistant in the State of California, with at least two years experience in a substance abuse rehabilitation program.		
$0.50 \text{ FTE} \times \$76,000 = 38,000$		
LVN Coordinator: This position is responsible for participating in and executing polices, methods and procedures within the field of dispensing methadone; direct and indirect services for the medication functions of the clinic; provides supervision of the administering of methadone to clients enrolled in the substance abuse program.	\$34,590	58%
Minimum Qualifications: Registered Nurse in the State of California, with at least two years experience working in a substance abuse rehabilitation program.		
$0.58 \text{ FTE} \times \$59,587 = 34,590$		
Licensed Vocational Nurses: Responsible for providing daily doses to clients enrolled in the substance abuse program. Responsible for delivering methadone to local jails.	\$92,104	200%
Minimum Qualifications: Must be a Licesned Vocational Nurse in the State of California, with a minimum of one year's experience working in a Methadone Program preferred.		
$2.00 \text{ FTE} \times \$46,052 = 92,104$		

Methadone Coordinator: Responsible for oversight and supervision to counseling staff. Coordinates policies and procedures for the unit.	\$48,674	100%
Minimum Qualifications: Bachelor's Degree in psychology, social work, counseling or related field. Four years experience working in substance abuse field. Two years experience in a supervisory capacity.		
1.00 FTE x \$48,674 = 48,674		
Counselors: Responsible for counseling and support to individuals who present with substance abuse problems. Participates in counseling functions, e.g., setting goals and objectives, conducting treatment sessions, etc. Collection of urine specimens when required.	\$157,377	500%
Minimum Qualifications: Bachelor's degree in psychology, social work, counselor or related field. Minimum of one year's experience directly related to the above described duties.		
5.00 FTE x \$31,475 = 157,377		
TOTAL SALARIES	\$498,534	12.18

Payroll Taxes, $498,534 \times .0765 = 38,138$	\$38,138	
Workers Compensation, $498,534 \times 0.01871 = 9,328$	\$9,328	
SUI, $12.68 \text{ employees} \times 7,000 \times 0.062 = 5,503$	\$5,503	
Medical, Dental & Life Insurance, $11.68 * 572.40/\text{mo} \times 12 \text{ mo} = 80,228$	\$80,228	
Longevity Pay, $10 \times 960 = 9,600$	\$9,600	
Retirement account, $12.18 \text{ employees} \times 366 = 4,457$	\$3,770	
TOTAL BENEFITS	\$146,567	

TOTAL SALARIES & BENEFITS \$645,101

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Substance Abuse facility, $0.76 \times 172,312 = 131,251$ \$131,251

Security, Substance Abuse facility, $0.76 \times 44,229 = 33,689$ \$33,689

Utilities:

Utilities, Substance Abuse facility, $0.76 \times 41,903 = 31,918$ \$31,918

Building Maintenance:

Building Maintenance and repairs, $0.76 \times 25,246 = 19,230$ \$19,230

Total Occupancy: \$216,088

Materials and Supplies:

Office Supplies:

Office supplies & postage, Substance Abuse, $0.76 \times 39,463 = 30,059$ \$30,059

Advertising and recruiting, Substance Abuse program, $0.76 \times 2,056 = 1,569$ \$1,569

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, $0.76 \times 410 = 312$ \$312

Program/Medical Supplies:

Medical supplies, Substance Abuse program, $0.76 \times 73,550 = 56,024$ \$56,024

Lab Tests, Substance Abuse program, $0.76 \times 24,587 = 18,728$ \$18,728

Licenses and Fees, Substance Abuse program, $0.76 \times 22,859 = 17,412$ \$17,412

Total Materials and Supplies: \$124,104

General Operating:

Insurance:

Insurance, Substance Abuse Program, $0.76 \times 26,538 = 20,214$ \$20,214

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program, $0.76 \times 5,471 = 4,168$ \$4,168

Total General Operating: \$24,382

Staff Travel (Local & Out of Town):

Travel & vehicle, Substance Abuse program, $0.76 \times 10,141 = 7,724$ \$7,724

\$7,724

Consultants/Subcontractors:

Consultants, including Medical Director & as-needed extra nurses

Substance Abuse Program, $0.76 \times 121,229 = 92,340$ \$92,340

Total Consultants/Subcontractors: \$92,340

TOTAL OPERATING COSTS: \$464,638

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$1,109,739

CONTRACT TOTAL: \$1,232,573

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: B-2, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	Jail Methadone Courtesy Dosing				
REPORTING UNIT:	N/A				
MODE OF SVCS / SERVICE FUNCTION CODE:	NTP-41				
SERVICE DESCRIPTION:	SA-Narcotic Tx Prog OP Meth Detox (OMD)				TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11				
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	113,169				113,169
OPERATING EXPENSE	100,663				100,663
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	213,832				213,832
INDIRECT COST AMOUNT	23,668				23,668
TOTAL FUNDING USES:	237,500				237,500
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND	237,500				237,500
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	237,500				237,500
TOTAL DPH REVENUES	237,500				237,500
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	237,500				237,500
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹	19,092				
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	12.44				
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	12.44				
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	12.44				
UNDUPLICATED CLIENTS	66				

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-2, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838
 Provider Name (same as line 8 on DPH 1): Jail Methadone Courtesy Dosing

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: <u> </u> (dept. name)	WORK ORDER #2: <u> </u> (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u> </u>	Term: <u> </u>	Term: <u> </u>	Term: <u> </u>
Rental of Property	28,436	28,436				
Utilities(Elec. Water, Gas, Phone, Scavenger)	6,915	6,915				
Office Supplies, Postage	6,513	6,513				
Building Maintenance Supplies and Repair	4,166	4,166				
Printing and Reproduction	68	68				
Insurance	4,379	4,379				
Staff Training	-	-				
Staff Travel-(Local & Out of Town)	1,674	1,674				
Rental of Equipment	903	903				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Medical Director & As-needed Nurses	20,006	20,006				
	-	-				
	-	-				
	-	-				
OTHER						
Medical Supplies	12,138	12,138				
Security Services	7,299	7,299				
Lab Tests	4,057	4,057				
Licenses	3,772	3,772				
Advertising	337	337				
TOTAL OPERATING EXPENSE	100,663	100,663				

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name: Jail Methadone Courtesy Dosing

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs.	\$9,804	13%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
$0.1273 \text{ FTE} \times \$77,028 = \$9,804$		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$330	1%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
$0.01 \text{ FTE} \times \$32,989 = \$330$		
Intake/Billing Clerk: This position ensures that services and financial eligibility for all clients enrolled in programs are processed, i.e., conducts client intakes, billing and payment documentation and data input.	\$4,471	15%
Minimum Qualifications: Completion of high school, supplemented by work experience in medical billing and intake functions.		
$0.152 \text{ FTE} \times \$29,449 = \$4,471$		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$5,471	15%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
$0.151 \text{ FTE} \times \$36,261 = \$5,471$		
LVN Coordinator: This position is responsible for participating in and executing polices, methods and procedures within the field of dispensing methadone; direct and indirect services for the medication functions of the clinic; provides supervision of the administering of methadone to registered inmates in San Francisco county jails.	\$24,997	41%
Minimum Qualifications: Registered Nurse in the State of California, with at least two years experience working in a substance abuse rehabilitation program.		
$0.41 \text{ FTE} \times \$59,587 = 24,997$		
Licensed Vocational Nurses: Responsible for delivering methadone to local jails.	\$46,052	100%
Minimum Qualifications: Must be a Licesned Vocational Nurse in the State of California, with a minimum of one year's experience working in a Methadone Program preferred.		
$1.00 \text{ FTE} \times \$46,052 = 46,052$		
TOTAL SALARIES	\$91,125	1.85
Payroll Taxes, $91,125 \times .0765 = 6,971$	\$6,971	
Workers Compensation, $91,125 \times 0.01871 = 1,705$	\$1,705	
SUI, $1.85 \text{ employees} \times 7,000 \times 0.062 = 803$	\$803	
Medical, Dental & Life Insurance, $1.85 \times 566/\text{mo} \times 12 \text{ mo} = 12,565$	\$12,565	

	TOTAL BENEFITS	\$22,044

TOTAL SALARIES & BENEFITS \$113,169

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent

Rental of Property, Substance Abuse facility, $0.17 \times 172,312 = 28,436$ \$28,436

Security, Substance Abuse facility, $0.17 \times 44,229 = 7,299$ \$7,299

Utilities

Utilities, Substance Abuse facility, $0.17 \times 41,903 = 6,915$ \$6,915

Building Maintenance

Building Maintenance and repairs, $0.17 \times 25,246 = 4,166$ \$4,166

Total Occupancy: \$46,816

Materials and Supplies:

Office Supplies:

Office supplies & postage, Substance Abuse, $0.17 \times 39,463 = 6,512$ \$6,512

Advertising and recruiting, Substance Abuse program, $0.17 \times 2,056 = 338$ \$338

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, $0.17 \times 410 = 68$ \$68

Program/Medical Supplies:

Medical supplies, Substance Abuse program, $0.17 \times 73,550 = 12,138$ \$12,138

Lab Tests, Substance Abuse program, $0.17 \times 24,587 = 4,057$ \$4,057

Licenses and Fees, Substance Abuse program, $0.17 \times 22,859 = 3,772$ \$3,772

Total Materials and Supplies: \$26,885

General Operating:

Insurance:

Insurance, Substance Abuse Program, $0.17 \times 26,538 = 4,379$ \$4,379

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program, $0.17 \times 5,471 = 903$ \$903

Total General Operating: \$5,282

Staff Travel (Local & Out of Town):

Travel & vehicle, Substance Abuse program, $0.17 \times 10,141 = 1,674$ \$1,674

\$1,674

Consultants/Subcontractors:

Consultants, including Medical Director & as-needed extra nurses

Substance Abuse Program, 0.17 x 121,229 = 20,006 \$20,006

Total Consultants/Subcontractors: \$20,006

TOTAL OPERATING COSTS: \$100,663

CAPITAL EXPENDITURES: *(if needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$213,832

CONTRACT TOTAL: \$237,500

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

FISCAL YEAR:	July 2010 - June 2011	APPENDIX #: B-3a, Page 1
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation	PROVIDER #: 3121
PROVIDER NAME:	Bayview Hunters Point Foundation	
REPORTING UNIT NAME:	AIDS Opt-Out HIV Testing/ HIV Early Intervention	
REPORTING UNIT:	38164	
MODE OF SVCS / SERVICE FUNCTION CODE:	Anc-65	
SERVICE DESCRIPTION:	SA-Ancillary Svcs HIV Early Intervention	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11
FUNDING USES:		
SALARIES & EMPLOYEE BENEFITS	13,570	13,570
OPERATING EXPENSE	8,939	8,939
CAPITAL OUTLAY (COST \$5,000 AND OVER)		
SUBTOTAL DIRECT COSTS	22,509	22,509
INDIRECT COST AMOUNT	2,491	2,491
TOTAL FUNDING USES:	25,000	25,000
CBHS MENTAL HEALTH FUNDING SOURCES		
FEDERAL REVENUES		
STATE REVENUES		
GRANTS		
PRIOR YEAR ROLL OVER		
WORK ORDERS		
3RD PARTY PAYOR REVENUES		
REALIGNMENT FUNDS		
COUNTY GENERAL FUND		
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES		
CBHS SUBSTANCE ABUSE FUNDING SOURCES:		
FEDERAL REVENUES		
HIV Set-Aside 93,959	25,000	25,000
STATE REVENUES		
GRANTS/PROJECTS		
WORK ORDERS		
3RD PARTY PAYOR REVENUES		
COUNTY GENERAL FUND		
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	25,000	25,000
TOTAL DPH REVENUES	25,000	25,000
NON-DPH REVENUES		
TOTAL NON-DPH REVENUES		
TOTAL REVENUES (DPH AND NON-DPH)	25,000	25,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:		
UNITS OF SERVICE ¹	197	
UNITS OF TIME ²		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	126.90	
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	126.90	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	126.90	
UNDUPLICATED CLIENTS	197	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-3a, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838
 Provider Name (same as line 8 on DPH 1): AIDS Opt-Out HIV Testing/ HIV Early Intervention

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: <u> </u> (dept. name)	WORK ORDER #2: <u> </u> (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Expenditure Category					
Rental of Property	2,525	2,525			
Utilities(Elec. Water, Gas, Phone, Scavenger)	614	614			
Office Supplies, Postage	578	578			
Building Maintenance Supplies and Repair	370	370			
Printing and Reproduction	6	6			
Insurance	389	389			
Staff Training	-	-			
Staff Travel-(Local & Out of Town)	149	149			
Rental of Equipment	80	80			
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)					
	1,777	1,777			
	-	-			
	-	-			
	-	-			
OTHER					
Medical Supplies	1,078	1,078			
Security Services	648	648			
Lab Tests	360	360			
Licenses	335	335			
Advertising	30	30			
TOTAL OPERATING EXPENSE	8,939	8,939			

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name : AIDS Opt-Out HIV Testing/ HIV Early Intervention

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs and AIDS services.	\$7,383	10%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
0.096 FTE x \$77,028 = \$7,383		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$1,491	5%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
0.045 FTE x \$32,989 = \$1,491		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$1,590	5%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
0.045 FTE x \$36,261 = \$1,590		
TOTAL SALARIES	\$10,464	0.19

Payroll Taxes, $10,464 \times 0.0765 = 801$	\$801	
Workers Compensation, $10464 \times 0.01871 = 196$	\$196	
SUI, $0.19 \text{ employees} \times 7,000 \times 0.062 = 83$	\$83	
Medical, Dental & Life Insurance, $0.19 * 700/\text{mo} \times 12 \text{ mo} = 1,596$	\$1,596	
Longevity Pay, $0.28 \times 960 = 269$	\$269	
Retirement account, $1.37 \text{ employees} \times 158 = 216$	\$161	
TOTAL BENEFITS	\$3,106	

TOTAL SALARIES & BENEFITS \$13,570

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

Occupancy:

Rent:

Rental of Property, Substance Abuse facility, $0.014 \times 172,312 = 2,525$ \$2,525

Security, Substance Abuse facility, $0.014 \times 44,229 = 648$ \$648

Utilities:

Utilities, Substance Abuse facility, $0.014 \times 41,903 = 614$ \$614

Building Maintenance:

Building Maintenance and repairs, $0.014 \times 25,246 = 370$ \$370

Total Occupancy: \$4,157

Materials and Supplies:

Office Supplies:

Office supplies & postage, Substance Abuse, $0.014 \times 39,463 = 578$ \$578
Advertising and recruiting, Substance Abuse program, $0.014 \times 2,056 = 30$ \$30

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, $0.014 \times 410 = 6$ \$6

Program/Medical Supplies:

Medical supplies, Substance Abuse program, $0.014 \times 73,550 = 1,078$ \$1,078
Lab Tests, Substance Abuse program, $0.014 \times 24,587 = 360$ \$360
Licenses and Fees, Substance Abuse program, $0.014 \times 22,859 = 335$ \$335

Total Materials and Supplies: \$2,387

General Operating:

Insurance:

Insurance, Substance Abuse Program, $0.014 \times 26,538 = 389$ \$389

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program, $0.014 \times 5,471 = 80$ \$80

Total General Operating: \$469

Staff Travel (Local & Out of Town):

Travel & vehicle, Substance Abuse program, $0.014 \times 10,141 = 149$ \$149

\$149

Consultants/Subcontractors:

Consultants, including Medical Director & as-needed extra nurses
Substance Abuse Program, $0.014 \times 121,229 = 1777$ \$1,777

Total Consultants/Subcontractors: \$1,777

TOTAL OPERATING COSTS: \$8,939

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$22,509

CONTRACT TOTAL: \$25,000

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

FISCAL YEAR:	July 2010 - June 2011	APPENDIX #:	B-3b, Page 1
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation	PROVIDER #:	3121
PROVIDER NAME:	Bayview Hunters Point Foundation		
REPORTING UNIT NAME:	AIDS Opt-Out HIV Testing/ HIV Early Intervention		
REPORTING UNIT:	38164		
MODE OF SVCS / SERVICE FUNCTION CODE:	NA		
SERVICE DESCRIPTION:	Community Engagement - Cost Reimbursement		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	54,278	-	54,278
OPERATING EXPENSE	35,756	-	35,756
CAPITAL OUTLAY (COST \$5,000 AND OVER)		-	
SUBTOTAL DIRECT COSTS	90,034	-	90,034
INDIRECT COST AMOUNT	9,966	-	9,966
TOTAL FUNDING USES:	100,000	-	100,000
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			
STATE REVENUES			
GRANTS			
PRIOR YEAR ROLL OVER			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND			
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES			
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES			
HIV Set-Aside 93 959	100,000	-	100,000
STATE REVENUES			
GRANTS/PROJECTS			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	100,000	-	100,000
TOTAL DPH REVENUES	100,000	-	100,000
NON-DPH REVENUES			
TOTAL NON-DPH REVENUES			
TOTAL REVENUES (DPH AND NON-DPH)	100,000	-	100,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹	170		
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	N/A		
UNDUPLICATED CLIENTS	170		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-3b, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838
 Provider Name (same as line 8 on DPH 1): AIDS Opt-Out HIV Testing/ HIV Early Intervention

