

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

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of July 1, 2025, in San Francisco, California, by and between HealthRight 360 (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

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

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

WHEREAS there is no Local Business Enterprise (“LBE”) subcontracting participation requirement for this Agreement; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP-26-2016 and RFP-8-2017 issued on August 27, 2016 and August 23, 2017 respectively and this modification is consistent therewith; and

WHEREAS approval for this Amendment was obtained on December 16, 2019 from the Civil Service Commission under PSC number 48652-16/17 in the amount of \$367,880,000 for the period commencing July 1, 2017 and ending June 30, 2029; and

WHEREAS approval for this Amendment was obtained on February 5, 2024 from the Civil Service Commission under PSC number 40587-17/18 in the amount of \$438,051,200 for the period commencing January 1, 2018 and ending December 31, 2030; and

WHEREAS, approval for this Amendment under S.F. Charter 9.118 was obtained when the Board of Supervisors approved Resolution No. on .

Now, THEREFORE, the parties agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 Agreement. The term “Agreement” shall mean the Agreement dated July 1, 2018 between Contractor and City, as amended by the First Amendment, dated June 1, 2022.

1.2 San Francisco Labor and Employment Code. As of January 4, 2024, San Francisco Administrative Code Chapters 21C (Miscellaneous Prevailing Wage Requirements), 12B (Nondiscrimination in Contracts), 12C (Nondiscrimination in Property Contracts), 12K (Salary History), 12P (Minimum Compensation), 12Q (Health Care Accountability), 12T (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 12U (Sweatfree Contracting) are redesignated as Articles 102 (Miscellaneous Prevailing Wage Requirements), 131 (Nondiscrimination in Contracts), 132 (Nondiscrimination in Property Contracts), 141 (Salary History), 111 (Minimum Compensation), 121 (Health Care Accountability), 142 (City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions), and 151 (Sweatfree Contracting) of the San Francisco Labor and Employment Code, respectively. Wherever this Agreement refers to San Francisco Administrative Code Chapters 21C, 12B, 12C, 12K, 12P, 12Q, 12T, and 12U,

it shall be construed to mean San Francisco Labor and Employment Code Articles 102, 131, 132, 141, 111, 121, 142, and 151, respectively.

1.3 Other Terms. Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to Scope of the Agreement

The Agreement is hereby modified as follows:

2.1 Term of the Agreement. Section 2.1 Term of the Agreement currently reads as follows:

2.1 The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2025, unless earlier terminated as otherwise provided herein.

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

2.1 The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2028, unless earlier terminated as otherwise provided herein.

2.2 Calculation of Charges. Section 3.3.1 Calculation of Charges currently reads as follows:

3.3.1 Calculation of Charges. Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **One Hundred Sixty-Three Million Nine Hundred Thirty Thousand Eight Hundred Seventy-Nine Dollars (\$163,930,879)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." A portion of payment may be withheld until conclusion of the Agreement if agreed to by both Parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any services covered by this Agreement.

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

3.3.1 Calculation of Charges and Contract Not to Exceed Amount. The amount of this Agreement shall not exceed **Three Hundred Five Million Three Hundred Fifty-Eight Thousand Forty-Four Dollars (\$305,358,044)**, the breakdown of which appears in Appendix B, "Calculation of Charges." City shall not be liable for interest or late charges for any late payments. City will not honor minimum service order charges for any Services covered by this Agreement.

2.3 Appendices A and A-1, A-4 and A-5 to A-10 are hereby replaced in their entirety by Appendices A and A-1, A-4, A-5 to A-10 for Fiscal Year 2024-25, attached to this Amendment Two and fully incorporated within the Agreement. To the extent the Agreement refers to Appendices A and A-1, A-4, A-5 to A-10 in any place, the true meaning shall be Appendices A and A-1, A-4, A-5 to A-10 for Fiscal Year 2024-25, which are correct and updated versions.

2.4 Appendices B and B-1 to B-10. Appendices B and B-1 to B-10 are hereby replaced in their entirety by Appendix B and B-1 to B-10 for Fiscal Year 2024-25, attached to this Amendment Two and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix B and B-1 to B-10 in any place, the true meaning shall be Appendices B and B-1 to B-10 for Fiscal Year 2024-25, which are correct and updated versions.

2.5 Appendix D, SAA. Appendix D dated November 20, 2023 is hereby added and attached to this Amendment Two and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix D in any place, the true meaning shall be Appendix D, dated November 20, 2023 which is a correct and updated version.

2.6 Appendix E, BAA. Appendix E dated January 10, 2024 is hereby added and attached to this Amendment Two and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix E in any place, the true meaning shall be Appendix E, dated January 10, 2024 which is a correct and updated version.

2.7 Appendix F, Invoices. Appendix F is hereby replaced in its entirety by Appendix F for Fiscal Year 2024-25, attached to this Amendment Two and fully incorporated within the Agreement. To the extent the Agreement refers to Appendix F in any place, the true meaning shall be Appendix F for Fiscal Year 2024-25, which is a correct and updated version.

Article 3 Updates of Standard Terms to the Agreement

3.1 Article 1. Definitions. The following are hereby added to the Agreement as Definitions in Article 1, replacing the previous Sections 1.3 through 1.7 in their entirety.

1.3 “City Data” means that data as described in Article 13 of this Agreement which includes, without limitation, all data collected, used, maintained, processed, stored, or generated by or on behalf of City in connection with this Agreement. City Data includes, without limitation, Confidential Information.

1.4 “CMD” means the Contract Monitoring Division of the City.

1.5 “Confidential Information” means confidential City information including, but not limited to, personal identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (“Chapter 12M”). Confidential Information includes, without limitation, City Data.

1.6 “Contractor” means HealthRight 360, 1735 Mission Street, San Francisco, CA 94103.

1.7 “Deliverables” means Contractor’s or its subcontractors’ work product, including any partially-completed work product and related materials, resulting from the Services provided by Contractor to City during the course of Contractor’s performance of the Agreement, including without limitation, the work product described in the “Scope of Services” attached as Appendix A.

3.2 Certification of Funds; Budget and Fiscal Provisions. The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.1 in its entirety.

3.1 Certification of Funds; Budget and Fiscal Provisions

3.1.1 Termination in the Event of Non-Appropriation. This Agreement is subject to the budget and fiscal provisions of Section 3.105 of the City’s Charter. Charges will accrue only after prior written authorization certified by the Controller, and the amount of City’s obligation hereunder shall not at any time exceed the amount certified for the purpose and period stated in such advance authorization. This Agreement will terminate without penalty, liability or expense of any kind to City at the end of any fiscal year if funds are not appropriated for the

next succeeding fiscal year. If funds are appropriated for a portion of the fiscal year, this Agreement will terminate, without penalty, liability or expense of any kind at the end of the term for which funds are appropriated. City has no obligation to make appropriations for this Agreement in lieu of appropriations for new or other agreements. City budget decisions are subject to the discretion of the Mayor and the Board of Supervisors. Contractor's assumption of risk of possible non-appropriation is part of the consideration for this Agreement.

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

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

3.3 Authorization to Commence Work. The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.2 in its entirety.

3.2 Authorization to Commence Work. Contractor shall not commence any work under this Agreement until City has issued formal written authorization to proceed, such as a purchase order, task order or notice to proceed. Such authorization may be for a partial or full scope of work.

3.4 Grant Funded Contracts. The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.3.7 in its entirety.

3.3.7 Grant Funded Contracts.

(a) **Reserved. (Grant Terms)**

(b) **Disallowance.** If Contractor requests or receives payment from City for Services, reimbursement for which is later disallowed due to Contractor's non-compliance with the Grant Terms, Contractor shall promptly refund the disallowed amount to City upon City's request. At its option, City may offset the amount disallowed from any payment due or to become due to Contractor under this Agreement or any other agreement between Contractor and City.

(c) **Reserved. (Subgrantees)**

3.5 Submitting False Claims. The following is hereby added to Article 3 of the Agreement, replacing the previous Section 3.5 in its entirety.

3.5 Submitting False Claims. The full text of San Francisco Administrative Code Section 21.35, including the enforcement and penalty provisions, is incorporated into this Agreement. Any contractor or subcontractor who submits a false claim shall be liable to City for the statutory penalties set forth in that section.

3.6 Services Contractor Agrees to Perform. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.1 in its entirety.*

4.1 Services Contractor Agrees to Perform. Contractor agrees to perform the Services stated in Appendix A, “Scope of Services.” Officers and employees of City are not authorized to request and City is not required to compensate for Services beyond those stated.

3.7 Qualified Personnel. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.2 in its entirety.*

4.2 Qualified Personnel. Contractor represents and warrants that it is qualified to perform the Services required by City, and that all Services will be performed by competent personnel with the degree of skill and care required by current and sound professional procedures and practices. Contractor will comply with City’s reasonable requests regarding assignment and/or removal of personnel, but all personnel, including those assigned at City’s request, must be supervised by Contractor. Contractor shall commit sufficient resources for timely completion within the project schedule.

3.8 Subcontracting. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.3 in its entirety.*

4.3 Subcontracting. Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All subcontracts must incorporate the terms of Article 10 “Additional Requirements Incorporated by Reference” of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void. City’s execution of this Agreement constitutes its approval of the subcontractors listed below and/or in appendices.

a. Subcontractors named in Appendices B.

3.9 Assignment. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.5 in its entirety.*

4.5 Assignment. The Services to be performed by Contractor are personal in character. This Agreement may not be directly or indirectly assigned, novated, or otherwise transferred unless first approved by City by written instrument executed and approved in the same manner as this Agreement. Any purported assignment made in violation of this provision shall be null and void.

3.10 Assignment. *The following is hereby added to Article 4 of the Agreement, replacing the previous Section 4.9 in its entirety.*

4.9 Fidelity Bond. (Reserved).

3.11 Emergency - Priority 1 Service. *The following is hereby added to Article 4, Section 4.10 of the Agreement.*

4.10 Emergency - Priority 1 Service. In case of an emergency that affects any part of the San Francisco Bay Area, Contractor will give the City and County of San Francisco Priority 1 service with regard to the Services procured under this Agreement unless preempted by State and/or Federal laws. Contractor will make every good

faith effort in attempting to deliver Services using all modes of transportation available. In addition, the Contractor shall charge fair and competitive prices for Services ordered during an emergency and not covered under the awarded Agreement.

3.12 Indemnification. *The following is hereby added to Article 5 of the Agreement, replacing the previous Section 5.2 in its entirety.*

5.2 Indemnification.

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all liabilities (legal, contractual, or otherwise), losses, damages, costs, expenses, or claims for injury or damages (collectively, “Claims”), arising from or in any way connected with Contractor’s performance of the Agreement, including but not limited to, any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personal identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor’s execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; except to the extent such indemnity is void or otherwise unenforceable under applicable law, and except where such Claims are the result of the active negligence or willful misconduct of City and are not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on, Contractor, its subcontractors, or either’s agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor’s performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants, experts, and related costs, and City’s costs of investigating any claims against City.

5.2.2 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.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys’ fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor’s Services.

5.2.4 Under no circumstances will City indemnify or hold harmless Contractor.

3.13 Possessory Interest Taxes. *The following is hereby added to Article 7 of the Agreement, replacing the previous Section 7.2 in its entirety.*

7.2 Possessory Interest Taxes. Contractor acknowledges that this Agreement may create a “possessory interest” for property tax purposes. Contractor accordingly agrees on behalf of itself and its permitted successors and assigns to timely report on behalf of City to the County Assessor the information required by San Francisco Administrative Code Section 23.39, as amended from time to time, and any successor provision. Contractor further agrees to provide such other information as may be requested by City to enable City to comply with any reporting requirements for possessory interests that are imposed by applicable law.