Expenditure Category

Rental of Property
 Utilities(Elec. Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

 OTHER
 Medical Supplies
 Security Services
 Lab Tests
 Licenses
 Advertising

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: _____ (grant title)	GRANT #2: _____ (grant title)	WORK ORDER #1: _____ (dept. name)	WORK ORDER #2: _____ (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____	Term: _____
10,100	10,100				
2,456	2,456				
2,314	2,314				
1,480	1,480				
24	24				
1,555	1,555				
-	-				
594	594				
321	321				
7,106	7,106				
-	-				
-	-				
-	-				
-	-				
4,311	4,311				
2,593	2,593				
1,441	1,441				
1,340	1,340				
121	121				
35,756	35,756				

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): AIDS Opt-Out HIV Testing/ HIV Early Intervention

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Substance Abuse: Responsible for the overall supervision and the day to day operations of the substance abuse programs and AIDS services.	\$7,323	10%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and five years experience in a supervisory capacity and management of a Substance Abuse Program.		
0.095 FTE x \$77,028 = \$7,323		
Administrative Assistant: Responsible for performing secretarial and administrative work in connection with clerical functions of the Substance Abuse Program.	\$1,478	5%
Minimum Qualifications: Associate Degree in secretarial science or completion of high school, supplemented by at least four years of progressive office management.		
0.045 FTE x \$32,989 = \$1,478		
Medical Records/Billing Technician: This position compiles the medical records on clients treated in Bayview Substance Abuse Services. Ensures charting and recordkeeping guidelines, filing, and records security.	\$1,597	5%
Minimum Qualifications: Completion of high school, supplemented by by combination of training and experience. Good typing and organizational skills.		
0.045 FTE x \$36,261 = \$1,597		
Counselor: Responsible for providing pre and post counseling and referral support to individuals who are HIV+ or who have AIDS.	\$31,510	100%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Counseling, one year experience working in Public Health.		
1.00 FTE x \$31,510 = \$31,510		
TOTAL SALARIES	\$41,908	1.19

Payroll Taxes, $52,372 \times .0765 = 4,006$	\$3,206	
Workers Compensation, $52,372 \times 0.01871 = 980$	\$784	
SUI, $1.37 \text{ employees} \times 7,000 \times 0.062 = 595$	\$516	
Medical, Dental & Life Insurance, $1.19 * 550/\text{mo} \times 12 \text{ mo} = 8,174$	\$7,864	
TOTAL BENEFITS	\$12,370	

TOTAL SALARIES & BENEFITS \$54,278

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Substance Abuse facility, $0.056 \times 172,312 = 10,100$	\$10,100
Security, Substance Abuse facility, $0.056 \times 44,229 = 2,593$	\$2,593

Utilities:

Utilities, Substance Abuse facility, $0.056 \times 41,903 = 2,456$	\$2,456
--	---------

Building Maintenance:
Building Maintenance and repairs, $0.056 \times 25,246 = 1,480$ \$1,480

Total Occupancy: \$16,629

Materials and Supplies:

Office Supplies:

Office supplies & postage, Substance Abuse, $0.056 \times 39,463 = 2,314$ \$2,314

Advertising and recruiting, Substance Abuse program, $0.056 \times 2,056 = 121$ \$121

Printing/Reproduction:

Mimeo & Printing, Substance Abuse program, $0.056 \times 410 = 24$ \$24

Program/Medical Supplies:

Medical supplies, Substance Abuse program, $0.056 \times 73,550 = 4,311$ \$4,311

Lab Tests, Substance Abuse program, $0.056 \times 24,587 = 1,441$ \$1,441

Licenses and Fees, Substance Abuse program, $0.056 \times 22,859 = 1,340$ \$1,340

Total Materials and Supplies: \$9,551

General Operating:

Insurance:

Insurance, Substance Abuse Program, $0.056 \times 26,538 = 1,555$ \$1,555

Staff Training:

Rental of Equipment:

Leased Equipment, Substance Abuse program, $0.056 \times 5,471 = 321$ \$321

Total General Operating: \$1,876

Staff Travel (Local & Out of Town):

Travel & vehicle, Substance Abuse program, $0.056 \times 10,141 = 594$ \$594

\$594

Consultants/Subcontractors:

Consultants, including Medical Director & as-needed extra nurses

Substance Abuse Program, $0.056 \times 121,229 = 7,106$ \$7,106

Total Consultants/Subcontractors: \$7,106

TOTAL OPERATING COSTS: \$35,756

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$90,034

CONTRACT TOTAL: \$100,000

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: E-4a, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	Youth Moving Forward	Youth Moving Forward			
REPORTING UNIT:	38171	38171			
MODE OF SVCS / SERVICE FUNCTION CODE	Nonres-33	Nonres-34			
SERVICE DESCRIPTION	SA-Nonresidntl ODF Group	SA-Nonresidntl ODF Indv			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	80,985	188,965			269,950
OPERATING EXPENSE	31,620	73,781			105,401
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	112,605	262,746			375,351
INDIRECT COST AMOUNT	12,465	29,084			41,549
TOTAL FUNDING USES:	125,070	291,830			416,900
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
SAPT Federal Discretionary 93.959	11,953	27,891			39,844
Adolescent Treatment Services 93.959	78,646	183,506			262,152
STATE REVENUES					
GF Match to CAL SGF	760	1,774			2,534
State General Fund	6,843	15,967			22,810
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND	26,868	62,692			89,560
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	125,070	291,830			416,900
TOTAL DPH REVENUES	125,070	291,830			416,900
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	125,070	291,830			416,900
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹	1,350	5,520			
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	92.64	52.87			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	92.64	52.87			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	81.75	98.93			
UNDUPLICATED CLIENTS	75	90			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-4a, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838
 Provider Name (same as line 8 on DPH 1): Youth Moving Forward

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION Term: <u>7/1/10-6/30/11</u>	PROPOSED TRANSACTION Term: <u>7/1/10-6/30/11</u>	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____	PROPOSED TRANSACTION Term: _____
Rental of property	44,879	44,879				
Utilities	8,858	8,858				
Office Supplies, Postage	15,722	15,722				
Bldg Maintenance, Supplies & Repair	11,613	11,613				
Printing & Reproduction	492	492				
Insurance	3,018	3,018				
Staff Training	-	-				
Staff Travel	3,392	3,392				
Rental of Equipment	3,320	3,320				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Recreational/Project Supplies	2,821	2,821				
Food for Client Activities	3,412	3,412				
Security Service	2,296	2,296				
Advertising	328	328				
Vehicle Expenses	5,250	5,250				
TOTAL OPERATING EXPENSE	105,401	105,401				

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): Youth Moving Forward

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Youth Services: Responsible for the day to day operations of the youth services program, and provides direct staff supervision.	\$31,540	48%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or related field. Must have five years of management and supervisory experience working in a youth services program.		
$0.485 \text{ FTE} \times \$65,000 = \$31,540$		
Administrative Assistant: Responsible for secretarial and administrative work; maintains office files and a wide variety of other office records; maintains office supplies.	\$17,616	55%
Minimum Qualifications: Associate degree in Secretarial Science, or completion of high school, supplemented by at least four years of progressively responsible office management experience; computer and software proficiency.		
$0.55 \text{ FTE} \times \$32,028 = \$17,616$		
Counselors: Maintains a caseload of active clients which includes development of treatment plans, counseling evaluations and follow up sessions. Conducts individual, group and family counseling sessions.	\$125,524	400%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
$4.00 \text{ FTE} \times \$31,381 = \$125,524$		
Psychologist: Provides clinical supervision to program counseling staff. Provides quality assurance and utilization review functions within the BVHP Youth Services Program.	\$8,277	12%
Minimum Qualifications: Master's degree in Psychology and credential to practice clinical psychology in the State of California; and three years experience in diagnostic assessment; Or possession of PH.D degree with specialization in clinical psychology.		
$0.12 \text{ FTE} \times \$68,975 = \$8,277$		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$8,563	12%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience.		
$0.12 \text{ FTE} \times \$71,358 = \$8,563$		
Coordinator: Responsible for implementing and evaluating YMF program. Assist in the daily operations of the YMF program, including the coordination of the education, counseling, life skills, job placement and leadership components.	\$20,000	50%
Minimum Qualifications: Bachelor's social work, public administration, education or related field. One year experience as a Program Coordinator or case management. Demonstrated ability in youth development, employment training, etc.		
$0.50 \text{ FTE} \times \$40,000 = \$20,000$		
TOTAL SALARIES	\$211,520	5.77
Payroll Taxes, $219,395 \times .0765 = 16,784$	\$16,784	
Workers Compensation, $219,395 \times 0.0077 = 1,689$	\$1,689	

SUI, 5.65 employees x 7,000 x 0.062 = 3,103	\$3,103	
Medical, Dental & Life Insurance, 5.65 * 532/mo x 12 mo = 36,854	\$36,854	
TOTAL BENEFITS	\$58,430	

TOTAL SALARIES & BENEFITS \$269,950

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

<u>Rent:</u>		
Rental of Property, Youth Services facility, 0.88 x 50,998 = 44,879		\$44,879
Security, Youth Services facility, 0.88 x 2,609 = 2,296		\$2,296
<u>Utilities:</u>		
Utilities, Youth Services facility, 0.88 x 10,066 = 8,858		\$8,858
<u>Building Maintenance:</u>		
Building Maintenance and repairs, 0.88 x 13,196 = 11,613		\$11,613
	Total Occupancy:	\$67,646

Materials and Supplies:

<u>Office Supplies:</u>		
Office supplies & postage, Youth Services, 0.88 x 17,865 = 15,722		\$15,722
Advertising and recruiting, Youth Services program, 0.88 x 373 = 328		\$328
<u>Printing/Reproduction:</u>		
Mimeo & Printing, Youth Services program, 0.88 x 559 = 492		\$492
<u>Program/Medical Supplies:</u>		
Recreational/Project supplies, Youth Program, 0.88 x 3,206 = 2,821		\$2,821
Food for Client Activities, Youth Programs, 0.88 x 3,877 = 3,412		\$3,412
		\$0
	Total Materials and Supplies:	\$22,775

General Operating:

<u>Insurance:</u>		
Insurance, Youth Services Program, 0.88 x 3,429 = 3,018		\$3,018
<u>Staff Training:</u>		
<u>Rental of Equipment:</u>		
Leased Equipment, Youth Services program, 0.88 x 3,773 = 3,320		\$3,320
	Total General Operating:	\$6,338

Staff Travel (Local & Out of Town):

Staff Travel, Youth Services program, 0.88 x 3,854 = 3,392		\$3,392
Vehicle Expenses, Youth Services, 0.88 x 5,966 = 5,250		\$5,250

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$105,401

CAPITAL EXPENDITURES: *(If needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs):	\$375,351
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CONTRACT TOTAL:	\$416,900
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DPH 2: Department of Public Health Cost Reporting/Data Collection (CRDC)

FISCAL YEAR:	July 2010 - June 2011		APPENDIX #: B-4b, Page 1		
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation		PROVIDER #:	3121	
PROVIDER NAME:	Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	PHNH Youth Moving Forward - Intensive Outreach	PHNH Youth Moving Forward - Intensive Outreach			
REPORTING UNIT:	38171	38171			
MODE OF SVCS / SERVICE FUNCTION CODE:	Nonres-33	Nonres-34			
SERVICE DESCRIPTION:	SA-Nonresidntl ODF Group	SA-Nonresidntl ODF Indv			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	39,803	92,875			132,678
OPERATING EXPENSE	11,975	27,943			39,918
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	51,778	120,818			172,596
INDIRECT COST AMOUNT	5,714	13,332			19,046
TOTAL FUNDING USES:	57,492	134,150			191,642
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND	57,492	134,150			191,642
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	57,492	134,150			191,642
TOTAL DPH REVENUES	57,492	134,150			191,642
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	57,492	134,150			191,642
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹	810	4,140			
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	70.98	32.40			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	70.98	32.40			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	88.86	88.90			
UNDUPLICATED CLIENTS	35	45			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-4b, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838
 Provider Name (same as line 8 on DPH 1): PHNH Youth Moving Forward - Intensive Outreach

Expenditure Category

Rental of Property: 2184 sq ft x \$2 x 12 mo
 Utilities(Elec,Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Janitorial Service
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

 OTHER
 Program Activities
 Nutritional Meals
 DADP Certification/License Fee

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
15,000	15,000				
5,000	5,000				
1,618	1,618				
2,000	2,000				
3,000	3,000				
3,500	3,500				
1,800	1,800				
600	600				
-	-				
-	-				
-	-				
-	-				
-	-				
2,400	2,400				
1,500	1,500				
3,500	3,500				
-	-				
-	-				
39,918	39,918	-	-	-	-

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): PHNH YMF - Intensive Outreach

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits

	Salaries	FTE
Substance Abuse Specialist 1: Provides case management, substance abuse, relapse prevention, anger and domestic violence counseling.	\$42,000	100%
Minimum Qualifications: Certified Addiction Treatment Certificate, at least two years work experience in youth program.		
1.00 FTE x \$42,000 = \$42,000		
Substance Abuse Specialist 2: Provides case management, substance abuse counseling, anger management, crisis intervention and relapse prevention.	\$38,000	100%
Minimum Qualifications: Bachelor's degree in counseling, social work or related field, two years work experience in a youth program.		
1.00 FTE x \$38,000 = \$38,000		
Administrative Assistant: Responsible for secretarial and administrative work; maintains office files and a wide variety of other office records, maintains office supplies.	\$31,200	100%
Minimum Qualifications: Associate degree in Secretarial Science, or completion of high school, supplemented by at least four years of progressively responsible office management experience; computer and software proficiency.		
1.00 FTE x \$31,200 = \$31,200		
TOTAL SALARIES	\$111,200	3.00

Payroll Taxes plus benefits	\$21,478	
TOTAL BENEFITS	\$21,478	

TOTAL SALARIES & BENEFITS \$132,678

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property \$15,000

Utilities:

Utilities \$5,000

Building Maintenance:

Building Maintenance and repairs \$2,000

Janitorial service \$3,000

Total Occupancy: \$25,000

Materials and Supplies:

Office Supplies:

Office supplies & postage \$1,618

Printing/Reproduction:

Program/Medical Supplies:

Program Activities \$2,400

Nutritional Meals \$1,500

\$0

Total Materials and Supplies: \$5,518

General Operating:

Insurance:

Insurance \$3,500

Staff Training:

Staff Training \$1,800

Rental of Equipment:

Total General Operating: \$5,300

Staff Travel (Local & Out of Town):

Staff Travel \$600

\$600

Consultants/Subcontractors:

DADP Certification/License Fee \$3,500

Total Consultants/Subcontractors: \$3,500

TOTAL OPERATING COSTS: \$39,918

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$172,596

CONTRACT TOTAL: \$191,642

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: B-4c, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:		0			
REPORTING UNIT:		38171			
MODE OF SVCS / SERVICE FUNCTION CODE:		Nonres-33			
SERVICE DESCRIPTION:		Fiscal Intermediary - Cost Reimbursement		TOTAL	
CBHS FUNDING TERM:		7/1/10-9/30/10			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS		40,971			40,971
OPERATING EXPENSE		28,997			28,997
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS		69,968			69,968
INDIRECT COST AMOUNT		7,597			7,597
TOTAL FUNDING USES:		77,565			77,565
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND		77,565			77,565
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES		77,565			77,565
TOTAL DPH REVENUES		77,565			77,565
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)		77,565			77,565
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹		3			
UNITS OF TIME ²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)		CR			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)		CR			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)					
UNDUPLICATED CLIENTS		n/a			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

Provider Number (same as line 7 on DPH 1): 3121
Provider Name (same as line 8 on DPH 1): Morrisania West

- Expenditure Category
- Program Supplies
- Equipment Lease
- Gen Liab Insurance
- Rent
- Utilities - PG&E
- Telephone & Comm

CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

OTHER

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-9/30/10	Term: 7/1/10-9/30/10	Term: _____	Term: _____	Term: _____	Term: _____
39	39				
73	73				
1,412	1,412				
24,620	24,620				
639	639				
2,214	2,214				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
28,997	28,997				

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3121

Provider Name (same as line 8 on DPH 1): Morrisania West

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Executive Director: Responsible for the day to day operations of the program.	\$8,802	25%
Minimum Qualifications: Master's degree in public health, human development or related field.		
$0.25 \text{ FTE} \times \$35,208 = \$8,802$		
Counselor 1: Maintains a caseload of active clients which includes development of treatment plans, counseling evaluations and follow up sessions. Conducts individual, group and family counseling sessions.	\$15,442	25%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
$0.25 \text{ FTE} \times \$61,768 = \$15,442$		
Counselor 2: Maintains a caseload of active clients which includes development of treatment plans, counseling evaluations and follow up sessions. Conducts individual, group and family counseling sessions.	\$1,487	8%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
$0.08 \text{ FTE} \times \$18,587.50 = \$1,487$		
Coordinator: Responsible implementing and evaluating program for Morrisania West. Assist in the daily operations of the Morrisania West program, including the coordination of the education, counseling, life skills, job placement, and leadership components.	\$8,703	25%
Minimum Qualifications: Bachelor's social work, public administration, education or related field. One year experience as a Program Coordinator or case management. Demonstrated ability in youth development, employment training, etc.		
$0.25 \text{ FTE} \times \$34,812 = \$8,703$		
TOTAL SALARIES	\$34,434	0.83
Payroll Taxes plus benefits	\$6,537	
TOTAL BENEFITS	\$6,537	
TOTAL SALARIES & BENEFITS	\$40,971	

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rent \$24,620

Utilities:

Utilities \$639

Telephone & Comm \$2,214

Building Maintenance:

Total Occupancy: \$27,473

Materials and Supplies:

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Program Supplies

\$39

\$0

Total Materials and Supplies: \$39

General Operating:

Insurance:

Gen Liab Insurance

\$1,412

Staff Training:

Rental of Equipment:

Leased Equipment

\$73

Total General Operating: \$1,485

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$28,997

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$69,968

CONTRACT TOTAL: \$77,565

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

FISCAL YEAR:		July 2010 - June 2011			APPENIDX #: B-5, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Prevention	Prevention	Prevention			
REPORTING UNIT:						
MODE OF SVCS / SERVICE FUNCTION CODE	PriPrev-13	PriPrev-16	PriPrev-17			
SERVICE DESCRIPTION:	SA-PriPrevention Education	SA-PriPrevention Cmnty Based	SA-PriPrevention Environmental			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	26,796	26,795	26,795			80,386
OPERATING EXPENSE	4,790	4,790	4,790			14,370
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	31,586	31,585	31,585			94,756
INDIRECT COST AMOUNT	3,496	3,496	3,497			10,489
TOTAL FUNDING USES:	35,082	35,081	35,082			105,245
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS						
COUNTY GENERAL FUND						
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES						
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
SAPT Primary Prevention 93 959	35,082	35,081	35,082			105,245
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	35,082	35,081	35,082			105,245
TOTAL DPH REVENUES	35,082	35,081	35,082			105,245
NON-DPH REVENUES						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	35,082	35,081	35,082			105,245
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	702	702	702			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	49.97	49.97	49.97			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	49.97	49.97	49.97			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	49.97	49.97	49.97			
UNDUPLICATED CLIENTS	50	50	50			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-5, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121
 Provider Name (same as line 8 on DPH 1): Youth Services Prevention

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: <u> </u> (dept. name)	WORK ORDER #2: <u> </u> (dept. name)
Expenditure Category	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u> </u>	Term: <u> </u>	Term: <u> </u>	Term: <u> </u>
Rental of property	6,119	6,119				
Utilities	1,208	1,208				
Office Supplies, Postage	2,143	2,143				
Bldg Maintenance, Supplies & Repair	1,583	1,583				
Printing & Reproduction	67	67				
Insurance	411	411				
Staff Training	-	-				
Staff Travel	462	462				
Rental of Equipment	453	453				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
	-	-				
	-	-				
	-	-				
	-	-				
	-	-				
OTHER						
Recreational/Project Supplies	385	385				
Food for Client Activities	465	465				
Security Service	313	313				
Advertising	45	45				
Vehicle Expenses	716	716				
TOTAL OPERATING EXPENSE	14,370	14,370	-	-	-	-

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3121

Provider Name (same as line 8 on DPH 1): Youth Services Prevention

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Youth Services: Responsible for the day to day operations of the youth services program, and provides direct staff supervision.	\$16,185	27%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or related field. Must have five years of management and supervisory experience working in a youth services program.		
0.249 FTE x \$65,000 = \$16,185		
Administrative Assistant: Responsible for secretarial and administrative work; maintains office files and a wide variety of other office records, maintains office supplies.	\$10,409	33%
Minimum Qualifications: Associate degree in Secretarial Science, or completion of high school, supplemented by at least four years of progressively responsible office management experience; computer and software proficiency.		
0.325 FTE x \$32,028 = \$10,409		
Counselors: Conducts outreach using the Community Action Model. The staff also seeks to influence policy makers by advocating environmental strategies that promote positive public policy.	\$35,257	100%
Minimum Qualifications: Bachelor's degree in social work, psychology or related field; minimum of two year experience working with youth.		
1.00 FTE x \$35,257 = \$35,257		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$2,141	3%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience.		
0.03 FTE x \$71,358 = \$2,141		
TOTAL SALARIES	\$63,992	1.63

Payroll Taxes, $63,992 \times 0.0765 = 4,895$	\$4,895	
Workers Compensation, $63,992 \times 0.0077 = 493$	\$493	
SUI, $1.63 \text{ employees} \times 7,000 \times 0.062 = 707$	\$707	
Medical, Dental & Life Insurance, $1.51 * 569/\text{mo} \times 12 \text{ mo} = 10299$	\$10,299	
TOTAL BENEFITS	\$16,394	

TOTAL SALARIES & BENEFITS \$80,386

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Youth Services facility, $0.12 \times 50,998 = 6,119$	\$6,119
Security, Youth Services facility, $0.12 \times 2,609 = 313$	\$313

Utilities:

Utilities, Youth Services facility, $0.12 \times 10,066 = 1,208$	\$1,208
--	---------

Building Maintenance:
Building Maintenance and repairs, $0.12 \times 13,196 = 1,583$ \$1,583

Total Occupancy: \$9,223

Materials and Supplies:

Office Supplies:

Office supplies & postage, Youth Services, $0.12 \times 17865 = 2,143$ \$2,143

Advertising and recruiting, Youth Services program, $0.12 \times 373 = 45$ \$45

Printing/Reproduction:

Mimeo & Printing, Youth Services program, $0.12 \times 559 = 67$ \$67

Program/Medical Supplies:

Recreational/Project supplies, Youth Program, $0.12 \times 3,206 = 385$ \$385

Food for Client Activities, Youth Programs, $0.12 \times 3877 = 465$ \$465

\$0

Total Materials and Supplies: \$3,105

General Operating:

Insurance:

Insurance, Youth Services Program, $0.12 \times 3429 = 411$ \$411

Staff Training:

Rental of Equipment:

Leased Equipment, Youth Services program, $0.12 \times 3773 = 453$ \$453

Total General Operating: \$864

Staff Travel (Local & Out of Town):

Staff Travel, Youth Services program, $0.12 \times 3854 = 462$ \$462

Vehicle Expenses, Youth Services, $0.12 \times 5966 = 716$ \$716

\$1,178

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$14,370

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$94,756

CONTRACT TOTAL: \$105,245

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

FISCAL YEAR:		July 2010 - June 2011			APPENDIX #: B-6, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health	Adult Behavioral Health	
REPORTING UNIT:	38513	38513	38513	38513	38513	
MODE OF SVCS / SERVICE FUNCTION CODE:	15/10-59	15/60-69	15/70-79	15/01-09	45/20-29	
SERVICE DESCRIPTION:	MH Services	Medication Support	Crisis Intervention OP	Case Mgt Brokerage	Commtty Client Svcs	TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	440,006	146,574	3,313	17,981	56,553	664,427
OPERATING EXPENSE	168,801	53,146	1,201	6,520	11,245	240,913
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	608,807	199,720	4,514	24,501	67,798	905,340
INDIRECT COST AMOUNT	67,387	22,106	501	2,712	7,504	100,210
TOTAL FUNDING USES:	676,194	221,826	5,015	27,213	75,302	1,005,550
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
SDMC Regular FFP (50%)	220,133	82,631	1,659	9,149		313,572
ARRA SDMC FFP (11.59)	51,026	19,154	385	2,121		72,686
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	57,449	15,114	388	2,075	7,100	82,126
COUNTY GENERAL FUND	347,586	104,927	2,583	13,868	68,202	537,166
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	676,194	221,826	5,015	27,213	75,302	1,005,550
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-	-	-	-
TOTAL DPH REVENUES	676,194	221,826	5,015	27,213	75,302	1,005,550
NON-DPH REVENUES						
TOTAL NON-DPH REVENUES	-	-	-	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	676,194	221,826	5,015	27,213	75,302	1,005,550
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE¹						
UNITS OF TIME ²	315,979	53,324	1,484	15,640	1,473	
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.14	4.16	3.38	1.74	51.12	
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	2.14	4.16	3.38	1.74	51.12	
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.46	4.78	3.88	2.00	51.12	
UNDUPLICATED CLIENTS	300	45	3	12	60	

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-6, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3638
 Provider Name (same as line 8 on DPH 1): Adult Behavioral Health

	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Expenditure Category	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	136,013	136,013				
Utilities(Elec, Water, Gas, Phone, Scavenger)	21,292	21,292				
Office Supplies, Postage	7,065	7,065				
Building Maintenance Supplies and Repair	5,000	5,000				
Printing and Reproduction	754	754				
Insurance	31,480	31,480				
Staff Training	754	754				
Staff Travel-(Local & Out of Town)	453	453				
Rental of Equipment	6,411	6,411				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant Fees	4,189	4,189				
IT/Computer	10,000	10,000				
Intern Stipends	5,000	5,000				
OTHER						
Vehicle Expense/Gas/Maintenance/Registration	3,141	3,141				
Client Related Expenses	566	566				
Advertising	354	354				
Books/Publications	481	481				
Medical Supplies	236	236				
Security Services	1,957	1,957				
Client Services/Peer/Stipends	5,767	5,767				
TOTAL OPERATING EXPENSE	240,913	240,913				

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): Adult Behavioral Health

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Behavioral Health: Responsible for managing and over site of the day to day operations of the Behavioral Health Clinic.	\$32,398	40%
Minimum Qualifications: Master's Degree in social work, psychology or related field. Four years of experience providing direct mental health services and four years experience providing clinical and staff supervision. 0.40 FTE x \$80,991 = \$32,398		
Director of Substance Abuse: Assist in the overall coordinator and administration of the Substance Abuse Services functions; consults with clinical supervisor in relationship to client services.	\$7,000	10%
Minimum Qualifications: Bachelor's Degree in Social Work, Psychology or Behavioral Health and four years experience in a supervisory capacity and management of a Substance Abuse Program. 0.090909 FTE x \$77,000 = \$7,000		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$14,268	20%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience. 0.20 FTE x \$71,358 = \$14,268		
Medical Records Clerk: Responsible for maintenance of medical records and responsible for client admissions and data input.	\$25,350	75%
Minimum Qualifications: Requires high school diploma, supplemented by completion of a prescribed course in Medical Records Librarianship in a school accredited by the American Medical Association, or three years of general office experience, including reception and data entry. 0.75 FTE x \$33,800 = \$25,350		
Receptionist: Responsible for greeting and scheduling clients and answering telephones, pull client charts daily and prepare charts for intakes.	\$23,550	75%
Minimum Qualifications: High school diploma and one year general office experience. 0.75 FTE x \$31,400 = \$23,550		
Medical Director: Responsible for evaluating new clients and re-evaluation or continuation of medications; responsible for writing orders for clients and supervising and monitoring the caseloads of clinical staff.	\$75,627	50%
Minimum Qualifications: Must be a licensed physician in the State of California and Board eligible to practice psychiatry. Two years experience working in Community Mental Health. 0.50 FTE x \$151,254 = \$75,627		
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to adults and families.	\$41,250	75%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW or MFT. 0.75 FTE x \$55,000 = \$41,250		
Psychologist: Responsible for intake, treatment, evaluation and formal consultation duties; provides direct clinical services to adults registered in mental health program.	\$13,462	25%

Minimum Qualifications: Ph.D degree with specialization in clinical psychology from an approved university or college, and completion of an academically sponsored internship in clinical psychology. Must be licensed in the State of California.		
0.25 FTE x \$53,848 = \$13,462		
Case Manager/Therapists: Performs a broad range of clinical social work duties in an outpatient behavioral mental health program for adults. Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$232,630	500%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application.		
5.00 FTE x \$46,526 = \$232,630		
Substance Abuse Counselor: Provides counseling to individuals who present with alcohol and other drugs problems; provides goal and objective settings; conducts treatment sessions.	\$30,892	100%
Minimum Qualifications: Licensed or Certified Substance Abuse Counselor with experience working with individuals who have addiction with alcohol or other drugs.		
1.00 FTE x \$30,892 = \$30,892		
Administrative Assistant : Responsible for overseeing all necessary clerical and general office functions of the clinic.	\$32,000	100%
Minimum Qualifications: Associate degree in secretarial science, or completion of high school supplemented by at least four years of progressively responsible office management experience. Computer and software proficient.		
1.00 FTE x \$32,000 = \$32,000		

TOTAL SALARIES \$528,427 10.70

Payroll Taxes, 428427 * 7.65%	\$40,425	
Workers Compensation, 528427 x 0.0077	\$4,079	
SUI, 11 employees x 7,000 x 0.062	\$4,774	
Medical, Dental & Life Insurance, 8.7 employees x 604/mo x 12 mo	\$72,458	
Longevity Pay, 8.2 FTE x 960	\$7,872	
Retirement Account - 8.2 FTE x 779 x once	\$6,392	
TOTAL BENEFITS	<u>\$136,000</u>	

TOTAL SALARIES & BENEFITS \$664,427

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

Occupancy:

Rent:

Rental of Property, Mental Health Facility, 0.69 x 196,974 = 136,013 \$136,013

Security, Mental Health Facility, 0.69 x 2,834 = 1,957 \$1,957

Utilities:

Utilities, Mental Health Facility, 0.69 x 30,834 = 21,291 \$21,292

Building Maintenance:

Bldg maint & repairs, Mental Health Facility \$5,000

Total Occupancy: \$164,262

Materials and Supplies:Office Supplies:

Office Supplies, Postage, Mental Health Program	\$7,065
Advertising & recruiting, MH Program, 0.69 x 512 = 354	\$354
Books & Publications, MH Program, 0.69 x 697 = 481	\$481
<u>Printing/Reproduction:</u>	
Printing, MH program, 0.69 x 1,092 = 754	\$754

Program/Medical Supplies:

Medical Supplies, MH program, 0.69 x 342 = 236	\$236
Client related expenses, MH program, 0.69 x 819 = 566	\$566
Client Services/Peer/Stipends, MH program	\$5,767

Total Materials and Supplies: \$15,223**General Operating:**Insurance:

Insurance, MH program, 0.69 x 45,589 = 31,480	\$31,480
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Staff Training:

Staff Training, MH program, 0.69 x 1,092 = 754	\$754
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Rental of Equipment:

Leased Equipment, MH program, 0.69 x 9,285 = 6,411	\$6,411
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Total General Operating: \$38,645**Staff Travel (Local & Out of Town):**

Staff Travel, MH Program, 0.69 x 655 = 453	\$453
Vehicle Expenses, MH Program, 0.69 x 4,549 = 3,141	\$3,141

\$3,594**Consultants/Subcontractors:**

Consultants, MH program	\$4,189
IT Expenses, MH Program	\$10,000
Intern Stipends	\$5,000

Total Consultants/Subcontractors: \$19,189**TOTAL OPERATING COSTS: \$240,913****CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0****TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$905,340****CONTRACT TOTAL: \$1,005,550**

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

FISCAL YEAR:		July 2010 - June 2011			APPENDIX #: B-7, Page 1		
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation			PROVIDER #: 3121		
PROVIDER NAME:		Bayview Hunters Point Foundation					
REPORTING UNIT NAME:	Children's Behavioral Health Outpatient	Children's Behavioral Health Outpatient	Children's Behavioral Health Outpatient	Children's Behavioral Health Outpatient	Children's Behavioral Health Outpatient		
REPORTING UNIT:	38513	38513	38513	38513	38513		
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	15/60-69	15/70-79	15/01-09	45/20-29		
SERVICE DESCRIPTION	MH	Med Support	Crisis Inter	CM/Brokerage	Comm Cl Support	TOTAL	
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11		
FUNDING USES:							
SALARIES & EMPLOYEE BENEFITS	235,607	24,196	916	39,859	15,820	316,400	
OPERATING EXPENSE	63,082	6,478	246	10,672	4,296	84,714	
CAPITAL OUTLAY (COST \$5,000 AND OVER)							
SUBTOTAL DIRECT COSTS	298,689	30,674	1,164	50,531	20,056	401,114	
INDIRECT COST AMOUNT	33,076	3,396	127	5,595	2,226	44,408	
TOTAL FUNDING USES:	331,759	34,070	1,291	56,126	22,276	445,522	
CBHS MENTAL HEALTH FUNDING SOURCES							
FEDERAL REVENUES							
SDMC Regular FFP (50%)	174,611	17,931	679	29,540		222,761	
ARRA SDMC FFP (11.59)	40,474	4,157	156	6,847		51,636	
STATE REVENUES							
EPSDT State Match	116,674	11,982	454	19,739		148,849	
GRANTS							
PRIOR YEAR ROLL OVER							
WORK ORDERS							
3RD PARTY PAYOR REVENUES							
REALIGNMENT FUNDS							
COUNTY GENERAL FUND					22,276	22,276	
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	331,759	34,070	1,291	56,126	22,276	445,522	
CBHS SUBSTANCE ABUSE FUNDING SOURCES:							
FEDERAL REVENUES							
STATE REVENUES							
GRANTS/PROJECTS							
WORK ORDERS							
3RD PARTY PAYOR REVENUES							
COUNTY GENERAL FUND							
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES							
TOTAL DPH REVENUES	331,759	34,070	1,291	56,126	22,276	445,522	
NON-DPH REVENUES							
TOTAL NON-DPH REVENUES							
TOTAL REVENUES (DPH AND NON-DPH)	331,759	34,070	1,291	56,126	22,276	445,522	
CBHS UNITS OF SVCS/TIME AND UNIT COST:							
UNITS OF SERVICE ¹							
UNITS OF TIME ²	148,871	8,320	388	32,741	260		
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	2.23	4.09	3.33	1.71	85.68		
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	2.23	4.09	3.33	1.71	85.68		
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	2.60	4.78	3.88	2.00	85.68		
UNDUPLICATED CLIENTS	70	4	1	16	9		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-7, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3838
 Provider Name (same as line 8 on DPH 1): Children's Behavioral Health