3.14 Termination for Default; Remedies. *The following is hereby added to Article 8 of the Agreement, replacing the previous Section 8.2 in its entirety.*

8.2 Termination for Default; Remedies.

8.2.1 Each of the following shall constitute an immediate event of default (“Event of Default”) under this Agreement:

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

3.5	Submitting False Claims.	10.10	Alcohol and Drug-Free Workplace
4.5	Assignment	10.13	Working with Minors
Article 5	Insurance and Indemnity	11.10	Compliance with Laws
Article 7	Payment of Taxes	Article 13	Data and Security
Appendix E	Business Associate Agreement		

(b) Contractor fails or refuses to perform or observe any other term, covenant or condition contained in this Agreement, including any obligation imposed by ordinance or statute and incorporated by reference herein, and such default is not cured within ten days after written notice thereof from City to Contractor. If Contractor defaults a second time in the same manner as a prior default cured by Contractor, City may in its sole discretion immediately terminate the Agreement for default or grant an additional period not to exceed five days for Contractor to cure the default.

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

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

8.2.2 Default Remedies. On and after any Event of Default, City shall have the right to exercise its legal and equitable remedies, including, without limitation, the right to terminate this Agreement or to seek specific performance of all or any part of this Agreement. In addition, where applicable, City shall have the right (but no obligation) to cure (or cause to be cured) on behalf of Contractor any Event of Default. Contractor shall pay to City on demand all costs and expenses incurred by City in effecting such cure, with interest thereon from the date of incurrence at the maximum rate then permitted by law. Further, in accordance with San Francisco Administrative Code Section 10.27.1 (Controller may Offset), City shall have the right to offset from any amounts due to Contractor under this Agreement or any other agreement between City and Contractor: (i) all damages, losses, costs or expenses incurred by City as a result of an Event of Default; and (ii) any liquidated damages levied upon Contractor pursuant to the terms of this Agreement; and (iii), any damages imposed by any ordinance or statute that is incorporated into this Agreement by reference, or into any other agreement with City.

8.2.3 All remedies provided for in this Agreement may be exercised individually or in combination with any other remedy available hereunder or under applicable laws, rules and regulations. The exercise of any remedy shall not preclude or in any way be deemed to waive any other remedy. Nothing in this Agreement shall constitute a waiver or limitation of any rights that City may have under applicable law.

8.2.4 Any notice of default must be sent in accordance with Article 11.

3.15 Ownership of Results. *The following is hereby added to Article 9 of the Agreement, replacing the previous Section 9.1 in its entirety.*

9.1 Ownership of Results. Any interest of Contractor or its subcontractors in the Deliverables, any partially completed Deliverables, and related materials, shall become the property of and will be transmitted to City. Unless expressly authorized in writing by City, Contractor may not retain and use copies for reference and as documentation of its experience and capabilities.

3.16 Works for Hire. *The following is hereby added to Article 9 of the Agreement, replacing the previous Section 9.2 in its entirety.*

9.1 Works for Hire. All copyrights in Deliverables that are considered works for hire under Title 17 of the United States Code, shall be the property of City. If any such Deliverables are ever determined not to be works for hire under federal law, Contractor hereby assigns all Contractor's copyrights to such Deliverables to City, agrees to provide any material and execute any documents necessary to effectuate such assignment, and agrees to include a clause in every subcontract imposing the same duties upon its subcontractors. With City's prior written approval, Contractor and its subcontractors may retain and use copies of such works for reference and as documentation of their respective experience and capabilities provided that any such use is in conformance with the confidentiality provisions of this Agreement.

. With City's prior written approval, Contractor and its subcontractors may retain and use copies of such works for reference and as documentation of their respective experience and capabilities provided that any such use is in conformance with the confidentiality provisions of this Agreement.

With City's prior written approval, Contractor and its subcontractors may retain and use copies of such works for reference and as documentation of their respective experience and capabilities provided that any such use is in conformance with the confidentiality provisions of this Agreement.

3.17 Consideration of Salary History. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.4 in its entirety:*

10.4 Consideration of Salary History.

Contractor shall comply with San Francisco Labor and Employment Code Article 141, the Consideration of Salary History Ordinance or "Pay Parity Act." Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Article 141. Information about and the text of Article 141 is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of Article 141, irrespective of the listing of obligations in this Section.

3.18 Nondiscrimination Requirements. The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.5 in its entirety:

10.5 Nondiscrimination Requirements.

10.5.1 Nondiscrimination in Contracts. Contractor shall comply with the provisions of San Francisco Labor and Employment Code Articles 131 and 132. Contractor shall incorporate by reference in all subcontracts the provisions of Sections 131.2(a), 131.2(c)-(k), and 132.3 of the San Francisco Labor and Employment Code and shall require all subcontractors to comply with such provisions. Contractor is subject to the enforcement and penalty provisions in Articles 131 and 132.

10.5.2 Nondiscrimination in the Provision of Employee Benefits. San Francisco Labor and Employment Code Article 131.2 applies to this Agreement. 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 City elsewhere in the United States, discriminate in the provision of employee benefits between employees with domestic partners and employees with spouses and/or between the domestic partners and spouses of such employees, subject to the conditions set forth in San Francisco Labor and Employment Code Article 131.2.

3.19 Minimum Compensation Ordinance. The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.7 in its entirety:

10.7 Minimum Compensation Ordinance. Labor and Employment Code Article 111 applies to this Agreement. Contractor shall pay covered employees no less than the minimum compensation required by San Francisco Labor and Employment Code Article 111, including a minimum hourly gross compensation, compensated time off, and uncompensated time off. Contractor is subject to the enforcement and penalty provisions in Article 111. Information about and the text of Article 111 is available on the web at <http://sfgov.org/olse/mco>. Contractor is required to comply with all of the applicable provisions of Article 111, irrespective of the listing of obligations in this Section. By signing and executing this Agreement, Contractor certifies that it complies with Article 111.

3.20 Health Care Accountability Ordinance. The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.8 in its entirety:

10.8 Health Care Accountability Ordinance. Labor and Employment Code Article 121 applies to this contract. Contractor shall comply with the requirements of Article 121. For each Covered Employee, Contractor shall provide the appropriate health benefit set forth in Article 121.3 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. Information about and the text of Article 121, as well as the Health Commission's minimum standards, is available on the web at <http://sfgov.org/olse/hcao>. Contractor is subject to the enforcement and penalty provisions in Article 121. Any Subcontract entered into by Contractor shall require any Subcontractor with 20 or more employees to comply with the requirements of the HCAO and shall contain contractual obligations substantially the same as those set forth in this Section.

3.21 Working with Minors. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.13 in its entirety.*

10.13 Working with Minors. Contractor shall not hire, and shall prevent its subcontractors from hiring, any person for employment or a volunteer position in a position having supervisory or disciplinary authority over a minor if that person has been convicted of any offense listed in Public Resources Code Section 5164. In addition, if Contractor, or any subcontractor, is providing services to City involving the supervision or discipline of minors or where Contractor, or any subcontractor, will be working with minors in an unaccompanied setting on

more than an incidental or occasional basis, Contractor and any subcontractor shall comply with any and all applicable requirements under federal or state law mandating criminal history screening for such positions and/or prohibiting employment of certain persons including but not limited to California Penal Code Section 290.95. In the event of a conflict between this Section and Section 10.14, “Consideration of Criminal History in Hiring and Employment Decisions,” of this Agreement, this Section shall control.

3.22 Consideration of Criminal History in Hiring and Employment Decisions. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.14 in its entirety*

10.14 Consideration of Criminal History in Hiring and Employment Decisions.

10.14.1 Contractor agrees to comply fully with and be bound by all of the provisions of Article 142, “City Contractor/Subcontractor Consideration of Criminal History in Hiring and Employment Decisions,” of the San Francisco Labor and Employment Code (“Article 142”), including the remedies provided, and implementing regulations, as may be amended from time to time. The provisions of Article 142 are incorporated by reference and made a part of this Agreement as though fully set forth herein. The text of Article 142 is available on the web at <http://sfgov.org/olse/fco>. Contractor is required to comply with all of the applicable provisions of Article 142, irrespective of the listing of obligations in this Section. Capitalized terms used in this Section and not defined in this Agreement shall have the meanings assigned to such terms in Article 142.

10.14.2 The requirements of Article 142 shall only apply to a Contractor’s or Subcontractor’s operations to the extent those operations are in furtherance of the performance of this Agreement, shall apply only to applicants and employees who would be or are performing work in furtherance of this Agreement, and shall apply when the physical location of the employment or prospective employment of an individual is wholly or substantially within the City of San Francisco. Article 142 shall not apply when the application in a particular context would conflict with federal or state law or with a requirement of a government agency implementing federal or state law.

3.23 Nonprofit Contractor Requirements. *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.15 in its entirety.*

10.15 Nonprofit Contractor Requirements.

10.15.1 Good Standing. If Contractor is a nonprofit organization, Contractor represents that it is in good standing with the California Attorney General’s Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City’s request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General’s Registry of Charitable Trusts for the duration of the Agreement. Any failure by Contractor or its subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

10.15.2 Public Access to Nonprofit Records and Meetings. If Contractor is a nonprofit organization, provides Services that do not include services or benefits to City employees (and/or to their family members, dependents, or their other designated beneficiaries), and receives a cumulative total per year of at least \$250,000 in City or City-administered funds, Contractor must comply with the City’s Public Access to Nonprofit Records and Meetings requirements, as set forth in Chapter 12L of the San Francisco Administrative Code, including the remedies provided therein.

3.24 Notice to the Parties. *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.1 in its entirety.*

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

To CITY:	Office of Contract Management and Compliance Department of Public Health 101 Grove Street, Room 410 San Francisco, California 94102	e-mail:	David.folmar@sfdph.org
And:	APRIL CRAWFORD CONTRACT DEVELOPMENT AND TECHNICAL ASSISTANCE 1380 HOWARD STREET SAN FRANCISCO, CA 94110	e-mail:	April.Crawford@SFDPH.ORG
To CONTRACTOR:	HEALTHRIGHT 360 1563 MISSION STREET SAN FRANCISCO, CALIFORNIA 94103	e-mail:	veisen@healthright360.org

Any notice of default or data breach must be sent by certified mail or other trackable written communication, and also by e-mail, with the sender using the receipt notice feature. Either Party may change the address to which notice is to be sent by giving written notice thereof to the other Party at least ten (10) days prior to the effective date of such change. If email notification is used, the sender must specify a receipt notice.

3.25 Compliance with Laws Requiring Access for People with Disabilities. *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.2 in its entirety.*

11.2 Compliance with Laws Requiring Access for People with Disabilities.

11.2.1 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 people with disabilities. Contractor shall provide the services specified in this Agreement in a manner that complies with the ADA and all other applicable federal, state and local disability rights legislation. Contractor agrees not to discriminate against people with disabilities 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.

11.2.2 Contractor shall adhere to the requirements of (i) the Americans with Disabilities Act of 1990, as amended (42 U.S.C. Sec. 1201 et seq.), (ii) Section 508 of the Rehabilitation Act of 1973, as amended (29 U.S.C. Sec. 794d), (iii) Section 255 of the Communications Act Guidelines, (iv) the applicable Revised Section 508 Standards published by the U.S. Access Board (<https://www.access-board.gov/ict/>), and (v) the Web Content Accessibility Guidelines (WCAG) 2.1, Level AA, as amended from time to time. Contractor shall ensure that all information content and technology provided under this Agreement fully conforms to the applicable Revised 508 Standard, as amended from time to time, prior to delivery and before the City's final acceptance of the Services and/or Deliverables. Contractor shall provide technical assistance to City when responding to reasonable accommodation requests from City employees respecting their use of the Services provided under this Agreement.

3.26 Modification of this Agreement. *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.5 in its entirety.*

11.5 Modification of this 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.

3.27 Negotiation; Alternative Dispute Resolution. *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.6.1 in its entirety.*

11.6.1 Negotiation; Alternative Dispute Resolution. The Parties will attempt in good faith to resolve any dispute or controversy arising out of or relating to the performance of services under this Agreement. Disputes will not be subject to binding arbitration. The status of any dispute or controversy notwithstanding, Contractor shall proceed diligently with the performance of its obligations under this Agreement in accordance with the Agreement and the written directions of City. Neither Party will be entitled to legal fees or costs for matters resolved under this Section.

3.28 Order of Precedence. *The following is hereby added to Article 11 of the Agreement, replacing the previous Section 11.13 in its entirety.*

11.13 Order of Precedence. The Parties agree that this Agreement, including all appendices, sets forth the Parties' complete agreement. If the Appendices to this Agreement include any standard printed terms from Contractor, Contractor agrees that in the event of discrepancy, inconsistency, gap, ambiguity, or conflicting language between City's terms and Contractor's printed terms attached, City's terms in this Agreement shall take precedence, followed by the procurement issued by the department (if any), Contractor's proposal, and Contractor's printed terms, respectively. Any hyperlinked terms included in Contractor's terms shall have no legal effect.

3.29 Emergency Response. *The following is hereby added to Article 12 of the Agreement, Section 12.6 in its entirety.*

12.6 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 Plan should include site specific plans to respond at the time of an emergency (emergency response plans) and plans to continue essential services after a disaster (continuity of operations plans). 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 and a continuity of operations 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.

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 and a continuity of operations 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.

lans 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.

tive 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.

3.30 Prevention of Fraud, Waste and Abuse. *The following is hereby added to Article 12 of the Agreement, Section 12.7 in its entirety.*

12.7 Prevention of Fraud, Waste and Abuse. Contractor shall comply with all laws designed to prevent fraud, waste, and abuse, including, but not limited to, provisions of state and Federal law applicable to healthcare providers and transactions, such as the False Claims Act (31 U.S.C. § 3729 et seq.), the Anti-Kickback Statute (42 U.S.C. § 1320a-7b(b)), the Physician Self-Referral Law (Stark Law, 42 U.S.C. § 1395nn), and California Business & Professions Code § 650. Contractor shall immediately notify City of any suspected fraud, waste, and abuse under state or federal law.

e under state or federal law.

under state or federal law.

3.31 Business Associate Agreement. *The following is hereby added to Article 13 of the Agreement, replacing the previous Article 13.3 in its entirety.*

13.3 Business Associate Agreement. The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 ("the HITECH Act").

The parties acknowledge that CONTRACTOR will:

1. ☒ Do **at least one** or more of the following:
 - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
 - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial,

accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

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

a. **Appendix E** SFDPH Business Associate Agreement (BAA) (1-10-2024)

1. SFDPH Attachment 1 Privacy Attestation (06-07-2017)

2. SFDPH Attachment 2 Data Security Attestation (06-07-2017)

3. SFDPH Attachment 3 Protected Information Destruction Order Purge Certification (01-10-2024)

2. ☐ **NOT** do any of the activities listed above in subsection 1;

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

3.32 Loss or Unauthorized Access to City’s Data; Security Breach Notification. *The following is hereby added to Article 13 of the Agreement, replacing the previous Article 13.7 in its entirety.*

13.7 Loss or Unauthorized Access to City’s Data; Security Breach Notification. Contractor shall comply with all applicable laws that require the notification to individuals in the event of unauthorized release of PII, PHI, or other event requiring notification. Contractor shall notify City of any actual or potential exposure or misappropriation of City Data (any “Leak”) within twenty-four (24) hours of the discovery of such, but within twelve (12) hours if the Data Leak involved PII or PHI. Contractor, at its own expense, will reasonably cooperate with City and law enforcement authorities to investigate any such Leak and to notify injured or potentially injured parties. Contractor shall pay for the provision to the affected individuals of twenty-four (24) months of free credit monitoring services, if the Leak involved information of a nature reasonably necessitating such credit monitoring. The remedies and obligations set forth in this subsection are in addition to any other City may have. City shall conduct all media communications related to such Leak.

Article 4 Effective Date

Effective Date. Each of the modifications set forth in Section 2 shall be effective on and after the effective date of the agreement.

Article 5 Legal Effect

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

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

CITY

Recommended by:

Daniel Tsai
Director of Health
Department of Public Health

CONTRACTOR

HealthRight 360

Vitka Eisen
Executive Director
1563 Mission Street
San Francisco, CA 94103
City Supplier ID:
0000018956

Approved as to Form:

David Chiu
City Attorney

By:

Arnulfo Medina
Deputy City Attorney

Approved:

Sailaja Kurella
Director of the Office of Contract Administration, and
Purchaser

Appendix A

Scope of Services – DPH Behavioral Health Services

1. Terms

- A. Contract Administrator
- B. Reports
- C. Evaluation
- D. Possession of Licenses/Permits
- E. Adequate Resources
- F. Admission Policy
- G. San Francisco Residents Only
- H. Grievance Procedure
- I. Infection Control, Health and Safety
- J. Aerosol Transmissible Disease Program, Health and Safety
- K. Acknowledgement of Funding
- L. Client Fees and Third Party Revenue
- M. DPH Behavioral Health (BHS) Electronic Health Records (EHR) System
- N. Patients' Rights
- O. Under-Utilization Reports
- P. Quality Improvement
- Q. Working Trial Balance with Year-End Cost Report
- R. Harm Reduction
- S. Compliance with Behavioral Health Services Policies and Procedures
- T. Fire Clearance
- U. Clinics to Remain Open
- V. Compliance with Grant Award Notices

2. Description of Services

3. Services Provided by Attorneys

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **April Crawford**, Program Manager, 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. Aerosol Transmissible Disease Program, Health and Safety:

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

K. Acknowledgment of Funding:

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

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

M. DPH Behavioral Health Services (BHS) Electronic Health Records (EHR) System

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

N. Patients' Rights:

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

O. 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.

P. Quality Improvement:

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

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

Q. Working Trial Balance with Year-End Cost Report

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

R. Harm Reduction

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

S. Compliance with Behavioral Health Services Policies and Procedures

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

T. Fire Clearance

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

U. Clinics to Remain Open:

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

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

In the event that the CONTRACTOR, following completion of an assessment, determines that it cannot provide treatment to a client meeting medical necessity criteria, 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.

V. Compliance with Grant Award Notices:

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

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

2. Description of Services

Contractor agrees to perform the following Services:

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

Detailed description of services are listed below and are attached hereto

Appendix A-1-- HR360 Men's Adult Residential Tx
Appendix A-4-- HR360 Adult Withdrawal Management 815
Appendix A-5 – OP/Intensive Outpatient (1563 Mission)
Appendix A-6 – OP/Intensive Outpatient (AAHC)
Appendix A-7 – OP/Intensive Outpatient (ADAPT)
Appendix A-8 – Representative Payee Program
Appendix A-9 – Adult Outpatient
Appendix A-10 – ADAPT MH

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

1. Identifiers:

Program Name: HR360 Men's Adult Residential Tx
Program Address: 890 Hayes St, San Francisco, CA 94117
Telephone: (415) 701-5100
Website Address: www.healthright360.org

Program Name: HR360 Adult Residential Tx 815
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
Website Address: www.healthright360.org

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Shawnté Alexander, VP of NorCal Behavioral Health
Telephone: (415) 535-8873
Email Address: salexander@healthright360.org
Program Code(s): 3834ARS, 3806ARM

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorder and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of adults with (poly)substance use disorders (SUD) who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines, and barbiturates. HR360 welcomes and serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

- SF Residents
- Medi-CAL eligible SUD clients
- Polysubstance abusers
- Homeless

- Intravenous Drug Users (IDU)

Specialized served populations: San Francisco General Hospital (SFGH) / WHITS/ Transgender / Populations benefiting from specialized services include women; the mentally ill (co-occurring dx); HIV positive individuals; homeless persons; gay, lesbian, bisexual and transgender persons; and individuals involved in the criminal justice system.

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360's Residential Substance Use Treatment Disorder Programs provide integrated substance use disorder and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

A. Outreach, recruitment, promotion, and advertisement: HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.

B. Admissions and Intake: Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) Placement Authorizations are processed within 72 hours.

- 1) A client is scheduled for their LOC on day 1. They meet with a Licensed Practitioner of the Healing Arts (LPHA) for about an hour. The LPHA completes the level of care recommendation in the county EHR, Avatar, and submits it to the County. This is processed on the same day of the scheduled appointment.
- 2) The County has 24 hours to respond.
- 3) When LOC results are received (approved or denied) from the County, clients that have been approved can be admitted into a residential treatment program on that day, or are scheduled to enter when a bed is available, within two weeks of the approved LOC.

Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information collected. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for a medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, they will be provided referrals to other service providers, including TAP, based on a list of community resources provided at Intake Department.

C. Program Service Delivery Model:

I. Residential Treatment Services

HR360 shall provide Levels 3.1, 3.3, and 3.5 of Residential Services as part of the ODS implementation in the first-year of this Agreement. The Adult residential program are short term residential programs that provide stays from 30 to 90 days of residential services that must be authorized by the County.

Each client's length of stay in treatment and individualized treatment plan is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

Services provided in a 24- hour facility where clients reside

ASAM designations:

815 Buena Vista West & 890 Hayes St

3.1 Low intensity services

- a) ASAM Level 3.1 Residential Services shall include a 24-hour structure with available trained personnel, at least 5 hours of clinical services per week, and prepare beneficiaries for outpatient treatment.
- b) Service components:
 - i. Intake;
 - ii. Individual & Group Counseling;
 - iii. Patient Education;
 - iv. Family Therapy;
 - v. Safeguarding Medications;
 - vi. Collateral Services;
 - vii. Crisis Intervention Services;
 - viii. Treatment Planning;
 - ix. Transportation Services (to/from medically necessary treatment); and

- x. Discharge Services.

3.3 Population specific High intensity

- c) ASAM Level 3.3. Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and less intense milieu and group treatment for those with cognitive or other impairments unable to use full active milieu or therapeutic community and prepare for outpatient treatment.
- d) Service components:
 - i. Intake;
 - ii. Individual & Group Counseling;
 - iii. Patient Education;
 - iv. Family Therapy;
 - v. Safeguarding Medications;
 - vi. Collateral Services;
 - vii. Crisis Intervention Services;
 - viii. Treatment Planning;
 - ix. Transportation Services (to/from medically necessary treatment); and
 - x. Discharge Services.