Expenditure Category

Rental of Property
 Utilities(Elec. Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
 Consultant Fees
 IT/Computer
 -
 -
 OTHER
 Vehicle Expense/Gas/Maintenance/Registration
 Client Related Expenses
 Advertising
 Books/Publications
 Medical Supplies
 Security Services
 Client Services/Peer/Stipends

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u> </u> (grant title)	GRANT #2: <u> </u> (grant title)	WORK ORDER #1: <u> </u> (dept. name)	WORK ORDER #2: <u> </u> (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u> </u>	Term: <u> </u>	Term: <u> </u>	Term: <u> </u>
52,898	52,898				
8,281	8,281				
2,640	2,640				
293	293				
293	293				
12,243	12,243				
293	293				
176	176				
2,493	2,493				
579	579				
1,608	1,608				
-					
-					
1,222	1,222				
220	220				
137	137				
187	187				
92	92				
761	761				
298	298				
84,714	84,714				

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3838

Provider Name (same as line 8 on DPH 1): Children's Behavioral Health

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Director of Behavioral Health: Responsible for managing and over site of the day to day operations of the Behavioral Health Clinic.	\$48,598	60%
Minimum Qualifications: Master's Degree in social work, psychology or related field. Four years of experience providing direct mental health services and four years experience providing clinical and staff supervision.		
$0.60 \text{ FTE} \times \$80,991 = \$48,598$		
Director of Compliance & QA: Responsible to appropriate Quality Measures and reporting methods to track the agency's success, i.e., monthly billings, productivity and service analyses.	\$10,704	14%
Minimum Qualifications: Bachelor's degree in human services, human development or related field. Minimum four years of direct service experience and two years of supervisory experience.		
$0.139 \text{ FTE} \times \$77,000 = \$10,704$		
Medical Records Clerk: Responsible for maintenance of medical records and responsible for client admissions and data input.	\$8,450	25%
Minimum Qualifications: Requires high school diploma, supplemented by completion of a prescribed course in Medical Records Librarianship in a school accredited by the American Medical Association, or three years of general office experience, including reception and data entry.		
$0.25 \text{ FTE} \times \$33,800 = \$8,450$		
Receptionist: Responsible for greeting and scheduling clients and answering telephones, pull client charts daily and prepare charts for intakes.	\$7,851	25%
Minimum Qualifications: High school diploma and one year general office experience.		
$0.25 \text{ FTE} \times \$31,400 = \$7,851$		
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to adults and families.	\$13,750	25%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW or MFT.		
$0.25 \text{ FTE} \times \$55,000 = \$13,750$		
Psychiatrist: Performs the duties of a physician specialist in psychiaatry. Responsible for psychiatry evaluations of new clients and re-evaluation or continuation of medications. Provides clinical supervision to staff and informal consultation as required.	\$52,000	50%
Minimum Qualifications: high school diploma		
$0.5 \text{ FTE} \times \$104,000 = \$52,000$		
Case Manager/Therapists: Performs a broad range of clinical social work duties in an outpatient behavioral mental health program for adults. Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$116,412	250%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application.		
$2.5 \text{ FTE} \times \$46,565 = \$116,412$		
TOTAL SALARIES	\$257,765	4.49

Payroll Taxes, $(257,765 + 4,320) * 7.65\%$	\$20,050	
Workers Compensation, $(257,765+4320) * 0.0077$	\$2,018	
SUI, 4.5 employees x 7,000 x 0.062	\$1,953	
Medical, Dental & Life Insurance, 4.5 employees x 572.40/mo x 12 mo	\$27,475	
Longevity Pay, 4.5 FTE x 960	\$4,320	
Retirement Account - 4.5 FTE x 626 x once	\$2,819	
TOTAL BENEFITS	\$58,635	

TOTAL SALARIES & BENEFITS **\$316,400** **4.49**

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Rental of Property, Mental Health Facility, $0.27 * 196,974 = 52,898$ \$52,898

Security, Mental Health Facility, $0.27 * 2,834 = 761$ \$761

Utilities:

Utilities, Mental Health Facility, $0.27 * 30,834 = 8,281$ \$8,281

Building Maintenance:

Bldg maint & repairs, Mental Health Facility, $0.27 * 1,092 = 293$ \$293

Total Occupancy: \$62,233

Materials and Supplies:

Office Supplies:

Office Supplies, Postage, Mental Health Program, $0.27 * 9,831 = 2,640$ \$2,640

Advertising & recruiting, MH Program, $0.27 * 512 = 137$ \$137

Books & Publications, MH Program, $0.27 * 697 = 187$ \$187

Printing/Reproduction:

Printing, MH program, $0.27 * 1,092 = 293$ \$293

Program/Medical Supplies:

Medical Supplies, MH program, $0.27 * 342 = 92$ \$92

Client related expenses, MH program, $0.27 * 819 = 220$ \$220

Client Services/Peer/Stipends, MH program, $0.27 * 1111 = 298$ \$298

Total Materials and Supplies: \$3,867

General Operating:

Insurance:

Insurance, MH program, $0.27 * 45,589 = 12,243$ \$12,243

Staff Training:

Staff Training, MH program, $0.27 * 1,092 = 293$ \$293

Rental of Equipment:

Leased Equipment, MH program, $0.27 * 9,285 = 2,493$ \$2,493

Total General Operating: \$15,029

Staff Travel (Local & Out of Town):

Staff Travel, MH Program, $0.27 \times 655 = 176$ \$176

Vehicle Expenses, MH Program, $0.27 \times 4,549 = 1,222$ \$1,222

\$1,398

Consultants/Subcontractors:

Consultants, MH program, $0.27 \times 2,154 = 579$ \$579

IT Expenses, MH Program, $0.27 \times 5,989 = 1,608$ \$1,608

Total Consultants/Subcontractors: \$2,187

TOTAL OPERATING COSTS: \$84,714

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$401,114

INDIRECT COSTS: \$44,408

CONTRACT TOTAL: \$445,522

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: B-8, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #: 3838	
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	AB3632	AB3632			
REPORTING UNIT:	3851SD	3851SD			
MODE OF SVCS / SERVICE FUNCTION CODE	15/10-59	45/10-19			
SERVICE DESCRIPTION	MH	Promotion			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	156,913	8,259			165,172
OPERATING EXPENSE	12,268	645			12,913
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	169,181	8,904			178,085
INDIRECT COST AMOUNT	18,727	985			19,712
TOTAL FUNDING USES:	187,908	9,889			197,797
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
SDMC Regular FFP (50%)	35,573	-			35,573
ARRA SDMC FFP (11.59)	8,246	-			8,246
STATE REVENUES					
EPSDT State Match	11,793	-			11,793
MHSA	50,000				50,000
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS	11,977	-			11,977
COUNTY GENERAL FUND	70,318	9,889			80,207
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	187,907	9,889			197,796
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	187,907	9,889			197,796
NON-DPH REVENUES - click below					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	187,907	9,889			197,796
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE¹					
UNITS OF TIME²					
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	1.89	114.99			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	1.89	114.99			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	1.89	114.99			
UNDUPLICATED CLIENTS	48	48			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-8, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121
 Provider Name (same as line 8 on DPH 1): AB3632 Program

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____	Term: _____
Rental of Property	8,063	8,063				
Utilities(Elec, Water, Gas, Phone, Scavenger)	1,262	1,262				
Office Supplies, Postage	402	402				
Building Maintenance Supplies and Repair	45	45				
Printing and Reproduction	45	45				
Insurance	1,866	1,866				
Staff Training	45	45				
Staff Travel-(Local & Out of Town)	27	27				
Rental of Equipment	380	380				
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
Consultant Fees	88	88				
IT	245	245				
	-	-				
	-	-				
	-	-				
OTHER						
Vehicle Expense/Gas/Maintenance/Registration	186	186				
Client Related Expenses	34	34				
Advertising	21	21				
Books/Publications	29	29				
Medical Supplies	14	14				
Security Services	116	116				
Client Services/Peer/Slipends	45	45				
TOTAL OPERATING EXPENSE	12,913	12,913				

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1): 3132

Provider Name (same as line 8 on DPH 1): AB3632 Program

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Program Administrator: Responsible for the overall clinical and administrative functions of a school based mental health services program. Collaborates and consults with collateral sources, advocates for child and family needs when necessary.	\$48,714	88%
Minimum Qualifications: Ph.D in clinical psychology or Master's degree in social work, psychology or related field. Requires four years experience in mental health, and two years administrative and supervisory experience.		
0.88 FTE x \$55,673 = \$48,714		
Therapist I: Responsible a broad range of clinical duties in serving the child and family in a culturally sensitive manner. Conducts intake interviews including initial diagnosis and disposition, referrals out if required, complete all appropriate forms and documents.	\$41,030	88%
Minimum Qualifications: Master's degree in social work, psychology or related field. Requires at least one year clinical experience working in mental health setting with the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California and eligibility for application for license.		
0.88 FTE x \$46,891 = \$41,030		
Therapist II: Responsible a broad range of clinical duties in serving the child and family in a culturally sensitive manner. Conducts intake interviews including initial diagnosis and disposition, referrals out if required, complete all appropriate forms and documents.	\$40,592	88%
Minimum Qualifications: Master's degree in social work, psychology or related field. Requires at least one year clinical experience working in mental health setting with the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California and eligibility for application for license.		
0.88 FTE x \$46,391 = \$40,592		
TOTAL SALARIES	\$130,336	2.63

Payroll Taxes, (130336) * 7.65%	\$9,971	
Workers Compensation, (130,336) x 0.0077	\$1,004	
SUI, 3.0 employees x 7,000 x 0.062	\$1,302	
Medical, Dental & Life Insurance, 2 FTE x 572.40/mo x 12 mo + one new	\$20,606	
Longevity Pay, 1.0 FTE x 960	\$960	
Retirement Account - 2 FTE x 496 x once	\$993	
TOTAL BENEFITS	\$34,836	

TOTAL SALARIES & BENEFITS \$165,172 2.63

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent

Rental of Property, Mental Health Facility, 0.04 x 196,974 = 8,063	\$8,063
Security, Mental Health Facility, 0.04 x 2,834 = 116	\$116

Utilities:
Utilities, Mental Health Facility, $0.04 \times 30,834 = 1,262$ \$1,262

Building Maintenance:
Bldg maint & repairs, Mental Health Facility, $0.04 \times 1,092 = 45$ \$45

Total Occupancy: \$9,486

Materials and Supplies:

Office Supplies:
Office Supplies, Postage, Mental Health Program, $0.04 \times 9,831 = 402$ \$402
Advertising & recruiting, MH Program, $0.04 \times 512 = 21$ \$21
Books & Publications, MH Program, $0.04 \times 697 = 29$ \$29
Printing/Reproduction:
Printing, MH program, $0.04 \times 1,092 = 45$ \$45

Program/Medical Supplies:
Medical Supplies, MH program, $0.04 \times 342 = 14$ \$14
Client related expenses, MH program, $0.04 \times 819 = 34$ \$34
Client Services/Peer/Stipends, MH program, $0.04 \times 1111 = 45$ \$45
Total Materials and Supplies: \$590

General Operating:

Insurance:
Insurance, MH program, $0.04 \times 45,589 = 1,866$ \$1,866

Staff Training:
Staff Training, MH program, $0.04 \times 1,092 = 45$ \$45

Rental of Equipment:
Leased Equipment, MH program, $0.04 \times 9,285 = 380$ \$380

Total General Operating: \$2,291

Staff Travel (Local & Out of Town):

Staff Travel, MH Program, $0.04 \times 655 = 27$ \$27
Vehicle Expenses, MH Program, $0.04 \times 4,549 = 186$ \$186

\$213

Consultants/Subcontractors:

Consultants, MH program, $0.04 \times 2,154 = 88$ \$88
IT Expenses, MH Program, $0.04 \times 5,989 = 245$ \$245

Total Consultants/Subcontractors: \$333

TOTAL OPERATING COSTS: \$12,913

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$178,085

INDIRECT COSTS: \$19,712

CONTRACT TOTAL: \$197,797

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

FISCAL YEAR:	July 2010 - June 2011		APPENDIX #: B-9, Page 1		
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation		PROVIDER #: 3838		
PROVIDER NAME:	Bayview Hunters Point Foundation				
REPORTING UNIT NAME:	Balboa MHSA				
REPORTING UNIT:					
MODE OF SVCS / SERVICE FUNCTION CODE	TBD	TBD			
SERVICE DESCRIPTION	Prevention Services - Youth and Family	Early Intervention Services			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	125,621	62,811			188,432
OPERATING EXPENSE	23,307	11,654			34,961
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	148,928	74,465			223,393
INDIRECT COST AMOUNT	16,005	8,002			24,007
TOTAL FUNDING USES:	164,933	82,467			247,400
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
STATE REVENUES					
MHSA	100,000	50,000			150,000
GRANTS - click below					
PRIOR YEAR ROLL OVER					
MHSA		74,909			74,909
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	100,000	124,909			224,909
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND					
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES					
TOTAL DPH REVENUES	100,000	124,909			224,909
NON-DPH REVENUES					
In-Kind	11,000	11,491			22,491
TOTAL NON-DPH REVENUES	11,000	11,491			22,491
TOTAL REVENUES (DPH AND NON-DPH)	111,000	136,400			247,400
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²	3,330	4,218			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	33.33	32.34			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	30.03	29.61			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	33.33	32.34			
UNDUPLICATED CLIENTS	1,200	100			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3121
 Provider Name (same as line 8 on DPH 1): Balboa MHSA

APPENDIX #: B-9, Page 2
 Document Date: 10/28/10

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: <u>Metta Grant</u> (grant title)		GRANT #2: (grant title)		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: <u>7/1/10-6/30/11</u>		Proposed Transaction Term: <u>7/1/10-6/30/11</u>		Proposed Transaction Term: <u>7/1/10-6/30/11</u>		Proposed Transaction Term: _____		Proposed Transaction Term: _____		Proposed Transaction Term: _____	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Clinical Supervisor	0.92	51,377	0.92	51,377	-	-						
Therapist	1.00	48,125	1.00	48,125	-	-						
Medical Records Technician	1.00	34,976	1.00	34,976	-	-						
Data Entry/Admin Assistant	0.30	12,125	-	-	0.30	12,125						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
-	-	-	-	-	-	-						
TOTALS	3.22	146,603	2.92	134,478	0.30	12,125	-	-	-	-	-	-
EMPLOYEE FRINGE BENEFITS	29%	41,829	30%	40,374	12%	1,455						
TOTAL SALARIES & BENEFITS		188,432		174,852		13,580						

DPH 4: Operating Expenses Detail

APPENDIX #: B-9, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121
 Provider Name (same as line 8 on DPH 1): Balboa MHSA

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)
 Langley Porter Psych Institute/UCSF
 DBT training and consult group, 40hrs x \$100/hr

 OTHER
 Participant Incentives
 Youth Stipends
 Graduate Trainee Stipends (3 MSW/MFT students)

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: Metta Grant (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____
600	600				
5,380	5,380				
2,000	2,000				
1,500	1,500				
4,000		4,000			
3,000	3,000				
4,140	1,800	2,340			
14,341	11,770	2,571			
TOTAL OPERATING EXPENSE	34,961	26,050	8,911		

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Balboa MHSA

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to students and families at Balboa Teen High School Teen Health Center and neighboring schools as needed.	\$51,377	100%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW, LCSW or MFT in the State of California.		
1.00 FTE x \$51,377 = \$51,377		
Therapist: Performs a broad range of clinical social work duties to students and families at the Balboa High School Teen Health Center and neighboring schools as needed. Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$48,125	100%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application.		
1.00 FTE x \$48,125 = \$48,125		
Medical Records Technician: Responsible for maintenance of medical records and responsible for client admissions and data input.	\$34,976	100%
Minimum Qualifications: Requires high school diploma, supplemented by completion of a prescribed course in Medical Records Librarianship in a school accredited by the American Medical Association, or three years of general office experience, including reception and data entry.		
1.00 FTE x \$34,976 = \$34,976		
Data Entry/Admin Assistant : Responsible for overseeing all necessary clerical and general office functions of the clinic.	\$12,125	30%
Minimum Qualifications: Associate degree in secretarial science, or completion of high school supplemented by at least four years of progressively responsible office management experience. Computer and software proficient.		
0.30 FTE x \$40,417 = \$12,125		
TOTAL SALARIES	\$146,603	3.30

Payroll Taxes, (146603) * 7.65%	\$11,220	
Workers Compensation, (146603) x 0.0077	\$1,130	
SUI, 4.0 employees x 7,000 x 0.062	\$1,740	
Medical, Dental, Life Insurance, (3.3 x 588)x12mo = 23,259	\$23,259	
Longevity Pay, (3 employees x 960)	2880	
Retirement Account (4 employees x 400) = 1600	\$1,600	
TOTAL BENEFITS	\$41,829	

TOTAL SALARIES & BENEFITS \$188,432

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as

Occupancy:

Rent:

Utilities:

Building Maintenance:

Total Occupancy: \$0

Materials and Supplies:

Office Supplies:

Office Supplies for Balboa program \$600

Printing/Reproduction:

Program/Medical Supplies:

Participant Incentives - 60 Groups x \$30 = \$1,800, \$3,000

individual small snacks/incentives for individual youth, \$1,200/200 youth

Total Materials and Supplies: \$3,600

General Operating:

Insurance:

Insurance expense \$5,380

Staff Training:

Support staff to attend continuing education training & related adolescent development \$2,000

Rental of Equipment:

Total General Operating: \$7,380

Staff Travel (Local & Out of Town):

\$125 x 12, for local & conference travel \$1,500

\$1,500

Consultants/Subcontractors:

Consultants, UCSF Langley Porter Institute, ongoing DPT training and twice monthly consult group, September - June \$4,000

Interns, 3 graduate interns x \$4,780 each for the school year \$14,341

Youth Stipends, 20 youth x \$207/stipend \$4,140

Total Consultants/Subcontractors: \$22,481

TOTAL OPERATING COSTS: \$34,961

CAPITAL EXPENDITURES: *(If needed - A unit valued at \$5,000 or more)* \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$223,393

CONTRACT TOTAL: \$247,400

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

FISCAL YEAR:	July 2010 - June 2011	APPENDIX #:	B-10, Page 1
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation	PROVIDER #:	3121
PROVIDER NAME:	Family Mosaic Cost Reimbursement		
REPORTING UNIT NAME:	Family Mosaic		
REPORTING UNIT:			
MODE OF SVCS / SERVICE FUNCTION CODE			
SERVICE DESCRIPTION	Fiscal intermediary		TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11		
FUNDING USES:			
SALARIES & EMPLOYEE BENEFITS	358,237		358,237
OPERATING EXPENSE	23,170		23,170
CAPITAL OUTLAY (COST \$5,000 AND OVER)			
SUBTOTAL DIRECT COSTS	381,407	-	381,407
INDIRECT COST AMOUNT	37,130		37,130
TOTAL FUNDING USES:	418,537	-	418,537
CBHS MENTAL HEALTH FUNDING SOURCES			
FEDERAL REVENUES			
STATE REVENUES			
Family Mosaic Capitated Medi-Cal	233,646		233,646
GRANTS			
SAMHSA	143,228		143,228
PRIOR YEAR ROLL OVER			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
REALIGNMENT FUNDS			
COUNTY GENERAL FUND	41,663		41,663
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	418,537	-	418,537
CBHS SUBSTANCE ABUSE FUNDING SOURCES:			
FEDERAL REVENUES			
STATE REVENUES			
GRANTS/PROJECTS			
WORK ORDERS			
3RD PARTY PAYOR REVENUES			
COUNTY GENERAL FUND			
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	-	-	-
TOTAL DPH REVENUES	418,537	-	418,537
NON-DPH REVENUES			
TOTAL NON-DPH REVENUES	-	-	-
TOTAL REVENUES (DPH AND NON-DPH)	418,537	-	418,537
CBHS UNITS OF SVCS/TIME AND UNIT COST:			
UNITS OF SERVICE ¹	12		
UNITS OF TIME ²			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR		
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	CR		
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)			
UNDUPLICATED CLIENTS	n/a		

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 3: Salaries & Benefits Detail

Provider Number (same as line 7 on DPH 1): 3121
Provider Name (same as line 8 on DPH 1): Family Mosaic Wraparound

POSITION TITLE	TOTAL		GENERAL FUND & (Agency-generated) OTHER REVENUE		GRANT #1: SAMHSA (grant title)		Capitated MediCal		WORK ORDER #1: (dept. name)		WORK ORDER #2: (dept. name)	
	Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11		Proposed Transaction Term: 7/1/10-6/30/11	
	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES
Sr. Accountant	1.00	59,291	0.03	1,977	0.50	29,936	0.46	27,378				
Capitation Coordinator	0.50	21,779	0.02	692	-	-	0.48	21,087				
Operation Assistant	0.50	16,667	-	-	0.50	16,667	-	-				
Medical Records Assl/Capitation	0.50	20,880	-	-	-	-	0.50	20,880				
Business & Operation Supervisor	1.00	49,000	0.03	1,378	-	-	0.97	47,622				
Administrative Assistant I	1.00	41,669	0.03	1,323	-	-	0.97	40,346				
Research Data Manager	0.55	40,380	-	-	0.55	40,380	-	-				
Foster Care Planner	0.50	28,823	0.35	19,922	0.15	8,901	-	-				
BVHP Administrative Aid	0.20	8,065	0.02	792	0.18	7,273	-	-				
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
	-	-										
TOTALS	5.75	286,554	0.47	26,084	1.89	103,157	3.39	157,313				
EMPLOYEE FRINGE BENEFITS	25%	71,663	25%	6,566	25%	25,789	25%	39,328				
TOTAL SALARIES & BENEFITS		358,237		32,650		128,946		196,641				

DPH 4: Operating Expenses Detail

APPENDIX #: B-10, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): 3121
 Provider Name (same as line 8 on DPH 1): Family Mosaic Wraparound

Expenditure Category	TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: <u>SAMHSA</u> (grant title)	Capitated MediCal	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____
Rental of Property	-					
Utilities(Elec, Water, Gas, Phone, Scavenger)	-					
Office Supplies, Postage	1,000	1,000				
Building Maintenance Supplies and Repair	-					
Printing and Reproduction	-					
Insurance	-					
Staff Training	506	506				
Staff Travel-(Local & Out of Town)	-					
Rental of Equipment	-					
CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)						
IT Consultant	2,087		2,087			
	-					
	-					
	-					
	-					
OTHER						
FMP Wrap around services	15,764			15,764		
DMS Flex	3,813	3,813				
	-					
	-					
	-					
TOTAL OPERATING EXPENSE	23,170	5,319	2,087	15,764		

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Family Mosaic Wraparound

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Sr. Accountant: Responsible for MediCal records and reports	\$59,291	100%
Minimum Qualifications: high school diploma		
$1.00 \text{ FTE} \times \$59,291 = \$59,291$		
Capitation Coordinator, Responsible for capitation and cavitation	\$21,779	50%
Minimum Qualifications: high school diploma		
$0.5 \text{ FTE} \times \$43,558 = \$21,779$		
Operation Assistant: Responsible to assist operations and post-op.	\$16,667	50%
Minimum Qualifications: high school diploma		
$0.50 \text{ FTE} \times \$33,324 = \$16,667$		
Medical Records Asst/Capitation: Responsible for recording	\$20,880	50%
Minimum Qualifications: high school diploma		
$0.50 \text{ FTE} \times \$41,760 = \$20,880$		
Business & Operations Supervisor: Responsible for generating business	\$49,000	100%
Minimum Qualifications: high school diploma		
$1.00 \text{ FTE} \times \$49,000 = \$49,000$		
Administrative Assistant I: Responsible for assisting staff with records	\$41,669	100%
Minimum Qualifications: high school diploma		
$1.00 \text{ FTE} \times \$41,669 = \$41,669$		
Research Data Manager: Responsible for research and development	\$40,380	55%
Minimum Qualifications: high school diploma		
$0.55 \text{ FTE} \times \$73,418 = \$40,380$		
Foster Care Planner: Responsible for putting kids into foster programs	\$28,823	50%
Minimum Qualifications: high school diploma		
$0.50 \text{ FTE} \times \$57,646 = \$28,823$		
BVHP Administrative Aid: Responsible for coordinating between	\$8,065	20%
Minimum Qualifications: high school diploma		
$0.20 \text{ FTE} \times \$40,325 = \$8,065$		
TOTAL SALARIES	\$286,554	5.75

Payroll Taxes, $(286,554) \times 7.65\%$	\$21,921	
Workers Compensation, $(286,554) \times 0.0077$	\$2,206	
SUI, $8.0 \text{ employees} \times 7,000 \times 0.062$	\$3,472	
Medical, Dental, Life Insurance, $8 \times 495.25/\text{mo} \times 12\text{mo} = 44,084$	\$44,084	
TOTAL BENEFITS	\$71,683	

TOTAL SALARIES & BENEFITS \$358,237 5.75

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Utilities:

Building Maintenance:

Total Occupancy: \$0

Materials and Supplies:

Office Supplies:

Office Supplies, Postage, \$83.33/mo x 12 mo \$1,000

FMP Wrap Around Services \$15,764

DMS Flex \$3,813

Printing/Reproduction:

Program/Medical Supplies:

Total Materials and Supplies: \$20,577

General Operating:

Insurance:

Staff Training:

Support staff to attend continuing education training & related adolescent development \$506

Rental of Equipment:

Total General Operating: \$506

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

IT Consultant \$2,087

Total Consultants/Subcontractors: \$2,087

TOTAL OPERATING COSTS: \$23,170

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$381,407

CONTRACT TOTAL: \$418,537

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

FISCAL YEAR:	July 2010 - June 2011			APPENIDX #:	B-11, Page 1	
LEGAL ENTITY NAME:	Bayview Hunters Point Foundation			PROVIDER #:	0	
PROVIDER NAME:	Anchor Program - Cost Reimbursement					
REPORTING UNIT NAME:	Anchor Program	Anchor Program	Anchor Program			
REPORTING UNIT:	38A1	38A1	38A1			
MODE OF SVCS / SERVICE FUNCTION CODE	15/10/59	15/01-09	15/70-79			
SERVICE DESCRIPTION	Mental Health Svcs.	Case Management	Crisis Intervention			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:						
SALARIES & EMPLOYEE BENEFITS	127,439	38,082	849			166,370
OPERATING EXPENSE	10,016	2,993	68			13,077
CAPITAL OUTLAY (COST \$5,000 AND OVER)						
SUBTOTAL DIRECT COSTS	137,455	41,075	917			179,447
INDIRECT COST AMOUNT	16,575	4,969	115			21,659
TOTAL FUNDING USES:	154,030	46,044	1,032			201,106
CBHS MENTAL HEALTH FUNDING SOURCES						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS						
PRIOR YEAR ROLL OVER						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
REALIGNMENT FUNDS	34,350	10,311	230			44,891
COUNTY GENERAL FUND	119,680	35,733	802			156,215
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES	154,030	46,044	1,032			201,106
CBHS SUBSTANCE ABUSE FUNDING SOURCES:						
FEDERAL REVENUES						
STATE REVENUES						
GRANTS/PROJECTS						
WORK ORDERS						
3RD PARTY PAYOR REVENUES						
COUNTY GENERAL FUND						
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES						
TOTAL DPH REVENUES	154,030	46,044	1,032			201,106
NON-DPH REVENUES - click below						
TOTAL NON-DPH REVENUES						
TOTAL REVENUES (DPH AND NON-DPH)	154,030	46,044	1,032			201,106
CBHS UNITS OF SVCS/TIME AND UNIT COST:						
UNITS OF SERVICE ¹						
UNITS OF TIME ²	84,980	25,386	514			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR	CR			
COST PER UNIT-DPH RATE (DPH REVENUES ONLY)	CR	CR	CR			
PUBLISHED RATE (MEDI-CAL PROVIDERS ONLY)	2.61	2.02	3.88			
UNDUPLICATED CLIENTS	70	55	17			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-11, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): _____
 Provider Name (same as line 8 on DPH 1): Anchor Program

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

 OTHER
 Project Supplies
 Advertising

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: 7/1/10-6/30/11	Term: 7/1/10-6/30/11	Term: _____	Term: _____	Term: _____	Term: _____
-	-				
-	-				
1,200	1,200				
-	-				
-	-				
2,626	2,626				
500	500				
800	800				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
7,651	7,651				
300	300				
-	-				
-	-				
-	-				
-	-				
-	-				
TOTAL OPERATING EXPENSE	13,077				

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Anchor Program

DATE: 10/28/2010

Fiscal Year 2010 / 11

Salaries and Benefits	Salaries	FTE
Clinical Supervisor: Responsible for supervising professional staff and provides a broad range of direct clinical services to adults and families at the OMI Clinic.	\$41,250	75%
Minimum Qualifications: Master's degree in social work, psychology or related field. Minimum of four years post graduate experience in direct clinical work and last least two years supervisory experience. Must be a licensed MSW, LCSW or MFT. 0.75 FTE x \$55,000 = \$41,250		
Therapists: Performs a broad range of clinical social work duties in an outpatient mental health program for adults (OMI Clinic). Provides diagnostic evaluations, intensive psychotherapy and prevention consultation and education.	\$57,325	125%
Minimum Qualifications: Master's degree in psychology, counseling or related field. Requires at least one year clinical experience working in mental health setting for the chronically mentally ill. Requires eligibility to practice clinical treatment in the State of California; requires eligibility for immediate licensure application. 1.25 FTE x \$45,860 = \$57,325		
Administrative Assistant : Responsible for overseeing all necessary clerical and general office functions of the clinic.	\$26,901	80%
Minimum Qualifications: Associate degree in secretarial science, or completion of high school supplementd by at least four years of progressively responsible office management experience. Computer and sofeware proficient. 0.80 FTE x \$33,626 = \$26,901		
TOTAL SALARIES	\$125,476	2.80

Payroll Taxes, (125,476) * 7.65%	\$9,599	
Workers Compensation, (125,476) x 0.0077	\$966	
SUI, 4.0 employees x 7,000 x 0.062	\$1,741	
Medical, Dental, Life Insurance, 4 x 596/mo x 12mo = 28,588	\$28,588	
TOTAL BENEFITS	\$40,894	

TOTAL SALARIES & BENEFITS \$166,370

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent

Utilities:

Building Maintenance:

Total Occupancy: \$0

Materials and Supplies:

Office Supplies:

Office Supplies, Postage, \$100/mo x 12 mo \$1,200

Advertising \$300

Printing/Reproduction:

Program/Medical Supplies:

Project Supplies, 638/mo x 12 mo \$7,651

Total Materials and Supplies: \$9,151

General Operating:

Insurance:

Insurance Expense \$2,626

Staff Training:

Support staff to attend continuing education training & related \$500

adolescent development.

Rental of Equipment:

Total General Operating: \$3,126

Staff Travel (Local & Out of Town):

Staff Travel (Local & Out of Town): \$800

\$800

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$13,077

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$179,447

CONTRACT TOTAL: \$201,106

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

FISCAL YEAR:		July 2010 - June 2011		APPENDIX #: B-12, Page 1	
LEGAL ENTITY NAME:		Bayview Hunters Point Foundation		PROVIDER #: 3121	
PROVIDER NAME:		Bayview Hunters Point Foundation			
REPORTING UNIT NAME:	Dimensions Oprt Substance Abuse	Dimensions Oprt Substance Abuse			
REPORTING UNIT:	38171	38171			
MODE OF SVCS / SERVICE FUNCTION CODE	Nonres-34	Nonres-33			
SERVICE DESCRIPTION	SA-Nonresidntl ODF Indv	SA-Nonresidntl ODF Grp			TOTAL
CBHS FUNDING TERM:	7/1/10-6/30/11	7/1/10-6/30/11			
FUNDING USES:					
SALARIES & EMPLOYEE BENEFITS	57,486	28,314			85,800
OPERATING EXPENSE	1,750	1,750			3,500
CAPITAL OUTLAY (COST \$5,000 AND OVER)					
SUBTOTAL DIRECT COSTS	59,236	30,064			89,300
INDIRECT COST AMOUNT	7,169	3,531			10,700
TOTAL FUNDING USES:	66,405	33,595			100,000
CBHS MENTAL HEALTH FUNDING SOURCES					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS					
PRIOR YEAR ROLL OVER					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
REALIGNMENT FUNDS					
COUNTY GENERAL FUND					
TOTAL CBHS MENTAL HEALTH FUNDING SOURCES					
CBHS SUBSTANCE ABUSE FUNDING SOURCES:					
FEDERAL REVENUES					
STATE REVENUES					
GRANTS/PROJECTS					
WORK ORDERS					
3RD PARTY PAYOR REVENUES					
COUNTY GENERAL FUND	66,405	33,595			100,000
TOTAL CBHS SUBSTANCE ABUSE FUNDING SOURCES	66,405	33,595			100,000
TOTAL DPH REVENUES	66,405	33,595			100,000
NON-DPH REVENUES					
TOTAL NON-DPH REVENUES					
TOTAL REVENUES (DPH AND NON-DPH)	66,405	33,595			100,000
CBHS UNITS OF SVCS/TIME AND UNIT COST:					
UNITS OF SERVICE ¹					
UNITS OF TIME ²	40,401	19,899			
COST PER UNIT-CONTRACT RATE (DPH & NON-DPH REVENUES)	CR	CR			
COST PER UNIT--DPH RATE (DPH REVENUES ONLY)	CR	CR			
PUBLISHED RATE (MEDICAL PROVIDERS ONLY)	1.64	1.69			
UNDUPLICATED CLIENTS	35	25			