3.5 High intensity services

- e) ASAM Level 3.5 Residential Services shall include 24-hour care with trained counselors to stabilize multidimensional imminent danger and prepare for outpatient treatment and be able to tolerate and use the full milieu of therapeutic community.
- f) Service components:
 - i. Intake;
 - ii. Individual & Group Counseling;
 - iii. Patient Education;
 - iv. Family Therapy;
 - v. Safeguarding Medications;
 - vi. Collateral Services;
 - vii. Crisis Intervention Services;
 - viii. Treatment Planning;
 - ix. Transportation Services (to/from medically necessary treatment); and
 - x. Discharge Services.

Once onsite at their assigned location, the client immediately enters orientation which includes:

- Introduction to staff and peers;
- Within 3 days, designation of primary AOD Counselor; orientation to program including common problems of communal living are also explained (i.e. dining times; hygiene times; infection control, Evacuation plan, Safety Drills etc.);
- “ABC” handbook which outlines program expectations, guidelines, norms, regulations, and rules;
- Transition-Discharge Plan – self assessment of needs, life problems, and areas for improvement.

II. Case Management

HR360 shall provide case management services to all clients in residential treatment. Case management services shall assist clients in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and shall focus on the coordination of SUD care, integration around primary care and interaction with the criminal justice system if needed.

- Service components:
 - Comprehensive assessment and periodic reassessment of individual needs for continuation of case management;
 - Transition to a higher or lower level of SUD care;
 - Development and periodic revision of a client's plan that includes service activities;
 - Communication, coordination, referral and related activities;
 - Monitoring service delivery to ensure client's access to service and service delivery system;
 - Monitoring client's progress; and
 - Patient advocacy, linkages to physical and mental health care, transportation, and retention in primary care services.

LPHAs and/or primary counselors shall provide case management services.

HR360's case management model utilizes a collaborative team-based approach to assessment, planning, facilitation, care coordination, evaluation and advocacy for options and services to meet a client's comprehensive health and behavioral health needs. This case management model is strengths-based and includes regular team communication, trust and respect among team members for the role each is trained to play in beneficiary wellness and recovery, including peer support staff, and access to resources and supports needed to promote positive beneficiary outcomes and high quality, cost effective services. This shall include access to needed medical, educational, social, prevocational, vocational, rehabilitative, and other community services.

HR360's strength-based case management model tailors case management services to the client's needs, and client-driven goals resulting in client buy-in.

Case management services are undertaken by the certified drug counselor or LPHA (Licensed Practitioner of the Healing Arts) in cooperation with the treatment team.

Case management services shall be provided in full compliance with all client confidentiality requirements under federal and state law.

III. Physician Consultation

In addition to the general physician consultation requirements, HR360 will comply with the following Contractor-specific physician consultation requirements:

- 1) The DMC physician-to-specialist consultation shall be provided by network physicians, with addiction medicine physicians, addiction psychiatrists, addiction specialist Nurse Practitioners

(NPs), or specialist clinical pharmacists to support SUD treatment plans for beneficiaries with complex needs.

2) The DMC physician consultation services shall include:

- a) medication selection;
- b) dosing;
- c) side effect management;
- d) adherence;
- e) drug-drug interactions; and
- f) level of care considerations.

3) The DMC physician consultation with the Medical Director shall be available by phone and email during clinic hours of operation.

4) HR360 shall make the number to a pharmacy ‘drug information phone line’ available to the clients, and this line (located at DPH’s Howard Street Pharmacy) shall be staffed by clinical pharmacists with an SUD specialization.

IV. Recovery Services

In addition to the general recovery services requirements, HR360 will comply with the following specific recovery services requirements:

1) Community-based recovery and wellness services shall be provided face-to-face, by telephone, or by ‘telehealth’ with the client to support transfers/transitions. Recovery services shall be provided to beneficiaries whether they are triggered, have relapsed, or as a preventative measure to prevent relapse.

2) Service Components:

- a) Individual and Group Outpatient Counseling to stabilize beneficiaries and reassess if further care is needed;
- b) Recovery Monitoring: recovery coaching, monitoring via telephone or internet;
- c) Substance Abuse Assistance: peer-to-peer services and relapse prevention;
- d) Education and Job Skills: linkages to life skills, employment services, job training and education services;
- e) Family Support: linkages to childcare, parent education, child development support services, and family/marriage education;
- f) Support Groups: linkages to self-help and support, and spiritual and faith-based support; and
- g) Ancillary Services: linkages to housing assistance, transportation, case management, and individual services coordination.

3) HR360 shall make relapse prevention counseling available to all beneficiaries through SUD treatment providers.

4) HR360 shall provide system-wide training on the Wellness & Recovery Model including appropriate recovery monitoring in primary care and provide consultation services to SUD providers through the Wellness and Recovery Coordinator's Office.

5) Coordination and expansion of peer services and training is being developed as part of the workforce development during the DMC-ODS expansion.

D. Discharge Planning and Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

Objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

In addition, the following performance objectives will apply beginning in the last quarter of FY24/25 (April-June) through the duration of the contract:

1. A minimum of 4 client safety checks per night will be recorded at ASAM Levels 3.1, 3.2, 3.3, and 3.5. Measurement will be based on a weekly average. DPH may request to view this information starting 4/3/2025.
2. 90% of clients will engage in a minimum of 15 hours of service per week, including clinical groups, psychoeducation, individual sessions, and therapeutic activities. Measurement applies to ASAM Levels 3.1, 3.3, and 3.5 and will be based on a monthly count. DPH may request to view this information starting 4/3/2025.
3. 100% of overdoses (including fatal and non-fatal) will continue to be reported via the BHS Quality of Care Reporting mechanism. For all overdoses, HR360 will conduct a root cause analysis within 1 week of the incident, identify gaps, program recommendations and/or remediating steps and submit to DPH for review and approval. DPH may request review of this information starting 4/3/2025.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool* for a description of listed items checked daily
- Clinician Follow-up Check

Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

The program will comply with daily bed count reporting as requested by the county.

1. Identifiers:

Program Name: HR360 Adult Withdrawal Management 815
Program Address: 815 Buena Vista West
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 554-1450
Website Address: www.healthright360.org
Program Codes: 3806RWM

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: MaryAnn Swift, Managing Director of NorCal Residential
Telephone: (628) 588-7458
Email Address: mswift@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorder and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of adults with (poly)substance use disorders (SUD) who live in San Francisco. Their primary drugs of abuse are heroin, crack, alcohol, cocaine, amphetamines, and barbiturates. HR360 serves clients from all racial and cultural backgrounds and from all economic classes, although the majority of clients are indigent.

- SF Residents
- Medi-CAL eligible SUD clients
- Polysubstance abusers
- Homeless
- Intravenous Drug Users (IDU)

Specialized served populations: San Francisco General Hospital (SFGH) / WHITS/ Transgender /
Populations benefiting from specialized services include women; the mentally ill (co-occurring dx); HIV

positive individuals; homeless persons; gay, lesbian, bisexual and transgender persons; and individuals involved in the criminal justice system.

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360's Withdrawal Management Programs provide integrated substance use disorder and mental health treatment in a safe, recovery-oriented environment. Each participant's treatment experience is unique, as services are assessment-driven, strength-based, and participant-centered.

- A. Outreach, recruitment, promotion, and advertisement:** HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.
- B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) Placement Authorizations are processed within 72 hours.

- 1) A client is scheduled for their LOC on day 1. They meet with a Licensed Practitioner of the Healing Arts (LPHA) or AOD Counselor for about an hour. The LPHA or AOD Counselor completes the level of care recommendation in the county EHR, Avatar, and submits it to the County. This is processed on the same day of the scheduled appointment.
- 2) The County has 24 hours to respond.
- 3) When LOC results are received (approved or denied) from the County, clients that have been approved can be admitted into a residential treatment program on that day, or are scheduled to enter when a bed is available, within two weeks of the approved LOC.

Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information collected. These may include a legal assessment to clarify

issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for a medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, they will be provided referrals to other service providers, including TAP, based on a list of community resources provided at Intake Department.

C. Program Service Delivery Model:

I. Withdrawal Management Services

HR360 shall provide Level 3.2 Withdrawal Management Services as part of the ODS implementation in the first-year of this Agreement. The Adult withdrawal management programs are short term programs that must be authorized by the County.

Each client's length of stay in treatment and individualized treatment plan is determined by their assessment that establishes individual, clinical priorities as well as ASAM risk levels.

Withdrawal Management (detoxification) Services are also available at this facility for up to 5 days.

Services provided in a 24- hour facility where clients reside

ASAM designations:

815 Buena Vista West

3.2 Withdrawal Management Services

- ASAM Level 3.2 shall provide residential supervised withdrawal services for beneficiaries who need residential care.

D. Discharge Planning and Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

Objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

In addition, the following performance objective will apply beginning in the last quarter of FY24/25 (April – June) through the duration of the contract:

1. 90% of clients admitted to Withdrawal Management (ASAM Level 3.2) with an Opioid Use Diagnosis will receive a Medication for Opioid Use Disorder (MOUD) evaluation. Measurement will be based on a weekly count. DPH may request to view this information starting 4/3/2025.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of

deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

The program will comply with daily bed count reporting as requested by the county.

1. Identifiers:

- 1) Program Name: HR360 Adult OP & IOT Services
Program Address: 1563 Mission Street, 3rd floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Website: www.healthright360.org
Program Code: 8926OP

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball
Telephone: 415-902-3215
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorder and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds, and from all economic classes, although the majority of clients are indigent.

- Persons with behavioral health disorders that are San Francisco residents
- Medi-CAL Eligible SUD clients
- Homeless and Indigent persons

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360 Outpatient and Intensive Outpatient Services offers a streamlined continuum of care providing substance use disorder (SUD) services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification, and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance use and its associated problems by offering direct services to people throughout California. These services are designed to mitigate the social cost of SUD by promoting wellness and drug-free lifestyles.

- A. Outreach, recruitment, promotion, and advertisement:** HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.
- B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) Placement Authorizations are processed within 72 hours.

- 1) A client is scheduled for their LOC on day 1. They meet with a Licensed Practitioner of the Healing Arts (LPHA) for about an hour. The LPHA completes the level of care recommendation in the county EHR, Avatar, and submits it to the County. This is processed on the same day of the scheduled appointment.
- 2) The County has 24 hours to respond.
- 3) When LOC results are received (approved or denied) from the County, clients that have been approved can be admitted into a residential treatment program on that day, or are scheduled to enter when a bed is available, within two weeks of the approved LOC.

Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information collected. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed

in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for a medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, they will be provided referrals to other service providers, including TAP, based on a list of community resources provided at Intake Department.

C. Program Service Delivery Model:

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

ASAM designations:

1.0 Outpatient Services (ODF)

- ASAM Level 1 Outpatient Drug Free services are recovery or motivational enhancement therapies/strategies provided to adults for less than 9 hours a week and provided to adolescents less than 6 hours a week.

2.1 Intensive Outpatient Treatment (IOT)

- ASAM Level 2.1 Intensive Outpatient Treatment (IOT) services are intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients. It is also provided for the highest need clients, and again, as a step-down program and to prevent clients from needing higher levels of service. Services are provided at a minimum of nine hours week and up to a maximum of nineteen hours in this modality.

Case Management Services: Case management services assist a beneficiary in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and focus on the coordination of SUD care, integration around primary care and interaction with the criminal justice system if needed. Case management services are monitored by the Behavioral Health Services compliance monitoring staff.

Harm Reduction Approach: Harm reduction supports engagement and builds trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement interventions.

Program Service Locations: See above addresses of programs.

D. Discharge Planning and Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms

are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of

the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

1. Identifiers:

- 1) Program Name: African American Healing Center (AAHC)
Program Address: 1601 Donner #3
City, State, Zip Code: San Francisco, CA 94124
Telephone: (415) 762-3700
Website: www.healthright360.org
Program Code: 3873DOP, 3873DRS

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball
Telephone: 415-902-3215
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorder and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds, and from all economic classes, although the majority of clients are indigent.

- Persons with behavioral health disorders that are San Francisco residents
- Medi-CAL Eligible SUD clients
- Homeless and Indigent persons

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360 Outpatient and Intensive Outpatient Services offers a streamlined continuum of care providing substance use disorder (SUD) services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification, and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance use and its associated problems by offering direct services to people throughout California. These services are designed to mitigate the social cost of SUD by promoting wellness and drug-free lifestyles.

- A. Outreach, recruitment, promotion, and advertisement:** HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.
- B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) Placement Authorizations are processed within 72 hours.

- 1) A client is scheduled for their LOC on day 1. They meet with a Licensed Practitioner of the Healing Arts (LPHA) for about an hour. The LPHA completes the level of care recommendation in the county EHR, Avatar, and submits it to the County. This is processed on the same day of the scheduled appointment.
- 2) The County has 24 hours to respond.
- 3) When LOC results are received (approved or denied) from the County, clients that have been approved can be admitted into a residential treatment program on that day, or are scheduled to enter when a bed is available, within two weeks of the approved LOC.

Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information collected. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and

mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for a medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, they will be provided referrals to other service providers, including TAP, based on a list of community resources provided at Intake Department.

C. Program Service Delivery Model:

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

ASAM designations:

1.0 Outpatient Services (ODF)

- ASAM Level 1 Outpatient Drug Free services are recovery or motivational enhancement therapies/strategies provided to adults for less than 9 hours a week and provided to adolescents less than 6 hours a week.

2.1 Intensive Outpatient Treatment (IOT)

- ASAM Level 2.1 Intensive Outpatient Treatment (IOT) services are intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients. It is also provided for the highest need clients, and again, as a step-down program and to prevent clients from needing higher levels of service. Services are provided at a minimum of nine hours week and up to a maximum of nineteen hours in this modality.

Case Management Services: Case management services assist a beneficiary in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and focus on the coordination of SUD care, integration around primary care and interaction with the criminal justice system if needed. Case management services are monitored by the Behavioral Health Services compliance monitoring staff.

Harm Reduction Approach: Harm reduction supports engagement and builds trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement interventions.

Program Service Locations: See above addresses of programs.

D. Discharge Planning and Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit

tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

1. Identifiers:

- 1) Program Name: Project ADAPT
Program Address: 2020 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 750-5125
Website: www.healthright360.org
Program Code: 3837OP, 3837RS

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball
Telephone: 415-902-3215
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance use disorder and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of adults, 18 and above, with a Substance Use Disorder (SUD) as defined by ASAM criteria. Primary drugs of abuse include: alcohol, barbiturates, amphetamines, cocaine, crack cocaine, and opiates (including prescription). HR360 serves clients from all racial and cultural backgrounds, and from all economic classes, although the majority of clients are indigent.

- Persons with behavioral health disorders that are San Francisco residents
- Medi-CAL Eligible SUD clients
- Homeless and Indigent persons

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360 Outpatient and Intensive Outpatient Services offers a streamlined continuum of care providing substance use disorder (SUD) services that include individual and group counseling, relapse prevention, vocational and educational classes, social services, family reunification, and urine surveillance as a tool when appropriate. Our mission is to reduce the impact of substance use and its associated problems by offering direct services to people throughout California. These services are designed to mitigate the social cost of SUD by promoting wellness and drug-free lifestyles.

- A. Outreach, recruitment, promotion, and advertisement:** HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.
- B. Admissions and Intake:** Admission is open to all adult San Francisco residents with a Substance Use Disorder (SUD) as defined by ASAM criteria. The person served may access HR360 services through a referral phone call, appointment, or walk-in at the Intake Department at 1563 Mission Street or through TAP (County Central Intake Program) at 1380 Howard Street. Intake orientations happen Monday through Friday for anyone in the community to come and be assessed for placement in any of our modalities. We also get referrals from SF County jails, SF Superior Court system, and other case management groups throughout San Francisco.

ASAM Level of Care (LOC) Placement Authorizations are processed within 72 hours.

- 1) A client is scheduled for their LOC on day 1. They meet with a Licensed Practitioner of the Healing Arts (LPHA) for about an hour. The LPHA completes the level of care recommendation in the county EHR, Avatar, and submits it to the County. This is processed on the same day of the scheduled appointment.
- 2) The County has 24 hours to respond.
- 3) When LOC results are received (approved or denied) from the County, clients that have been approved can be admitted into a residential treatment program on that day, or are scheduled to enter when a bed is available, within two weeks of the approved LOC.

Medi-CAL eligible paperwork is gathered along with a series of additional assessments as indicated by their presentation and the information collected. These may include a legal assessment to clarify issues related to the criminal justice system, and screenings and assessments with medical and

mental health staff. A psychologist screens participant presenting with mental health and co-occurring disorders to assess risk factors, provide diagnosis, and ensure that the participant is placed in the appropriate treatment setting. The initial screening with a psychologist can also result in a recommendation for a medication evaluation with a HR360 psychiatrist.

If a client is identified as inappropriate for the program, they will be provided referrals to other service providers, including TAP, based on a list of community resources provided at Intake Department.

C. Program Service Delivery Model:

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

ASAM designations:

1.0 Outpatient Services (ODF)

- ASAM Level 1 Outpatient Drug Free services are recovery or motivational enhancement therapies/strategies provided to adults for less than 9 hours a week and provided to adolescents less than 6 hours a week.

2.1 Intensive Outpatient Treatment (IOT)

- ASAM Level 2.1 Intensive Outpatient Treatment (IOT) services are intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients. It is also provided for the highest need clients, and again, as a step-down program and to prevent clients from needing higher levels of service. Services are provided at a minimum of nine hours week and up to a maximum of nineteen hours in this modality.

Case Management Services: Case management services assist a beneficiary in accessing needed medical, educational, social, prevocational, rehabilitative, or other community services and focus on the coordination of SUD care, integration around primary care and interaction with the criminal justice system if needed. Case management services are monitored by the Behavioral Health Services compliance monitoring staff.

Harm Reduction Approach: Harm reduction supports engagement and builds trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement interventions.

Program Service Locations: See above addresses of programs.

D. Discharge Planning and Exit Criteria and Process: Successful completion of program consists of completing the treatment plan. Discharge-Transition Plan is signed. Those who complete the program have stabilized their lives and have moved on to safe housing within the community. Unsuccessful completion includes those who left without consent or notification of the program staff, asked to leave treatment based upon a decision made by members of the staff for major rules infractions (violence, threats, and repeated drug use). Upon discharge, clients are offered referral information. A discharge summary is completed which includes an evaluation of the treatment process & progress and plans for reentry into community.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit

tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

1. Identifiers:

Program Name: HR360 Representative Payee Services (RPS)
Program Address: 1016 Howard Street
City, State, Zip Code: San Francisco, CA 94103
Telephone: 415-934-3407
www.healthright360.org
Program Code: 88359

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Shawnté Alexander, VP of NorCal Behavioral Health
Telephone: (415) 535-8873
Email Address: salexander@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To reduce the impact of substance abuse and addiction on the target population by successfully implementing the described interventions.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of recipients receiving financial benefits from Supplemental Security Income (SSI) or Social Security Administration (SSA). These recipients are in need of a representative payee case management services to manage their financial obligations because this target population includes those most difficult to serve due to serious disability or mental health impairments: they present with severe, often untreated mental illness, homelessness, substance misuse and/or other behavioral problems.

Key characteristics of the RPI target population:

- Disability/mental health impairments
- Homelessness/difficulty with social support
- Poly-substance abuse and addictions

5. Modality(s)/Intervention(s):

N/A

6. Methodology:

The Representative Payee Services program serves recipients in need of financial case management assistance focused on stabilizing basic needs of housing, medical, mental health, and substance misuse care. Case management services will be provided on a monthly basis via monthly check-ins or more frequently if the recipient appears to be intoxicated or under the influence of drugs or alcohol.

A. Outreach and Recruitment: HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We make presentations, maintain a network with community providers and agencies, participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and our outreach team includes 5 individuals who go out into the community to actively engage individuals in care.

The RPS program makes presentations and maintains a working relationship with various community agencies as a way of promoting and increasing the community's knowledge of the services we provide to the recipients. The program services will be promoted through HR360's participation in service provider groups and public health meetings.

B. Admissions and Intake: Upon intake, the recipient will be given a scheduled check day and a budget will be established utilizing the following formula: we will deduct the monthly rent, program service fee and stipulated bills from the monthly gross deposit. The remaining balance is divided by five (5), which represents living expenses for five weeks in the month. If the current month contains only 4 weeks, the 5th weeks' living expense can be requested as a special request (this does not apply to those recipients receiving the maximum weekly amount of \$250.00). If the client does not pick up their 5th week special, their ending balance is automatically given to them (up to the \$250.00 limit) at the end of the month. Once the budget is set for the month, the recipient is encouraged to remain within that budget. However, budget modifications will be made whenever changes are made which reflect benefit amounts.

C. Program Service Delivery Model: The Representative Payee Program is committed to being effective in maintaining the recipients' level of functioning. To accomplish this goal, the program ensures that staff has the capacity to function effectively as compassionate and caring individuals for recipients who are unable to care for themselves. The program consists of three services:

- Financial management conducted in accordance with Social Security Administration rules and regulations

- Connection of the recipient with the needed community services through case management in cooperation with the mental health system
- Transition of the city's mentally ill homeless population into permanent housing.

Recipients will be referred primarily from the Social Security Offices here in San Francisco, senior programs, mental health providers and various hospitals. A phone call secures an intake interview appointment at HR360's facility. If the recipient is unable to come into the office, an out-of-office visit can be made in order to complete the intake.

Program Service Location: The RPI Program is located at 1016 Howard Street, San Francisco, CA.

D. Discharge Planning and Exit Criteria and Process: The Representative Payee Program will provide services to the recipient as long as the Social Security Administration deems it necessary that the recipient is required to have a payee or until the recipient opts to terminate financial services. However, our current rate of stay per recipient is greater than one year. Our program will refer recipients interested in Mental Health Services or Residential services provided here at HR360 to the appropriate intake staff. If accepted into either program, the recipient will become eligible for no-fee Representative Payee Services. The monthly fee is based on the current rate approved by Social Security and is deducted from the recipients' benefits.