¹Units of Service: Days, Client Day, Full Day/Half-Day

²Units of Time: MH Mode 15 = Minutes/MH Mode 10, SFC 20-25=Hours

DPH 4: Operating Expenses Detail

APPENDIX #: B-12, Page 3
 Document Date: 10/28/10

Provider Number (same as line 7 on DPH 1): _____
 Provider Name (same as line 8 on DPH 1): Dimensions Outpatient SA

Expenditure Category

Rental of Property
 Utilities(Elec, Water, Gas, Phone, Scavenger)
 Office Supplies, Postage
 Building Maintenance Supplies and Repair
 Printing and Reproduction
 Insurance
 Staff Training
 Staff Travel-(Local & Out of Town)
 Rental of Equipment
 CONSULTANT/SUBCONTRACTOR (Provide Names, Dates, Hours & Amounts)

 OTHER
 participant incentives

TOTAL	GENERAL FUND & (Agency-generated) OTHER REVENUE	GRANT #1: (grant title)	GRANT #2: (grant title)	WORK ORDER #1: (dept. name)	WORK ORDER #2: (dept. name)
PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION	PROPOSED TRANSACTION
Term: <u>7/1/10-6/30/11</u>	Term: <u>7/1/10-6/30/11</u>	Term: _____	Term: _____	Term: _____	Term: _____
-	-				
-	-				
-	-				
-	-				
1,000	1,000				
-	-				
-	-				
-	-				
-	-				
-	-				
-	-				
2,500	2,500				
-	-				
-	-				
-	-				
-	-				
3,500	3,500				

TOTAL OPERATING EXPENSE

CBHS BUDGET JUSTIFICATION

Provider Number (same as line 7 on DPH 1):

Provider Name (same as line 8 on DPH 1): Dimensions Outpatient SA

DATE: 10/28/2010

Fiscal Year: 2010 / 11

Salaries and Benefits	Salaries	FTE
Clinical Lead: This position provides direct clinical services, assumes some administrative responsibilities as well as provides staff supervision.	\$34,000	67%
Minimum Qualifications: Master's degree in psychology, social work, or related field. Must be licensed or licensed eligible with one year of paid experience providing clinical work in a mental health setting. Minimum 5 years clinical experience working with substance abuse, mental health, HIV/AIDS, three years experience in a supervisory role.		
$0.67 \text{ FTE} \times \$50,746.27 = \$34,000$		
Therapist/SA Counselor - This position provides evaluations and assessments of clients; develops treatment plans; conducts individual, group counseling, crisis intervention, case management.	\$32,000	80%
Minimum Qualifications: Master's degree in psychology, social work or related field preferred; or, Bachelor's degree in a mental health discipline with three years paid experience working with substance abuse population. Clinical experience working with substance abuse, mental health, HIV/AIDS, HIV prevention and dual/multiple diagnoses.		
$0.80 \text{ FTE} \times \$40,000 = \$32,000$		
TOTAL SALARIES	\$66,000	1.47

Payroll Taxes plus benefits	\$19,800	
TOTAL BENEFITS	\$19,800	

TOTAL SALARIES & BENEFITS \$85,800

Operating Expenses

Formulas to be expressed with FTE's, square footage, or % of program within agency - not as Occupancy:

Rent:

Utilities:

Building Maintenance:

Total Occupancy: \$0

Materials and Supplies:

Office Supplies:

Printing/Reproduction:

Program/Medical Supplies:

Participant Incentives \$2,500

\$0

Total Materials and Supplies: \$2,500

General Operating:

Insurance:

Insurance \$1,000

Staff Training:

Rental of Equipment:

Total General Operating: \$1,000

Staff Travel (Local & Out of Town):

\$0

Consultants/Subcontractors:

Total Consultants/Subcontractors: \$0

TOTAL OPERATING COSTS: \$3,500

CAPITAL EXPENDITURES: (If needed - A unit valued at \$5,000 or more) \$0

TOTAL DIRECT COSTS (Salaries & Benefits plus Operating Costs): \$89,300

CONTRACT TOTAL: \$100,000

	74.8173%	6.7979%	18.4%		0.88	0.12				
	YMF prelim	Prev prelim	ERC		105,400.31	14,370.00			40,870.86	160,641.17
				10/01/10 revise	YMF	Prev			ERC	
Rental Property	72,749.00	6,610.00	17,876.58	97,235.58	68400	44,879.00	6,119.00	50,998.00	17,403.00	
Utilities	11,859.00	1,077.00	2,913.99	15,849.99	13500	8,858.00	1,208.00	10,066.00	3,435.00	
Office Supplies, Postage	21,526.00	1,956.00	5,289.61	28,771.61	23961.17	15,722.00	2,143.00	17,865.00	6,096.00	
Bldg Maint, Supplies	13,274.00	1,206.00	3,261.80	17,741.80	17700	11,613.00	1,583.00	13,196.00	4,503.00	
Printing & Repro	581.00	53.00	142.82	776.82	750	492.00	67.00	559.00	191.00	
Insurance	3,436.00	312.00	844.28	4,592.28	4600	3,018.00	411.00	3,429.00	1,170.00	
Travel	3,866.00	351.00	949.93	5,166.93	5170	3,392.00	462.00	3,854.00	1,315.00	
Rental of Eqpt	3,782.00	344.00	929.43	5,055.43	5060	3,320.00	453.00	3,773.00	1,287.00	
Rec/project supplies	3,193.00	290.00	784.59	4,267.59	4300	2,821.00	385.00	3,206.00	1,094.00	
Food	3,899.00	354.00	958.04	5,211.04	5200	3,412.00	465.00	3,877.00	1,323.00	
Security	2,554.00	232.00	627.58	3,413.58	3500	2,296.00	313.00	2,609.00	890.00	
Advertising	347.00	32.00	85.37	464.37	500	328.00	45.00	373.00	127.00	
Vehicle Expense	17,089.00	1,553.00	4,199.34	22,841.34	8000	5,250.00	716.00	5,966.00	2,035.00	
	158,155.00	14,370.00	38,863.35	211,388.35	160,641.17	105,401.00	14,370.00	119,771.00	40,869.00	160,640.00

**Appendix C
Insurance Waiver**

RESERVED

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**[Use as appropriate and only if an insurance waiver has been signed and granted by the Risk
Manager.]**

Appendix D
Additional Terms

1. HIPAA

The parties acknowledge that CITY is a Covered Entity as defined in the Healthcare Insurance Portability and Accountability Act of 1996 ("HIPAA") and is therefore required to abide by the Privacy Rule contained therein. The parties further agree that CONTRACTOR falls within the following definition under the HIPAA regulations:

- A Covered Entity subject to HIPAA and the Privacy Rule contained therein; or
- A Business Associate subject to the terms set forth in Appendix E;
- Not Applicable, CONTRACTOR will not have access to Protected Health Information.

2. THIRD PARTY BENEFICIARIES

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

3. CERTIFICATION REGARDING LOBBYING

CONTRACTOR certifies to the best of its knowledge and belief that:

A. No federally appropriated funds have been paid or will be paid, by or on behalf of CONTRACTOR to any persons for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the entering into of any federal cooperative agreement, or the extension, continuation, renewal, amendment, or modification of a federal contract, grant, loan or cooperative agreement.

B. If any funds other than federally appropriated funds have been paid or will be paid to any persons for influencing or attempting to influence an officer or employee of an agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with this federal contract, grant, loan or cooperative agreement, CONTRACTOR shall complete and submit Standard Form -111, "Disclosure Form to Report Lobbying," in accordance with the form's instructions.

C. CONTRACTOR shall require the language of this certification be included in the award documents for all subawards at all tiers, (including subcontracts, subgrants, and contracts under grants, loans and cooperation agreements) and that all subrecipients shall certify and disclose accordingly.

D. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

4. MATERIALS REVIEW

CONTRACTOR agrees that all materials, including without limitation print, audio, video, and electronic materials, developed, produced, or distributed by personnel or with funding under this Agreement shall be subject to review and approval by the Contract Administrator prior to such production, development or distribution. CONTRACTOR agrees to provide such materials sufficiently in advance of any deadlines to allow for adequate review. CITY agrees to conduct the review in a manner which does not impose unreasonable delays.

Appendix E

BUSINESS ASSOCIATE ADDENDUM

This Business Associate Addendum is entered into to address the privacy and security protections for certain information as required by federal law. City and County of San Francisco is the Covered Entity and is referred to below as "CE". The CONTRACTOR is the Business Associate and is referred to below as "BA".

RECITALS

- A. CE wishes to disclose certain information to BA pursuant to the terms of the Contract, some of which may constitute Protected Health Information ("PHI") (defined below).
- B. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Contract in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA"), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act"), and regulations promulgated thereunder by the U.S. Department of Health and Human Services (the "HIPAA Regulations") and other applicable laws.
- C. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(e) and 164.504(e) of the Code of Federal Regulations ("C.F.R.") and contained in this Addendum.

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

1. Definitions

- a. **Breach** shall have the meaning given to such term under the HITECH Act [42 U.S.C. Section 17921].
- b. **Business Associate** shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.
- c. **Covered Entity** shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.
- d. **Data Aggregation** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- e. **Designated Record Set** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- f. **Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media.

- g. **Electronic Health Record** shall have the meaning given to such term in the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.
- h. **Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.
- i. **Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.F. Parts 160 and 164, Subparts A and E.
- j. **Protected Health Information or PHI** means any information, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; and (ii) that identifies the individual or with respect to where there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501. Protected Health Information includes Electronic Protected Health Information [45 C.F.R. Sections 160.103, 164.501].
- k. **Protected Information** shall mean PHI provided by CE to BA or created or received by BA on CE's behalf.
- l. **Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.
- m. **Unsecured PHI** shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h).

2. **Obligations of Business Associate**

a. **Permitted Uses.** BA shall not use Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information (i) for the proper management and administration of BA, (ii) to carry out the legal responsibilities of BA, or (iii) for Data Aggregation purposes for the Health Care Operations of CE [45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(i)].

b. **Permitted Disclosures.** BA shall not disclose Protected Information except for the purpose of performing BA's obligations under the Contract and as permitted under the Contract and Addendum. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes for the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable *written* assurances from such third party that such Protected Information will be held confidential as provided pursuant to this Addendum and only disclosed as required by law or for the purposes for which it was disclosed to such third party, and (ii) a *written* agreement from

such third party to immediately notify BA of any breaches of confidentiality of the Protected Information, to the extent it has obtained knowledge of such breach [42 U.S.C. Section 17932; 45 C.F.R. Sections 164.504(e)(2)(i), 164.504(e)(2)(i)(B), 164.504(e)(2)(ii)(A) and 164.504(e)(4)(ii)].

- c. **Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the PHI solely relates 42 U.S.C. Section 17935(a). BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Contract.
- d. **Appropriate Safeguards.** BA shall implement appropriate safeguards as are necessary to prevent the use or disclosure of Protected Information otherwise than as permitted by the Contract or Addendum, including, but not limited to, administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Protected Information, in accordance with 45 C.F.R. Section 164.308(b)]. BA shall comply with the policies and procedures and documentation requirements of the HIPAA Security Rule, including, but not limited to, 45 C.F.R. Section 164.316 [42 U.S.C. Section 17931]
- e. **Reporting of Improper Access, Use or Disclosure.** BA shall report to CE in writing of any access, use or disclosure of Protected Information not permitted by the Contract and Addendum, and any Breach of Unsecured PHI of which it becomes aware without unreasonable delay and in no case later than 10 calendar days after discovery [42 U.S.C. Section 17921; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)].
- f. **Business Associate's Agents.** BA shall ensure that any agents, including subcontractors, to whom it provides Protected Information, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI. If BA creates, maintains, receives or transmits electronic PHI on behalf of CE, then BA shall implement the safeguards required by paragraph c above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2)(ii)(D); 45 C.F.R. Section 164.308(b)]. BA shall implement and maintain sanctions against agents and subcontractors that violate such restrictions and conditions and shall mitigate the effects of any such violation (see 45 C.F.R. Sections 164.530(f) and 164.530(e)(1)).
- g. **Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors available to CE for inspection and copying within ten (10) days of a request by CE to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains an Electronic Health Record, BA shall provide such information in electronic format to enable CE to fulfill its obligations under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17935(e).
- h. **Amendment of PHI.** Within ten (10) days of receipt of a request from CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA or its agents or subcontractors shall make such Protected

Information available to CE for amendment and incorporate any such amendment to enable CE to fulfill its obligation under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If any individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request. Any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors shall be the responsibility of CE [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

- i.* **Accounting Rights.** Within ten (10) calendar days of notice by CE of a request for an accounting for disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents or subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935(c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents or subcontractors for at least six (6) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an electronic health record and is subject to this requirement. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure. In the event that the request for an accounting is delivered directly to BA or its agents or subcontractors, BA shall within five (5) calendar days of a request forward it to CE in writing. It shall be CE's responsibility to prepare and deliver any such accounting requested. BA shall not disclose any Protected Information except as set forth in Sections 2.b. of this Addendum [45 C.F.R. Sections 164.504(e)(2)(ii)(G) and 165.528]. The provisions of this subparagraph h shall survive the termination of this Agreement.
- j.* **Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with the Privacy Rule [45 C.F.R. Section 164.504(e)(2)(ii)(H)]. BA shall provide to CE a copy of any Protected Information that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.
- k.* **Minimum Necessary.** BA (and its agents or subcontractors) shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the purpose of the request, use or disclosure. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)(3)] BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary."
- l.* **Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

- m. **Business Associate's Insurance.*** BA shall maintain a sufficient amount of insurance to adequately address risks associated with BA's use and disclosure of Protected Information under this Addendum.
- n. **Notification of Breach.*** During the term of the Contract, BA shall notify CE within twenty-four (24) hours of any suspected or actual breach of security, intrusion or unauthorized use or disclosure of PHI of which BA becomes aware and/or any actual or suspected use or disclosure of data in violation of any applicable federal or state laws or regulations. BA shall take (i) prompt corrective action to cure any such deficiencies and (ii) any action pertaining to such unauthorized disclosure required by applicable federal and state laws and regulations.
- o. **Breach Pattern or Practice by Covered Entity.*** Pursuant to 42 U.S.C. Section 17934(b), if the BA knows of a pattern of activity or practice of the CE that constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the Contract or other arrangement if feasible, or if termination is not feasible, report the problem to the Secretary of DHHS. BA shall provide written notice to CE of any pattern of activity or practice of the CE that BA believes constitutes a material breach or violation of the CE's obligations under the Contract or Addendum or other arrangement within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.
- p. **Audits, Inspection and Enforcement.*** Within ten (10) calendar days of a written request by CE, BA and its agents or subcontractors shall allow CE to conduct a reasonable inspection of the facilities, systems, books, records, agreements, policies and procedures relating to the use or disclosure of Protected Information pursuant to this Addendum for the purpose of determining whether BA has complied with this Addendum; provided, however, that (i) BA and CE shall mutually agree in advance upon the scope, timing and location of such an inspection, (ii) CE shall protect the confidentiality of all confidential and proprietary information of BA to which CE has access during the course of such inspection; and (iii) CE shall execute a nondisclosure agreement, upon terms mutually agreed upon by the parties, if requested by BA. The fact that CE inspects, or fails to inspect, or has the right to inspect, BA's facilities, systems, books, records, agreements, policies and procedures does not relieve BA of its responsibility to comply with this Addendum, nor does CE's (i) failure to detect or (ii) detection, but failure to notify BA or require BA's remediation of any unsatisfactory practices, constitute acceptance of such practice or a waiver of CE's enforcement rights under the Contract or Addendum, BA shall notify CE within ten (10) calendar days of learning that BA has become the subject of an audit, compliance review, or complaint investigation by the Office for Civil Rights.

3. Termination

- a. **Material Breach.*** A breach by BA of any provision of this Addendum, as determined by CE, shall constitute a material breach of the Contract and shall provide grounds for immediate termination of the Contract, any provision in the Contract to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii)].
- b. **Judicial or Administrative Proceedings.*** CE may terminate the

Contract, effective immediately, if (i) BA is named as a defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

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

4. **Limitation of Liability**

Any limitations of liability as set forth in the contract shall not apply to damages related to a breach of the BA's privacy or security obligations under the Contract or Addendum.

5. **Disclaimer**

CE makes no warranty or representation that compliance by BA with this Addendum, HIPAA, the HITECH Act, or the HIPAA Regulations will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

6. **Certification**

To the extent that CE determines that such examination is necessary to comply with CE's legal obligations pursuant to HIPAA relating to certification of its security practices, CE or its authorized agents or contractors, may, at CE's expense, examine BA's facilities, systems, procedures and records as may be necessary for such agents or contractors to certify to CE the extent to which BA's security safeguards comply with HIPAA, the HITECH Act, the HIPAA Regulations or this Addendum.