A majority of the recipients transfer to free payee services (subsidized by the city) within a year after their intake at the HR360 Representative Payee Program. Because city-subsidized Representative Payee services are available for free, only about 40% of HR360 Representative Program recipients have been enrolled for more than 12 months, although a significant number of our clients are long term recipients. Thus, the HR360 Representative Payee Program provides the initial intake to a very difficult population, and successfully links them with housing and other services essential to their remaining in permanent housing. Only a small percentage of the program's recipients remain homeless.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file

- Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
- Goal: Minimum of 10% active clients per program
- Group Notes
- Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
- Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
- Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
- Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

Contractor Name: HealthRIGHT 360
Program Name: Representative Payee Services

Appendix A-8
Funding Term: 07/01/24 – 06/30/25

9. Required Language:
N/A

1. Identifiers:

- 1) Program Name: HR360 Adult MH Services
Program Address: 1563 Mission Street, 3rd floor
City, State, Zip Code: San Francisco, CA 94103
Telephone: (415) 762-3700
Website: www.healthright360.org
Program Code: 38K3OP

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball
Telephone: 415-902-3215
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of individuals in the community whose psychiatric disorders are accompanied by a co-morbid substance use disorder (SUD). In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either MediCal eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance use or dependence

- MediCal eligible or indigent

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360 is a comprehensive behavioral health program providing a wide range of high-quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Group and individual counseling helps individuals focus on issues related to their SUD and mental health issues. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has extensive experience with multiply diagnosed adult clients.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally, these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of SUD. **Motivational Interviewing** is also a standard best practice HR360 utilizes, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

As an agency, HR360 endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at HR360.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of our clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

A. Outreach, recruitment, promotion, and advertisement:

HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.

B. Admission, enrollment and/or intake criteria and process where applicable

The Mental Health Medi-CAL component of HR360's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

Assessments/Diagnosis & Written Evaluation: The Multi-Service Center, located at 1563 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

C. Service delivery model

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.

Three Levels of Active Treatment

- Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.
- Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
- Level III – Day Treatment is provided for the highest need clients and again as a step-down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this contract with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Program Utilization Review Quality Committee: Our PURQC, composed of the Clinical Supervisor, Counselor/Case Manager, and other program staff as appropriate, will review all Initial Authorization and Reauthorization requests. Attention will be paid to Medi-Cal clients to ensure medical necessity of the services being delivered and compliance with the programmatic and billing standards. PURQC meetings will be held bi-monthly to address authorization which includes Assessments, Plan of Care, Progress Notes, continuity of care, treatment, and other related topics. Meeting minutes will be kept in accordance with Medi-Cal regulations.

Program Service Location: The MH OP programs are located at 1563, 3rd floor Mission Street and 2020 Hayes Street, San Francisco, CA.

D. Discharge Planning and exit criteria and process: HR360 is committed to providing quality mental health services and SUD treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Mental Health Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

Completion of treatment: Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

Client elects to withdraw before the completion of treatment: In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's

progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

Client discharged by HR360 before completion of treatment: Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

Transfer of Care Policy and Procedure: In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, HR360 Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from HR360 treatment services, the client will continue to be followed by their HR360 care manager who, in most cases, is his or her psychotherapist. This HR360 care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with HR360, that client will be referred to community resources, if possible. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of HR360 SOC.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both

achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool for a description of listed items checked daily*
 - Clinician Follow-up Check
- Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
- Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
- Goal: Minimum of 10% active clients per program

- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file
Goal: Minimum 10% of active clients per program
- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts
Goal: 100% of clients per program -audit tools on file
- Group Sign-In Sheets Check
Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360

Program Name: HR360 Adult OP Mental Health Services

Appendix A-9

Funding Term: 07/01/24 – 06/30/25

1. Identifiers:

- 1) Program Name: Project ADAPT Adult MH Services
Program Address: 2020 Hayes Street
City, State, Zip Code: San Francisco, CA 94117
Telephone: (415) 750-5125
Website: www.healthright360.org
Program Code: 38JBOP

Contractor Address, City, State, ZIP:
1563 Mission St, 4th Floor, San Francisco, CA 94103
contracts@healthright360.org

Program Director: Angela Ball
Telephone: 415-902-3215
Email Address: anball@healthright360.org

2. Nature of Document:

☐ Original ☒ Amendment Two ☐ Revision to Program Budgets (RPB)

3. Goal Statement:

To assist participants to maintain or restore personal independence and/or functioning consistent with requirements for learning, development, and enhanced self-sufficiency through treatment of their mental health disorders.

4. Priority Population:

Target populations are all populations and ethnicities in San Francisco with focused expertise to address the unique needs of individuals in the community whose psychiatric disorders are accompanied by a co-morbid substance use disorder (SUD). In many cases, individuals present with longstanding psychiatric histories, numerous psychiatric hospitalizations and crisis services. HR360 serves individuals from all racial and cultural backgrounds and from all economic classes. Participants in this program are either MediCal eligible or qualify under the Short-Doyle law. The agency will provide these outpatient services for clients referred through ACCESS, San Francisco General Hospital, Swords to Plowshares, Baker Places, our treatment partners and from within other HR360 programs. These clients must meet medical and service necessity criteria as defined for Medi-CAL services.

- Adult psychiatric disorders
- Co-morbid substance use or dependence

- MediCal eligible or indigent

5. Modality(s)/Intervention(s):

Refer to Appendix B

6. Methodology:

HR360 is a comprehensive behavioral health program providing a wide range of high quality services to adult San Francisco residents. HR360 emphasizes self-help and peer support in a humanistic therapeutic community and offers special programs for individuals with specific needs. The HR360 environment is multi-cultural, and actively promotes understanding and kinship between people of different backgrounds by encouraging a family atmosphere, the sharing of personal histories, and respect for each individual's challenges and successes. The philosophy of HR360 reflects an emphasis on self-reliance, shared community values, and the development of supportive peer relationships. Group and individual counseling helps individuals focus on issues related to their SUD and mental health issues. Coordinated efforts with ACCESS are designed to maintain appropriate service options for participants. The agency has extensive experience with multiply diagnosed adult clients.

All HR360 community-based programs are staffed with licensed, waived or registered mental health professionals who provide assessments, plan development, individual and group therapy, collateral, case management and crisis intervention services. Additionally, these staffs have been trained in the use of **Dialectical Behavior Therapy** as a treatment modality. DBT skills training and cognitive behavioral therapy are currently being used as an agency standard and are available in all outpatient facilities. **Seeking Safety treatment** has also been adopted as a best practice for clients with PTSD diagnoses and issues with traumatic experiences, which are common with those who have histories of SUD. **Motivational Interviewing** is also a standard best practice HR360 utilizes, bringing a client-centered, directive method for enhancing intrinsic motivation to change by exploring and resolving ambivalence.

As an agency, HR360 endeavors to broaden access to treatment in a welcoming way and to identify and eliminate barriers to seeking and remaining in treatment. Potential clients who take prescription medications for medical or psychological disorders and/or utilize methadone or other agonist therapies are welcome to receive services at HR360.

Harm reduction principles are applied in all of our programs, including our abstinence-based residential programs. HR360 teaches formal relapse prevention techniques to all of our clients, using the Bio-Psycho-Spiritual-Social model and ways of effectively self-analyzing and stopping pre-relapse behaviors. Classes are held regularly to help all of our residential and day treatment clients recognize and deal with the behavior that leads to relapse.

A. Outreach, recruitment, promotion, and advertisement:

HR360 is well established within the San Francisco community, the criminal justice system, homeless shelters, medical providers, and other substance use treatment programs. We maintain a network with

community providers and agencies, virtually participate in community meetings and service provider groups, as well as public health meetings, to recruit, promote, outreach and increase referrals to our programs. In addition, we distribute brochures and publications about our programs to interested parties through HR360's website at www.healthright360.org. Word of mouth and self-referrals also serves as sources for referrals, and once COVID-19 cases subside and it is safe to do so, our outreach team includes 5 individuals who will go out into the community to actively engage individuals in care.

B. Admission, enrollment and/or intake criteria and process where applicable

The Mental Health Medi-CAL component of HR360's Co-Occurring Disorders program provides mental health services to residents of San Francisco County who meet the County's criteria for medical and service necessity.

Assessments/ Diagnosis & Written Evaluation: The Multi-Service Center, located at 1563 Mission Street in San Francisco, is the central intake site for adult mental health services. After referral from ACCESS, the HR360 intake department, self-referral or any other appropriate referral source, individuals go through the intake assessment process. Intakes to Mental Health Medi-CAL services are scheduled five days a week.

HealthRIGHT 360 mental health clinicians providing services to clients funded through our MediCal/Short Doyle contract obtain and maintain ANSA certification. The ANSA is administered at the time of the opening of the mental health episode and renewed annually or at the time of discharge if the client is available. Because the baseline ANSA is administered at the time of initial assessment at the beginning of mental health services, it is primarily used by our clinicians to help identify life domains that might be prioritized for clinical focus. The information provided by the baseline ANSA informs treatment planning. We have learned that the latest reports (while based on a small number of clients with at least two ANSAs to permit comparison) do indicate that our clients' strengths increase as a result of treatment. Depression, impulsivity, adjustment to trauma, and substance use is decreased.

C. Service delivery model

HR360 integrates a continuum of treatment activities that are based on CCISC program models that have been implemented in other jurisdictions and incorporate numerous evidence-based interventions.

The program includes:

Harm Reduction Interventions that support engagement and build trust during the pre-contemplation and contemplation phases of treatment and at the same time promote individual and public safety. This is primarily accomplished via Motivational Enhancement Therapy interventions.

Three Levels of Active Treatment

- Level I -- Outpatient Treatment for clients who have maintained substantial stability in managing their behavioral health disorders.

- Level II – Intensive Outpatient Treatment is intended both to serve clients stepping down from more intensive levels of care and/or to provide more intensive supports to clients in a lower level of care.
- Level III – Day Treatment is provided for the highest need clients and again as a step-down program and to prevent clients from needing higher levels of service.

This program leverages the limited funding available through this contract with the treatment services and wraparound supports of HR360 to deliver multifaceted programming that incorporates numerous evidence-based practices so as to respond comprehensively to multiple needs of high-risk individuals.

Program Utilization Review Quality Committee: Our PURQC, composed of the Clinical Supervisor, Counselor/Case Manager, and other program staff as appropriate, will review all Initial Authorization and Reauthorization requests. Attention will be paid to Medi-Cal clients to ensure medical necessity of the services being delivered and compliance with the programmatic and billing standards. PURQC meetings will be held bi-monthly to address authorization which includes Assessments, Plan of Care, Progress Notes, continuity of care, treatment, and other related topics. Meeting minutes will be kept in accordance with Medi-Cal regulations.

Program Service Location: The ADAPT MH OP program is located at 2020 Hayes Street, San Francisco, CA.

D. Discharge Planning and exit criteria and process: HR360 is committed to providing quality mental health services and SUD treatment to our clients with co-occurring disorders. However, if after a period of treatment, assessment, and clinical review by mental health and substance abuse treatment staff, a client is found to be inappropriate for the Adult Mental Health Program at HR360, Mental Health Discharge Guidelines will be implemented. Discharge from the program may occur under the following circumstances:

Completion of treatment: Completion of treatment is jointly determined by clinical staff, the client, and applicable, outside coordinating care managers. Decisions about the completion of treatment are informed by the status of goals on the treatment plan as well as behavioral and lifestyle markers. Ideally, a discharge plan should be developed at least two weeks before the completion of the program. The discharge plan will be coordinated with other mental health providers in the client's network of care and should address issues regarding continued mental health treatment, medication support, and linkage to other appropriate service providers for medical, vocational, educational, and housing needs.

Client elects to withdraw before the completion of treatment: In the event that the client chooses to withdraw from the program before the completion of significant treatment goals, a discharge plan should be developed. During a face-to-face session with the client, clinical staff will review the client's progress or lack thereof and offer appropriate referrals dealing with the above-mentioned areas. If the client was receiving medication services through the program, special care will be taken to ensure that the client does not experience a gap in services. In the event that the client suddenly withdraws from

treatment and is not available to develop a treatment plan, every effort will be made to contact the client and offer them a face-to-face discharge planning session and follow up with the HR360 psychiatrist.

Client discharged by HR360 before completion of treatment: Clients who engage in threatening or assaultive behavior, repeatedly violate rules, destroy or steal property, or refuse to cooperate with treatment will be discharged from the. Clients and outside case managers will be notified of the discharge and a plan will be created in order to ensure continued services. The specific nature of these plans will be determined by the situation and the nature of the client's existing care network.

Transfer of Care Policy and Procedure: In the interest of ensuring continuity of care and in accordance with San Francisco Community Behavioral Health guidelines, HR360 Adult Mental Health Services maintains that any San Francisco County Medi-Cal eligible client who meets service necessity guidelines will have ongoing access to mental health services upon exiting treatment. At the time of a client's transfer from HR360 treatment services, the client will continue to be followed by their HR360 care manager who, in most cases, is his or her psychotherapist. This HR360 care manager will coordinate with any primary care manager the client may have. The care manager will facilitate transfer of services to another appropriate provider. In the event that a client is involuntarily discharged or elects to leave treatment prematurely (AWOL) and does not wish to return to treatment with HR360, that client will be referred to community resources, if possible. All clients who were prescribed psychotropic medications and are continuing to take those medications at the time of transfer will leave with three days' supply of medication. If clients have been prescribed psychoactive medications, arrangements are made to ensure that the clients have continued access to their medications. A short - term transition plan and case management will establish medication services outside of HR360 SOC.

E. Program Staffing: See salaries & benefits detail page in Appendix B.

F. Vouchers: N/A

7. Objectives and Measurements:

All objectives, and descriptions of how objectives will be measured, are contained in the BHS document entitled Adult and Older Adult Performance Objectives FY 24-25.

8. Continuous Quality Improvement:

1. Achievement of contract performance objectives and productivity;

HealthRIGHT 360 is committed to maintaining careful quality control procedures and, therefore maintains a robust Quality Control Plan in order to ensure that the agency is both achieving our targeted objectives while participants also achieve positive outcomes. To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance

goals. These systems also identify areas in need of improvement and enable fast and effective responses. HealthRIGHT 360 executive staff preside over a network of committees that ensure agency-wide adherence to the Quality Control Plan.

2. Quality of documentation, including a description of the frequency and scope of internal chart audits;

QRR Process: HealthRIGHT 360 requires all program supervisors to audit at least 10% of their files each month for conformance to contract requirements and agency standards. Program supervisors receive a randomly generated list of client names to review using an audit tool tailored to the specifics of their program. Program supervisors are encouraged to use the tool to audit additional files to ensure maximum conformance with program requirements. A corrective action plan must be completed for all deficiencies identified. Completed audit forms are submitted monthly to the Compliance Manager who reviews the forms for accuracy and determines training needs based on patterns of deficiencies.

Additional File Review: In addition to reviewing 10% of the case files monthly as a component of the Quality Record Review Process, a Program Supervisor must review each file when a client discharges from the program, and conduct targeted reviews of files for any staff member whose performance standards are in question. In the event that a pattern of deficiencies is identified, the Program Supervisor will work with the Vice President of Corporate Compliance to determine and implement a corrective action plan which can include all-staff training workshops, individual staff supervision and one-on-one training, and/or performance management strategies (performance improvement plans or disciplinary actions) involving the Director of Human Resources.

DMC Chart Audit & Review (DMC programs only)

Daily Audits

- All New Admits *Intake/Admission Audit Tool* for a description of listed items checked daily
- Clinician Follow-up Check
Goal: Minimum 100% of active clients per program

Weekly Audits

- Assessment & Treatment Plans – audit tools on file
Goal: Minimum 20% of active clients per program
- Individual Counseling Session Progress Notes -audit tools on file
Goal: Minimum of 10% active clients per program
- Group Notes
Goal: Minimum 10% of active clients per program
- Weekly Summary Note Requirements for IOP and RTX Clients- audit tools on file

Goal: Minimum 10% of active clients per program

- Staff Credential Checks in Welligent

Monthly Audits

- Discharge Charts

Goal: 100% of clients per program -audit tools on file

- Group Sign-In Sheets Check

Goal: Minimum of 10% of active clients per program

3. Cultural competency of staff and services;

HealthRIGHT 360 is committed to being culturally and linguistically competent by ensuring that staff has the capacity to function effectively as treatment providers within the context of the cultural beliefs, behaviors, and needs presented by the consumers of our services and their communities. This capacity is achieved through ongoing assessment activities, staff training, and maintaining a staff that is demographically compatible with consumers and that possesses empathic experience and language capability.

4. Satisfaction with services; and

Satisfaction surveys are distributed annually (agency wide) to recruit feedback from our participants on how we are doing and for areas of improvement. We utilize this information in developing goals for strategic planning in our Steering Committee. We also administer Satisfaction Surveys for most CBHS contracts annually as required by CBHS.

5. Timely completion and use of outcome data, including, but not limited to ANSA data (Mental Health Programs only) or CalOMS (Substance Use Disorder Treatment Programs only).

To measure and monitor our own performance, HealthRIGHT 360 has implemented a number of procedures and systems that work together to collect, store, report, analyze, and monitor data so that participant outcomes can be evaluated relative to internal and external performance goals. This infrastructure supports the overall processes that guide timely completion of the ANSA for our MH Adult programs along with CalOMS for our SA Programs. These systems also identify areas in need of improvement and enable fast and effective responses.

9. Required Language:

N/A

Contractor Name: HealthRIGHT 360
Program Name: ADAPT Mental Health Services

Appendix A-10
Funding Term: 07/01/24 – 06/30/25

Appendix B

Calculation of Charges

1. Method of Payment

A. Invoices furnished by CONTRACTOR under this Agreement must be in a form acceptable to the Contract Administrator and the CONTROLLER and must include the Contract Progress Payment Authorization number or Contract Purchase Number. All amounts paid by CITY to CONTRACTOR shall be subject to audit by CITY. The CITY shall make monthly payments as described below. Such payments shall not exceed those amounts stated in and shall be in accordance with the provisions of Section 3.3.1, 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 and MHSA Fund 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. For fiscal years 2023-2024 and 2024-25, the initial payment recovery period is January 1 through June 30 of the respective fiscal years. 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. Programs are listed below:

- Budget Summary
- Appendix B-1 – Residential
- Appendix B-2 – Residential Step Down)
- Appendix B-3 – Perinatal Residential
- Appendix B-4 Residential Withdrawal Management
- Appendix B-5 – OP/Intensive Outpatient (1563 Mission)
- Appendix B-6 – OP/Intensive Outpatient (AAHC)
- Appendix B-7 – OP/Intensive Outpatient (ADAPT)
- Appendix B-8 – Representative Payee Program
- Appendix B-9 – Adult Outpatient
- Appendix B-10 – ADAPT MH

B. CONTRACTOR understands that, of this maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$13,542,045** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement as specified in Section 3.7 Contract Amendments; Budgeting Revisions. 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 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.

Contract Term	Estimated Funding
July 1, 2018 to June 30, 2019	\$ 17,238,741
July 1, 2019 to June 30, 2020	\$ 22,055,669
July 1, 2020 to June 30, 2021	\$ 21,395,673
July 1, 2020 to June 30, 2021 DV Amount	\$ 613,957
July 1, 2021 to June 30, 2022	\$ 23,358,945
July 1, 2022 to June 30, 2023	\$ 26,126,499
July 1, 2023 to June 30, 2024	\$ 32,753,256
July 1, 2024 to June 30, 2025	\$ 35,422,888
July 1, 2025 to June 30, 2026	\$ 36,798,274
July 1, 2026 to June 30, 2027	\$ 37,610,026
July 1, 2027 to June 30, 2028	\$ 38,442,072
Subtotal July 1, 2018 to June 30, 2028	\$ 291,815,999
Contingency	13,542,045
Total July 1, 2018 to June 30, 2028	\$ 305,358,044

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

(3) 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.

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

3. Services of Attorneys

No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

4. State or Federal Medi-Cal Revenues

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

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

5. Reports and Services

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

A. Adjustments made by the City:

(1) Related to Federal and State Grants Administration:

Contractor understands and agrees to any reasonable adjustments to dates and amounts the City may make to Appendix B in order to facilitate the administration of federal and state grants or monies in compliance with the City's Fiscal Year 18/19 budget and sources of revenue.

6. Monthly Financial Statements, Notification of Proposed Mergers and Notification of Intent to Sell or Lease 890 Hayes Street and/or 214 Haight Street.

In consideration of City's subordination of CONTRACTOR'S Seismic and Safety Loan Program liens on 890 Hayes Street and 214 Haight Street, in 2016, and as a material term of this Agreement, CONTRACTOR shall:

A. Comply with all CITY's asset management and reporting requirements, including, but not limited to, providing SFDPH with monthly financial statements to the Chief Financial Officer located at 101 Grove, Room 308, San Francisco, CA 94110.

B. Provide written notification to SFDPH of any proposed merger negotiations, and obtain City approval of any such proposed merger negotiations prior to executing any documents regarding an intent to enter into merger negotiations or an intent to merge. SFDPH shall respond within 30 days from the date that CONTRACTOR provides a merger plan to SFDPH.

C. Provide written notification to SFDPH and the Mayor's Office of Housing and Community Development no less than one hundred twenty (120) days prior to any intent to sell or lease CONTRACTOR's properties located at 890 Hayes Street and/or 214 Haight Street, and obtain City's prior written approval of any sale or lease of such properties. Within thirty (30) days of executing this Agreement, CONTRACTOR shall record a restrictive covenant against the properties located at 890 Hayes Street and 214 Haight Street setting forth City's rights and CONTRACTOR's obligations set forth in this Section 6(C).