7. **Amendment**

- a. **Amendment to Comply with Law.** The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Contract or Addendum may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule and other applicable laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this Addendum embodying written assurances consistent with the standards and requirements of HIPAA, the

HITECH Act, the Privacy Rule, the Security Rule or other applicable laws. CE may terminate the Contract upon thirty (30) calendar days written notice in the event (i) BA does not promptly enter into negotiations to amend the Contract or Addendum when requested by CE pursuant to this Section or (ii) BA does not enter into an amendment to the Contract or Addendum providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

8. Assistance in Litigation or Administrative Proceedings

BA shall make itself, and any subcontractors, employees or agents assisting BA in the performance of its obligations under the Contract or Addendum, available to CE, at no cost to CE, to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against CE, its directors, officers or employees based upon a claimed violation of HIPAA, the HITECH Act, the Privacy Rule, the Security Rule, or other laws relating to security and privacy, except where BA or its subcontractor, employee or agent is a named adverse party.

9. No Third-Party Beneficiaries

Nothing express or implied in the Contract or Addendum is intended to confer, nor shall anything herein confer, upon any person other than CE, BA and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

10. Effect on Contract

Except as specifically required to implement the purposes of this Addendum, or to the extent inconsistent with this Addendum, all other terms of the Contract shall remain in force and effect.

11. Interpretation

The provisions of this Addendum shall prevail over any provisions in the Contract that may conflict or appear inconsistent with any provision in this Addendum. This Addendum and the Contract shall be interpreted as broadly as necessary to implement and comply with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule. The parties agree that any ambiguity in this Addendum shall be resolved in favor of a meaning that complies and is consistent with HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

12. Replaces and Supersedes Previous Business Associate Addendums or Agreements

This Business Associate Addendum replaces and supersedes any previous business associate addendums or agreements between the parties hereto.

Appendix F
Invoice

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
 PAGE A

Control Number

INVOICE NUMBER: M01 JL 0

Contract No.: BPHM TBD

CL PC No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number:

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street San Francisco, CA 94124

Tel No: (415) 468-5100

Fax No: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unduplicated Counts for ADS Use Only

DELIVERABLES Program Name/Reptg Use/ Modality/Mode # - Svc Func (as fee)	Total Contracted		Delivered THIS PERIOD		Use Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-B AB 3632 RU# 3861SD												
15/10 - 59 MH Svcs	99,422				\$ 1.89	\$	0.000		0.00%		99,422,000	\$ 187,907.56
15/01 - 09 Case Management					\$ 1.08	\$	0.000		#DIV/0!		0.000	\$ 9,889.14
46/16 - 19 MH Promotion	86				\$ 114.98	\$	0.000		0.00%		86.000	
TOTAL	99,508		0,000				0,000		0,00%		99,508,000	\$ 197,796.72

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (for reuse) Other Adjustments
NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to:
 DPH Fiscal/Invoice Processing
 1380 Howard St - 4th Floor
 San Francisco, CA 94108

DPH Authorization for Payment

 Authorized Signatory

 Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: M02 JL 0

Ct. Blanket No.: BPHM TBD

User Cd

Ct. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Family Mosaic Project-Fiscal Intermediary												
Fiscal Intermediary							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 26,084.00	\$ -	\$ -	0.00%	\$ 26,084.00
Fringe Benefits	\$ 6,566.00	\$ -	\$ -	0.00%	\$ 6,566.00
Total Personnel Expenses	\$ 32,650.00	\$ -	\$ -	0.00%	\$ 32,650.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
General Operating	\$ 506.00	\$ -	\$ -	0.00%	\$ 506.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FMP wrap around services	\$ -	\$ -	\$ -	0.00%	\$ -
DMS Flex	\$ 3,813.00	\$ -	\$ -	0.00%	\$ 3,813.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 5,319.00	\$ -	\$ -	0.00%	\$ 5,319.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 37,969.00	\$ -	\$ -	0.00%	\$ 37,969.00
Indirect Expenses	\$ 3,694.00	\$ -	\$ -	0.00%	\$ 3,694.00
TOTAL EXPENSES	\$ 41,663.00	\$ -	\$ -	0.00%	\$ 41,663.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M03 JL 0

Contractor: Bayview Hunters Point Foundation For Community Improvement

Ct. Blanket No.: BPHM TBD

Address: 5815 Third Street, San Francisco, CA 94124

CL PO No.: POHM TBD User Cd

Tel No.: (415) 468-5100

Fund Source: Grant - SAMSHA

Fax No.: (415) 468-5104

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-9 Family Mosaic Project - Fiscal Intermediary												
Fiscal Intermediary							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 103,157.00	\$ -	\$ -	0.00%	\$ 103,157.00
Fringe Benefits	\$ 25,789.00	\$ -	\$ -	0.00%	\$ 25,789.00
Total Personnel Expenses	\$ 128,946.00	\$ -	\$ -	0.00%	\$ 128,946.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: IT Consultant	\$ 2,087.00	\$ -	\$ -	0.00%	\$ 2,087.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 2,087.00	\$ -	\$ -	0.00%	\$ 2,087.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 131,033.00	\$ -	\$ -	0.00%	\$ 131,033.00
Indirect Expenses	\$ 12,195.00	\$ -	\$ -	0.00%	\$ 12,195.00
TOTAL EXPENSES	\$ 143,228.00	\$ -	\$ -	0.00%	\$ 143,228.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory _____ Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M05 JL 0

Cl. Blanket No.: BPHM TBD

User Cd

Cl. PO No.: POHM TBD

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: _____ (Check if Yes)

ACE Control Number: _____

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-11 Anchor Pilot Project - Fiscal Intermediary												
15/ 10 - 59 Mental Health Svcs	84,980	70			-	-	0%	0%	84,980	70	100%	100%
15/ 01 - 09 Case Management	25,386	55			-	-	0%	0%	25,386	55	100%	100%
15/ 70 - 79 Crisis Intervention	514	17			-	-	0%	0%	514	17	100%	100%

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 125,476.00	\$ -	\$ -	0.00%	\$ 125,476.00
Fringe Benefits	\$ 40,894.00	\$ -	\$ -	0.00%	\$ 40,894.00
Total Personnel Expenses	\$ 166,370.00	\$ -	\$ -	0.00%	\$ 166,370.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ 1,200.00	\$ -	\$ -	0.00%	\$ 1,200.00
General Operating	\$ 3,126.00	\$ -	\$ -	0.00%	\$ 3,126.00
Staff Travel	\$ 800.00	\$ -	\$ -	0.00%	\$ 800.00
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Project Supplies	\$ 7,651.00	\$ -	\$ -	0.00%	\$ 7,651.00
Advertising	\$ 300.00	\$ -	\$ -	0.00%	\$ 300.00
Total Operating Expenses	\$ 13,077.00	\$ -	\$ -	0.00%	\$ 13,077.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 179,447.00	\$ -	\$ -	0.00%	\$ 179,447.00
Indirect Expenses	\$ 21,659.00	\$ -	\$ -	0.00%	\$ 21,659.00
TOTAL EXPENSES	\$ 201,106.00	\$ -	\$ -	0.00%	\$ 201,106.00

Less: Initial Payment Recovery		NOTES:
Other Adjustments (DPH use only)		
REIMBURSEMENT	\$ -	

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

Appendix F
PAGE A

Contract Number

Contractor: Bayview Hunters Point Foundation for Community Improvement

Address: 150 Executive Park Blvd., Suite 2800, San Francisco, CA 94134

Tel No: (415) 468-6160
 Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

INVOICE NUMBER: MO6(B) JL 0

CI/Blanket No.: BPHM TBD

CI PO No.: POHM TBD User Cd

Fund Source: General Fund

Invoice Period: July 2010

Final Invoice: (Check if Yes)

ACE Control Number

HMMCC739515	Total Contracted Exhibit UDC	Delivered TBO PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unduplicated Clients for Exhibit:					

*Unaudited Counts for AIDS Use Only

DELIVERABLE Program Name/Respig/Una Modality/Mode # - Svc Func. (if any)	Total Contracted		Delivered TBO PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UOS	CLIENTS	UOS	CLIENTS			UOS	CLIENTS	UOS	CLIENTS	UOS	CLIENTS
B-6 Adult Behavioral Health RI# 38513 (09-10 4301 Family Center Outpatient Services)												
15/ 10 - 59 MH Svcs	315,976				\$ 2.14	\$ -	0.000		0.00%		315,976.000	\$ 676,182.92
15/ 60 - 69 Medication Support	53,323				\$ 4.16	\$ -	0.000		0.00%		53,323.000	221,623.68
15/ 70 - 75 Crisis Intervention-OP	1,464				\$ 3.38	\$ -	0.000		0.00%		1,464.000	5,015.92
15/ 01 - 09 Case Mgt Brokerage	15,639				\$ 1.74	\$ -	0.000		0.00%		15,639.000	27,211.86
45/ 20 - 29 Cmmy Client Svcs	1,473				\$ 51.12	\$ -	0.000		0.00%		1,473.000	75,266.76
B-7 Children's Behavioral Health Outpatient RI# 38513												
15/ 10 - 59 MH Svcs	148,771				\$ 2.23	\$ -	0.000		0.00%		148,771.000	331,759.33
15/ 60 - 69 Medication Support	8,330				\$ 4.09	\$ -	0.000		0.00%		8,330.000	34,066.76
15/ 70 - 79 Crisis Intervention-OP	387				\$ 3.33	\$ -	0.000		0.00%		387.000	1,288.71
15/ 01 - 09 Case Mgt Brokerage	32,822				\$ 1.71	\$ -	0.000		0.00%		32,822.000	56,125.62
45/ 20 - 29 Cmmy Client Svcs	260				\$ 85.68	\$ -	0.000		0.00%		260.000	22,276.80
TOTAL	578,467						0.006		0.00%		578,467.000	\$ 1,451,064.30

SUBTOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (Reimburse) Other Adjustments
 NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory _____ Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: M10 JL 0

Contractor: Bayview Hunters Point Foundation For Community improvement

Ct. Blanket No.: BPHM TBD

Address: 5215 Third Street, San Francisco, CA 94124

User Cd _____

Ct. PO No.: POHM TBD

Tel. No.: (415) 468-5100

Fund Source: Family Mosaic Capitated Medi-Cal

Fax No.: (415) 468-5104

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-10 Family Mosaic Project - Fiscal Intermediary												
Fiscal Intermediary							#DIV/0!		-		#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 157,313.00	\$ -	\$ -	0.00%	\$ 157,313.00
Fringe Benefits	\$ 39,328.00	\$ -	\$ -	0.00%	\$ 39,328.00
Total Personnel Expenses	\$ 196,641.00	\$ -	\$ -	0.00%	\$ 196,641.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ -	\$ -	\$ -	0.00%	\$ -
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Other: FMP Wrap Around Services	\$ 15,764.00	\$ -	\$ -	0.00%	\$ 15,764.00
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 15,764.00	\$ -	\$ -	0.00%	\$ 15,764.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 212,405.00	\$ -	\$ -	0.00%	\$ 212,405.00
Indirect Expenses	\$ 21,241.00	\$ -	\$ -	0.00%	\$ 21,241.00
TOTAL EXPENSES	\$ 233,646.00	\$ -	\$ -	0.00%	\$ 233,646.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate, the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE**

EXHIBIT C-1
 PAGE A

Control Number

INVOICE NUMBER:
 Ct. Blanket No.: BPHM
 Cl. PO No.: POHM User Cd
 Fund Source:
 Invoice Period:
 Final Invoice: (Check if Yes)
 ACE Control Number:

Contractor: Bayview Hunters Point Foundation - Balboa Teen
 Address: 150 Executive Park, #2800 San Francisco, CA 94114
 Tel No: (415) 4662-5100
 Fax No: (415)
 Contract Term: 07/01/2010 - 06/30/2011
 PHP Division: Community Behavioral Health Services

Unduplicated Clients for Exhibit	Total Contracted Exhibit UDC	Delivered THIS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC

*Unduplicated Counts for ADS Use Only.

DELIVERABLES Program Name/Regpt. Unit Modality/Mode # - Svc Func (see only)	Total Contracted		Delivered THIS PERIOD		Unit Rate	AMOUNT DUE	Delivered to Date		% of TOTAL		Remaining Deliverables	
	UDC	CLIENTS	UDC	CLIENTS			UDC	CLIENTS	UDC	CLIENTS	UDC	CLIENTS
B-7 Balboa (09-10 PEI-School-Based Youth Centered Wellness)												
Prevention Services-Youth and Family	3,330				\$ 30.03	\$ -	0.000		0.00%		3,330.000	\$ 99,999.90
Early Intervention Services	4,218				\$ 29.61	\$ -	0.000		0.00%		4,218.000	124,894.98
TOTAL	7,548		0.000				0.000		0.00%		7,548.000	\$ 224,894.88

SUBTOTAL AMOUNT DUE \$ -
 Less: Initial Payment Recovery
 (for contract) Other Adjustments
 NET REIMBURSEMENT \$ -

NOTES

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to:
 DPH Fiscal/Invoice Processing
 1380 Howard St. - 4th Floor
 San Francisco, CA 94103

DPH Authorization for Payment

 Authorized Signatory Date

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
 (SEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE)

Appendix F
 PAGE A

Contract Number

INVOICE NUMBER: S01 JL 0

Contractor: Bayview Hunters Point Foundation for Community Improvement

CI Blanket No.: BPHM TBC

Address: 5815 Third Street, San Francisco, CA 94124

CI PO No.: POHM Y9D

Tel No: (415) 468-5100
 Fax No: (415) 468-5104

Fund Source: General Fund

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

HMSSCRE227	Total Estimated Exhibit UDC	Approved IHS PERIOD Exhibit UDC	Delivered to Date Exhibit UDC	% of TOTAL Exhibit UDC	Remaining Deliverables Exhibit UDC
Unpublished Clients for Exhibit					

DELIVERABLES Program Name/Reg/pt Unit Modality/Mode - Use Place (row 2)	Total Contract		Delivered IHS PERIOD		Ust Rate	AMOUNT DUE	Delivered to Date		% of TOTAL	Remaining Deliverables	
	UGS	CLIENTS	UGS	CLIENTS			UGS	CLIENTS		UGS	CLIENTS
B-1 Outpatient Methadone Maintenance RUF 38164											
B-1a Depression					\$ 12.80	\$	0.000	#DIV/0!	0.00%	0.000	
NTP-4E SA-Narcotic Tx/No Replacement Therapy-All Svcs	71,422				\$ 12.44	\$	0.000	0.000	0.00%	71,422.000	899,111.68
NTP-4E Individual - Individual Counseling	22,640				\$ 19.06	\$	0.000	0.000	0.00%	22,640.000	339,600.00
NTP-4E Groups - Group Counseling	1,062				\$ 3.64	\$	0.000	0.000	0.00%	1,062.000	3,855.06
B-2 Jail Methadone Courtesy Dosing											
B-2a Treatment-Methadone Dispensing					\$ 12.44	\$	0.000	#DIV/0!	0.00%	0.000	
NTP-41 SA-Narcotic Tx Prog OP Meth Detox (OMD)	19,091				\$ 12.44	\$	0.000	0.000	0.00%	19,091.000	237,492.04
B-3a AIDS Opt Out/ HIV Testing/ HIV Early Intervention RUF 38164											
B-3a HIV Testing					\$ 187.76	\$	0.000	#DIV/0!	0.00%	0.000	
Acc-6S SA-Gender Svcs HIV Early Intervention	197				\$ 179.90	\$	0.000	0.000	0.00%	197.000	24,899.30
B-4a Youth Moving Forward Project RUF 38171											
Non-res-33 SA-Nonresidnt ODF Group	1,530				\$ 81.79	\$	0.000	0.000	0.00%	1,530.000	125,077.00
Non-res-34 SA-Nonresidnt ODF Indv	2,950				\$ 88.83	\$	0.000	0.000	0.00%	2,950.000	261,843.50
B-4a YMF Treatment Bayview					\$ 29.02	\$	0.000	#DIV/0!	0.00%	0.000	
B-4a YMF Counseling Monitoris					\$ 81.86	\$	0.000	#DIV/0!	0.00%	0.000	
B-4a YMF Intensive Outpatient Follow					\$ 58.86	\$	0.000	#DIV/0!	0.00%	0.000	
B-4b PHNH Youth Moving Intensive Outreach RUF 38171											
Non-res-33 SA-Nonresidnt ODF Group	847				\$ 88.86	\$	0.000	0.000	0.00%	847.000	57,492.42
Non-res-34 SA-Nonresidnt ODF Indv	1,509				\$ 89.90	\$	0.000	0.000	0.00%	1,509.000	134,150.10
B-5 Prevention											
PrPPrev-13 SA-PrPPrevention - Education	702				\$ 45.97	\$	0.000	0.000	0.00%	702.000	35,078.94
PrPPrev-16 SA-PrPPrevention Community Based	702				\$ 49.97	\$	0.000	0.000	0.00%	702.000	35,078.94
PrPPrev-17 SA-PrPPrevention Environmental	702				\$ 49.97	\$	0.000	0.000	0.00%	702.000	35,078.94
B-5a Info Dissemination					\$ 34.01	\$	0.000	#DIV/0!	0.00%	0.000	
B-5a Alternatives					\$ 34.01	\$	0.000	#DIV/0!	0.00%	0.000	
B-5a Problem Identification and Referral					\$ 33.78	\$	0.000	#DIV/0!	0.00%	0.000	
TOTAL	123,286						0.000	0.000	0.00%	123,204.000	2,208,858.42

SUB-TOTAL AMOUNT DUE \$
 Less: Initial Payment Recovery
 (per PHU-1) Other Adjustments
 NET REIMBURSEMENT \$

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate. The amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to
 DPH Fiscal/Invoice Processing
 1380 Howard St - 4th Floor
 San Francisco, CA 94103

DPH Representative for Payment
 Authorized Signatory _____ Date _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: S05 JL 0

Contractor: Bayview Hunters Point Foundation For Community Improvement

Ct. Blanket No.: BPHM TBD

Address: 5815 Third Street, San Francisco, CA 94124

User Cd

Ct. PO No.: POHM TBD

Tel. No.: (415) 468-5100

Fund Source: GF - HIV Set-Aside

Fax No.: (415) 468-5104

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number: _____

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-3b AIDS Opt Out/ HIV Testing/ HIV Early Intervention RU# 38164												
Community Engagement	170	170			-	-	0%		170		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 41,908.00	\$ -	\$ -	0.00%	\$ 41,908.00
Fringe Benefits	\$ 12,370.00	\$ -	\$ -	0.00%	\$ 12,370.00
Total Personnel Expenses	\$ 54,278.00	\$ -	\$ -	0.00%	\$ 54,278.00
Operating Expenses					
Occupancy	\$ 14,036.00	\$ -	\$ -	0.00%	\$ 14,036.00
Materials and Supplies	\$ 2,338.00	\$ -	\$ -	0.00%	\$ 2,338.00
General Operating	\$ 1,876.00	\$ -	\$ -	0.00%	\$ 1,876.00
Staff Travel	\$ 594.00	\$ -	\$ -	0.00%	\$ 594.00
Consultant/ Subcontractor	\$ 7,106.00	\$ -	\$ -	0.00%	\$ 7,106.00
Other: Medical Supplies (Project Supplies)	\$ 4,311.00	\$ -	\$ -	0.00%	\$ 4,311.00
Security Services	\$ 2,593.00	\$ -	\$ -	0.00%	\$ 2,593.00
Lab Tests	\$ 1,441.00	\$ -	\$ -	0.00%	\$ 1,441.00
Licenses	\$ 1,340.00	\$ -	\$ -	0.00%	\$ 1,340.00
Advertising	\$ 121.00	\$ -	\$ -	0.00%	\$ 121.00
Client Activities	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 35,756.00	\$ -	\$ -	0.00%	\$ 35,756.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 90,034.00	\$ -	\$ -	0.00%	\$ 90,034.00
Indirect Expenses	\$ 9,966.00	\$ -	\$ -	0.00%	\$ 9,966.00
TOTAL EXPENSES	\$ 100,000.00	\$ -	\$ -	0.00%	\$ 100,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER: S06 JL 0

Contractor: Bayview Hunters Point Foundation For Community Improvement

Ct. Blanket No.: BPHM TBD

Address: 5815 Third Street, San Francisco, CA 94124

User Cd

Tel No.: (415) 468-5100

Ct. PO No.: POHM TBD

Fax No. (415) 468-5104

Fund Source: General Fund

Invoice Period: July 2010

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

Final Invoice: (Check if Yes)

PHP Division: Community Behavioral Health Services

ACE Control Number:

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-4c Morrisania West RU# 38171												
Nonres-33 Fiscal Intermediary	3						0%		3		100%	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 34,433.00	\$ -	\$ -	0.00%	\$ 34,433.00
Fringe Benefits	\$ 6,538.00	\$ -	\$ -	0.00%	\$ 6,538.00
Total Personnel Expenses	\$ 40,971.00	\$ -	\$ -	0.00%	\$ 40,971.00
Operating Expenses:					
Occupancy	\$ 27,473.00	\$ -	\$ -	0.00%	\$ 27,473.00
Materials and Supplies	\$ 39.00	\$ -	\$ -	0.00%	\$ 39.00
General Operating	\$ 1,485.00	\$ -	\$ -	0.00%	\$ 1,485.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other:	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 28,997.00	\$ -	\$ -	0.00%	\$ 28,997.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 69,968.00	\$ -	\$ -	0.00%	\$ 69,968.00
Indirect Expenses	\$ 7,597.00	\$ -	\$ -	0.00%	\$ 7,597.00
TOTAL EXPENSES	\$ 77,565.00	\$ -	\$ -	0.00%	\$ 77,565.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____
Printed Name: _____
Title: _____

Date: _____
Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
COST REIMBURSEMENT INVOICE**

Appendix F
PAGE A

Control Number

INVOICE NUMBER:	S07 JL 0
Cl. Blanket No.: BPHM	TBD
	User Cd
Cl. PO No.: POHM	TBD
Fund Source:	General Fund
Invoice Period:	July 2010
Final Invoice:	(Check if Yes)
ACE Control Number:	

Contractor: Bayview Hunters Point Foundation For Community Improvement

Address: 5815 Third Street, San Francisco, CA 94124

Tel. No.: (415) 468-5100

Fax No.: (415) 468-5104

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

PHP Division: Community Behavioral Health Services

Program/Exhibit	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES		% OF TOTAL	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
B-12 Dimensions Opt Substance Abuse RU# 38171												
Nonres-33 SA-Nonresident/ ODF Grp		25					#DIV/0!				#DIV/0!	
Nonres-34 SA-Nonresident/ ODF Ind		35					#DIV/0!				#DIV/0!	

Unduplicated Counts for AIDS Use Only.

Description	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries	\$ 66,000.00	\$ -	\$ -	0.00%	\$ 66,000.00
Fringe Benefits	\$ 19,800.00	\$ -	\$ -	0.00%	\$ 19,800.00
Total Personnel Expenses	\$ 85,800.00	\$ -	\$ -	0.00%	\$ 85,800.00
Operating Expenses:					
Occupancy	\$ -	\$ -	\$ -	0.00%	\$ -
Materials and Supplies	\$ -	\$ -	\$ -	0.00%	\$ -
General Operating	\$ 1,000.00	\$ -	\$ -	0.00%	\$ 1,000.00
Staff Travel	\$ -	\$ -	\$ -	0.00%	\$ -
Consultant/ Subcontractor	\$ -	\$ -	\$ -	0.00%	\$ -
Other: Participant Incentives	\$ 2,500.00	\$ -	\$ -	0.00%	\$ 2,500.00
	\$ -	\$ -	\$ -	0.00%	\$ -
	\$ -	\$ -	\$ -	0.00%	\$ -
Total Operating Expenses	\$ 3,500.00	\$ -	\$ -	0.00%	\$ 3,500.00
Capital Expenditures	\$ -	\$ -	\$ -	0.00%	\$ -
TOTAL DIRECT EXPENSES	\$ 89,300.00	\$ -	\$ -	0.00%	\$ 89,300.00
Indirect Expenses	\$ 10,700.00	\$ -	\$ -	0.00%	\$ 10,700.00
TOTAL EXPENSES	\$ 100,000.00	\$ -	\$ -	0.00%	\$ 100,000.00
Less: Initial Payment Recovery					
Other Adjustments (DPH use only)					
REIMBURSEMENT		\$ -			

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Printed Name: _____

Title: _____

Phone: _____

Send to: DPH Fiscal Invoice Processing
1380 Howard St 4th Floor
San Francisco CA 94103-2614

DPH Authorization for Payment

Authorized Signatory

Date

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 or concerns about this Dispute Resolution Procedure should be addressed to purchasing@sfgov.org.

Dispute Resolution Procedure

The following Dispute Resolution Procedure provides a process to resolve any disputes or concerns relating to the administration of an awarded professional services grant or contract between the City and County of San Francisco and nonprofit health and human services contractors.

Contractors and City staff should first attempt to come to resolution informally through discussion and negotiation with the designated contact person in the department.

If informal discussion has failed to resolve the problem, contractors and departments should employ the following steps:

- Step 1 The contractor will submit a written statement of the concern or dispute addressed to the Contract/Program Manager who oversees the agreement in question. The writing should describe the nature of the concern or dispute, i.e., program,

reporting, monitoring, budget, compliance or other concern. The Contract/Program Manager will investigate the concern with the appropriate department staff that are involved with the nonprofit agency's program, and will either convene a meeting with the contractor or provide a written response to the contractor within 10 working days.

- Step 2 Should the dispute or concern remain unresolved after the completion of Step 1, the contractor may request review by the Division or Department Head who supervises the Contract/Program Manager. This request shall be in writing and should describe why the concern is still unresolved and propose a solution that is satisfactory to the contractor. The Division or Department Head will consult with other Department and City staff as appropriate, and will provide a written determination of the resolution to the dispute or concern within 10 working days.
- Step 3 Should Steps 1 and 2 above not result in a determination of mutual agreement, the contractor may forward the dispute to the Executive Director of the Department or their designee. This dispute shall be in writing and describe both the nature of the dispute or concern and why the steps taken to date are not satisfactory to the contractor. The Department will respond in writing within 10 working days.

In addition to the above process, contractors have an additional forum available only for disputes that concern implementation of the thirteen policies and procedures recommended by the Nonprofit Contracting Task Force and adopted by the Board of Supervisors. These recommendations are designed to improve and streamline contracting, invoicing and monitoring procedures. For more information about the Task Force's recommendations, see the June 2003 report at 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

Emergency Response

CONTRACTOR will develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each of its service sites. The agency-wide plan should address disaster coordination between and among service sites. CONTRACTOR will update the Agency/site(s) plan as needed and CONTRACTOR will train all employees regarding the provisions of the plan for their Agency/site(s). CONTRACTOR will attest on its annual Community Programs' Contractor Declaration of Compliance whether it has developed and maintained an Agency Disaster and Emergency Response Plan, including a site specific emergency response plan for each of its service sites. CONTRACTOR is advised that Community Programs Contract Compliance Section staff will review these plans during a compliance site review. Information should be kept in an Agency/Program Administrative Binder, along with other contractual documentation requirements for easy accessibility and inspection.

In a declared emergency, CONTRACTOR'S employees shall become emergency workers and participate in the emergency response of Community Programs, Department of Public Health. Contractors are required to identify and keep Community Programs staff informed as to which two staff members will serve as CONTRACTOR'S prime contacts with Community Programs in the event of a declared emergency.

Appendix J

MENTAL HEALTH SERVICES ACT

(PROPOSITION 63)

CONTRACTOR agrees to fully comply with all laws, regulations, policies and procedures related to the Mental Health Services Act (MHSA) or as defined in the Request for Proposal (RFP) 23-2009 – Behavioral Health Services Mega RFP.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/2/2010

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).

PRODUCER Merriwether & Williams Insurance License No.: OCO1378 417 Montgomery Street, 2nd Flr San Francisco CA 94104	CONTACT NAME: Tina King PHONE (A/C No. Ext): (415) 986-3999 FAX (A/C No): (415) 986-4421 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00000001 (INSURER(S) AFFORDING COVERAGE) NAIC #
INSURED Bayview Hunters Point Foundation 150 Executive Park, Suite 2800 San Francisco CA 94134	INSURER A: Scottsdale Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

COVERAGES CERTIFICATE NUMBER: 2010 - 2011 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.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURANCE	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		OP80057127	11/1/2010	11/1/2011	EACH OCCURRENCE \$ 5,000,000 DAMAGE TO RENTED PREMISES (Per occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 5,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 5,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Per accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DEDUCTIBLE RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below					WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		OP80057127	11/1/2010	11/1/2011	Per Claim \$1,000,000 Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
The City and County of San Francisco, its officers, agents and employees are hereby named as Additional Insured, but only insofar as to the operations under contract are covered that such policies are primary insurance to any other insurance. See attached General Liability Additional Insured Endorsement CG 202611 and Professional Liability Endorsement CLS-59s

CERTIFICATE HOLDER City and County of San Francisco Community of Substance Abuse Services 1380 Howard Street 4th Floor San Francisco, CA 94103	CANCELLATION 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
--	--

POLICY NUMBER: OPSLL12380

COMMERCIAL GENERAL LIABILITY

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 Person or Organization:

City & County of San Francisco and its officers,
agents and employees
Community Substance Abuse Svcs.
1380 Howard Street, 4th Floor
San Francisco, CA 94103

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
City & County of San Francisco and its officers,
agents and employees
Community Substance Abuse Svcs.
1380 Howard Street, 4th Floor
San Francisco, CA 94103

In consideration of the premium charged, the coverage afforded under this Coverage Part is extended to the Person or Organization designated above as an Additional Insured but only as respects those professional services or operations performed by the Named Insured.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/2/2010

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).

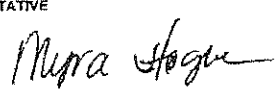
PRODUCER Merriwether & Williams Insurance License No.: OCO1378 417 Montgomery Street, 2nd Flr San Francisco CA 94104 INSURED Bayview Hunters Point Foundation 150 Executive Park, Suite 2800 San Francisco CA 94134	CONTACT NAME: Tina King PHONE (A/C, No, Ext): (415) 986-3999 FAX (A/C, No): (415) 986-4421 E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: 00000001 INSURER(S) AFFORDING COVERAGE INSURER A: Scottsdale Insurance Co. INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
---	--

COVERAGES **CERTIFICATE NUMBER:** 2010 - 2011 **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.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY					EACH OCCURRENCE \$ 5,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		OPS0057127	11/1/2010	11/1/2011	MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 5,000,000
						GENERAL AGGREGATE \$ 5,000,000
						PRODUCTS - COMP/OP AGG \$ 5,000,000
		GENL AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJ-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO					BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS					BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS					PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS					\$
	<input type="checkbox"/> NON-OWNED AUTOS					\$
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR				EACH OCCURRENCE \$
	EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				AGGREGATE \$
	DEDUCTIBLE					\$
	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					WC STATUTORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A				E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Professional Liability		OP90057127	11/1/2010	11/1/2011	Per Claim \$1,000,000
						Aggregate \$3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 The City and County of San Francisco, its officers, Agents and Employees are hereby named as Additional Insured's but only insofar as to the operations under contract are covered that such policies are primary insurance to any other insurance. See attached General Liability Additional Insured Endorsement CG 202611 and Professional Liability Additional Insured Endorsement CLS-59a

CERTIFICATE HOLDER City and County of San Francisco Community of Mental Health Services 1380 Howard Street San Francisco, CA 94103	CANCELLATION 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 
---	---

POLICY NUMBER: OPSLL12380

COMMERCIAL GENERAL LIABILITY

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 Person or Organization:

City & County of San Francisco and its officers,
agents and employees
Community Substance Abuse Svcs.
1380 Howard Street, 4th Floor
San Francisco, CA 94103

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

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

In consideration of the premium charged the following is added to form CG 20 26 11 85:

Larkin Street Services
1044 Larkin Street
San Francisco, CA 94109

City & County of San Francisco and its officers,
agents and employees
Community Mental Health Svcs
1380 Howard Street, 4th Floor
San Francisco, CA 94103

City & County of San Francisco and its officers,
agents and employees
Juvenile Probation Department
375 Woodside Avenue
San Francisco, CA 94127

City & County of San Francisco and its officers,
agents and employees
Community Challenge Grant
1 Dr. Goodlett Place, City Hall, Room 453
San Francisco, CA 94102

The City & County of San Francisco, its Agents,
Officers & Employees
Department of Children, Youth and Families
1390 Market Street, Suite 900
San Francisco, CA 94102

United Way of the Bay Area
221 Main Street, Suite 300
San Francisco, CA 94104

Urban Services YMCA
1426 Fillmore Street #204
San Francisco, CA 94115



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO.

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 29518

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED—DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

PROFESSIONAL LIABILITY COVERAGE PART

SCHEDULE

Name of Person or Organization:
City & County of San Francisco and its officers,
agents and employees
Community Substance Abuse Svcs.
1380 Howard Street, 4th Floor
San Francisco, CA 94103

In consideration of the premium charged, the coverage afforded under this Coverage Part is extended to the Person or Organization designated above as an Additional Insured but only as respects those professional services or operations performed by the Named Insured.



SCOTTSDALE INSURANCE COMPANY®

ENDORSEMENT
NO. _____

ATTACHED TO AND FORMING A PART OF POLICY NUMBER	ENDORSEMENT EFFECTIVE DATE (12:01 A.M. STANDARD TIME)	NAMED INSURED	AGENT NO.
OPS0057127	11/1/2010	Bayview Hunters Point Foundation for Community Improvement	Negley Associates 2951B

In consideration of the premium charged the following is added to form CLS-59s (6-93):

Larkin Street Services
1044 Larkin Street
San Francisco, CA 94109

City & County of San Francisco and its officers,
agents and employees
Community Mental Health Svcs
1380 Howard Street, 4th Floor
San Francisco, CA 94103

City & County of San Francisco and its officers,
agents and employees
Juvenile Probation Department
375 Woodside Avenue
San Francisco, CA 94127

The City & County of San Francisco, its Agents,
Officers & Employees
Department of Children, Youth and Families
1390 Market Street, Suite 900
San Francisco, CA 94102

City and County of San Francisco and its officers,
agents and employees
Mayors Office of Community Investment
1 South Van Ness Avenue, 5th Floor
San Francisco, CA 94103

City and County of San Francisco and its officers,
agents and employees
Community Challenge Grant
1 Dr. Goodlett Pl., City Hall, Room 453
San Francisco, CA 94102