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

DHCS Legal Entity Number 00348					Document Date 7/1/2024					Appendix B, Page 1	
Legal Entity Name/Contractor Name HealthRIGHT 360					Fiscal Year 2024-2025						
Contract ID Number 1000010457					Funding Notification Date 02/12/25						
Appendix Number	B-1	B-2	B-3	B-4	B-5	B-6	B-7	B-8	B-9	B-10	
Provider Number	383806, 383834	383805, 388924	388910	383806	388926	383873	383837	383835	38K3	38JB	
Program Name	HR360 Residential	HR360 Residential Step-Down	HR360 Perinatal Residential	HR360 Residential Withdrawal Management	HR360 Outpatient / Intensive OP (1563 Mission)	HR360 Outpatient / Intensive OP (AAHC)	HR360 Outpatient / Intensive OP (ADAPT)	HR360 Representative Payee Pgm	Adult Outpatient	ADAPT MH	
Program Code	3834ARS, 3806ARM	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	89102	3834RWM, 3806RWM	8926OP, 8926RS	3873DOP, 3873DRS	3837OP, 3837RS	88359	38K3OP	38JBOP	
Funding Term	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	
FUNDING USES											TOTAL
Salaries	\$ 7,441,835	\$ 4,008,767	\$ 1,176,410	\$ 1,829,386	\$ 1,951,320	\$ 635,000	\$ 899,130	\$ 107,710	\$ 261,009	\$ 158,500	\$ 18,469,067
Employee Benefits	\$ 2,381,406	\$ 1,282,806	\$ 376,450	\$ 585,392	\$ 624,422	\$ 203,200	\$ 287,722	\$ 34,466	\$ 83,523.00	\$ 50,725	\$ 5,910,112
Subtotal Salaries & Employee Benefits	\$ 9,823,241	\$ 5,291,573	\$ 1,552,860	\$ 2,414,778	\$ 2,575,742	\$ 838,200	\$ 1,186,852	\$ 142,176	\$ 344,532	\$ 209,225	\$ 24,379,179
Operating Expenses	\$ 2,759,272	\$ 1,728,370	\$ 242,026	\$ 420,827	\$ 872,240	\$ 176,262	\$ 201,150	\$ 21,475	\$ 30,536	\$ 15,843	\$ 6,468,001
Capital Expenses											\$ -
Subtotal Direct Expenses	\$ 12,582,513	\$ 7,019,943	\$ 1,794,886	\$ 2,835,605	\$ 3,447,982	\$ 1,014,462	\$ 1,388,002	\$ 163,651	\$ 375,068	\$ 225,068	\$ 30,847,180
Indirect Expenses	\$ 1,887,363	\$ 1,001,620	\$ 269,239	\$ 425,359	\$ 517,195	\$ 152,169	\$ 208,198	\$ 24,545	\$ 56,260	\$ 33,760	\$ 4,575,708
Indirect %	15.0%	14.3%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	14.8%
TOTAL FUNDING USES	\$ 14,469,876	\$ 8,021,563	\$ 2,064,125	\$ 3,260,964	\$ 3,965,177	\$ 1,166,631	\$ 1,596,200	\$ 188,196	\$ 431,328	\$ 258,828	\$ 35,422,888
							Employee Benefits Rate				32.0%
BHS MENTAL HEALTH FUNDING SOURCES											
MH Adult Fed SDMC FFP (50%)									\$ 168,098	\$ 44,332	\$ 212,430
MH Adult State 1991 MH Realignment									\$ 182,084		\$ 182,084
MH Adult County General Fund									\$ 81,146	\$ 214,496	\$ 295,642
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 431,328	\$ 258,828	\$ 690,156
BHS SUD FUNDING SOURCES											
SUD Fed SABG Discretionary, CFDA 93.959	\$ 1,742,464	\$ 2,140,994		\$ 278,033							\$ 4,161,491
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959			\$ 166,709								\$ 166,709
SUD Fed DMC FFP, CFDA 93.778	\$ 3,679,383		\$ 201,887	\$ 669,690	\$ 1,242,965	\$ 350,784	\$ 489,321				\$ 6,634,030
SUD Fed Perinatal DMC FFP, CFDA 93.778			\$ 178,786								\$ 178,786
SUD State Drug Medi-Cal/Public Safety Realignment (PSR)					\$ 488,445	\$ 137,847	\$ 192,287				\$ 818,579
SUD State Perinatal DMC			\$ 96,269								\$ 96,269
SUD State General Fund (ODS Waiver)	\$ 1,981,206		\$ 108,708	\$ 360,602	\$ 186,273	\$ 52,569	\$ 73,331				\$ 2,762,689
SUD State Women/Children's Residential			\$ 182,286								\$ 182,286
SUD County General Fund	\$ 6,901,977	\$ 2,337,200	\$ 1,129,480	\$ 1,952,639	\$ 945,214	\$ 266,755	\$ 372,106	\$ 188,196			\$ 14,093,567
County General Fund (Match to SABG Discretionary)	\$ 164,846										\$ 164,846
Opioid Settlement		\$ 1,130,403			\$ 991,226	\$ 279,740	\$ 390,219				\$ 2,791,588
SUD County Prop C		\$ 2,412,966									\$ 2,412,966
SUD County Prop C Homeless Baseline					\$ 111,054	\$ 78,936	\$ 78,936				\$ 268,926
TOTAL BHS SUD FUNDING SOURCES	\$ 14,469,876	\$ 8,021,563	\$ 2,064,125	\$ 3,260,964	\$ 3,965,177	\$ 1,166,631	\$ 1,596,200	\$ 188,196	\$ -		\$ 34,732,732
TOTAL DPH FUNDING SOURCES	\$ 14,469,876	\$ 8,021,563	\$ 2,064,125	\$ 3,260,964	\$ 3,965,177	\$ 1,166,631	\$ 1,596,200	\$ 188,196	\$ 431,328	\$ 258,828	\$ 35,422,888
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 14,469,876	\$ 8,021,563	\$ 2,064,125	\$ 3,260,964	\$ 3,965,177	\$ 1,166,631	\$ 1,596,200	\$ 188,196	\$ 431,328	\$ 258,828	\$ 35,422,888
Prepared By	Tony Duong			Phone Number							

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

DHCS Legal Entity Number 00348 Provider Name <u>HealthRIGHT 360</u> Provider Number 383806, 383834 Contract ID Number 1000010457										Appendix Number B-1 Page Number 2 Fiscal Year 2024-2025 Funding Notification Date 02/12/25	
Program Name	HR360 Residential										
Program Code	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM	3834ARS; 3806ARM		
Mode (MH) or Modality (SUD)	ODS-112	ODS-113	ODS-114	Res-58	Res-58	ODS-91	ODS-91	ODS-91	ODS-91		
Service Description	ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	ODS Room & Board, Residential Treatment	ODS Room & Board, Residential Treatment	ODS Outpatient Treatment (OT) - (Licensed Physician)	ODS Outpatient Treatment (OT) (Nurse Practitioner)	ODS Outpatient Treatment (OT) - (AOD Counselor)	ODS Outpatient Treatment (OT) - (LPHA)		
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25		
FUNDING USES										TOTAL	
Salaries & Employee Benefits	\$ 4,619,073	\$ 52,100	\$ 2,901,386	\$ 872,450	\$ 734,402	\$ 78,936	\$ 78,936	\$ 252,239	\$ 233,719	\$ 9,823,241	
Operating Expenses	\$ 723,740	\$ 9,080	\$ 569,140	\$ 786,082	\$ 652,450	\$ -	\$ -	\$ 7,510	\$ 11,270	\$ 2,759,272	
Capital Expenses										\$ -	
Subtotal Direct Expenses	\$ 5,342,813	\$ 61,180	\$ 3,470,526	\$ 1,658,532	\$ 1,386,852	\$ 78,936	\$ 78,936	\$ 259,749	\$ 244,989	\$ 12,582,513	
Indirect Expenses	\$ 801,418	\$ 9,177	\$ 520,570	\$ 248,778	\$ 208,030	\$ 11,840	\$ 11,839	\$ 38,960	\$ 36,751	\$ 1,887,363	
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	
TOTAL FUNDING USES	\$ 6,144,231	\$ 70,357	\$ 3,991,096	\$ 1,907,310	\$ 1,594,882	\$ 90,776	\$ 90,775	\$ 298,709	\$ 281,740	\$ 14,469,876	
BHS SUD FUNDING SOURCES											
SUD Fed SABG Discretionary, CFDA 93.959				\$ 1,742,464						\$ 1,742,464	
SUD Fed DMC FFP, CFDA 93.778	\$ 1,708,385	\$ 29,201	\$ 1,706,385			\$ 28,044	\$ 28,044	\$ 92,283	\$ 87,041	\$ 3,679,383	
SUD State General Fund (ODS Waiver)	\$ 919,899	\$ 15,724	\$ 918,823			\$ 15,101	\$ 15,100	\$ 49,691	\$ 46,868	\$ 1,981,206	
SUD County General Fund	\$ 3,515,947	\$ 25,432	\$ 1,365,888	\$ -	\$ 1,594,882	\$ 47,631	\$ 47,631	\$ 156,735	\$ 147,831	\$ 6,901,977	
County General Fund (Match to SABG Discretionary)				\$ 164,846						\$ 164,846	
TOTAL BHS SUD FUNDING SOURCES	\$ 6,144,231	\$ 70,357	\$ 3,991,096	\$ 1,907,310	\$ 1,594,882	\$ 90,776	\$ 90,775	\$ 298,709	\$ 281,740	\$ 14,469,876	
TOTAL DPH FUNDING SOURCES	\$ 6,144,231	\$ 70,357	\$ 3,991,096	\$ 1,907,310	\$ 1,594,882	\$ 90,776	\$ 90,775	\$ 298,709	\$ 281,740	\$ 14,469,876	
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	6,144,231	70,357	3,991,096	1,907,310	1,594,882	90,776	90,775	298,709	281,740	14,469,876	
BHS UNITS OF SERVICE AND UNIT COST											
Number of Beds Purchased	87	1	57	145							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)		
Unduplicated Clients (UDC)	283	3	184	293	161						
DPH Units of Service	25,500	292	16,563	23,066	11,372	254	510	3,865	3,024		
Unit Type	Day	Day	Day	Bed Days	Bed Days	15 min	15 min	15 min	15 min		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 240.95	\$ 240.95	\$ 240.96	\$ 82.69	\$ 140.25	\$ 358.04	\$ 178.04	\$ 77.29	\$ 93.18	Total UDC	
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 240.95	\$ 240.95	\$ 240.96	\$ 82.69	\$ 140.25	\$ 358.04	\$ 178.04	\$ 77.29	\$ 93.18	471.00	

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number	1000010457	Appendix Number	B-1
Program Name	HR360 Residential	Page Number	3
Program Code	3834ARS, 3806ARM	Fiscal Year	2024-2025
		Funding Notification Date	02/12/25

Position Type (List all staffing including intertrainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL	Residential - ODS Residential 3.1	Residential - ODS Residential 3.3	Residential - ODS Residential 3.5	Residential - Room and Board	Residential - Room and Board	Outpatient (Licensed Physician)	Outpatient (Nurse Practitioner)	Outpatient (AOD Counselor)	Outpatient (LPHA)	
Funding Term	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
SUD Counselors I/III	Certified AOD Counselor	18.00	\$ 1,403,750.00	10.06	789,550	0.12	9,290	6.31	495,940			
SUD Counselor I	Non Billing Staffing	17.60	\$ 1,188,010.00	10.74	724,790	0.12	7,950	6.74	455,270			
LPHA	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT)	5.40	\$ 532,030.00	2.68	272,220	0.04	3,820	1.68	170,990			
Clinical Director	Non Billing Staffing	1.32	\$ 137,220.00	0.81	83,770	0.01	830	0.51	52,620			
Health and Wellness Coordinator	Non Billing Staffing	2.75	\$ 154,030.00	1.07	59,640	0.02	1,330	0.66	37,460			
Nurse Practitioner	Nurse Practitioner	0.15	\$ 32,000.00	0.00	-		0.00		0.50	\$ 27,800.00	0.50	\$ 27,800.00
Medical Director	Licensed Physician	0.10	\$ 32,000.00	0.00	-		0.00			0.15	\$ 32,000.00	
Registered Nurse	RN	2.63	\$ 247,240.00	1.61	150,940	0.02	1,490	1.01	94,810			
Program Manager	Non Billing Staffing	5.94	\$ 460,210.00	2.95	269,640	0.03	2,900	1.85	169,370			
Program Director	Non Billing Staffing	2.52	\$ 284,320.00	1.48	166,590	0.02	1,790	0.93	104,640			
Managing Director	Non Billing Staffing	0.85	\$ 132,200.00	0.47	75,760	0.01	850	0.30	47,590			
Administrative Assistant	Non Billing Staffing	4.80	\$ 269,470.00	2.68	150,610	0.03	1,780	1.68	94,660			
Overnight/Weekend Staff	Non Billing Staffing	17.13	\$ 927,706.00	1.34	72,310	0.01	710	0.84	45,420	7.58	\$ 410,430	
Food Service	Non Billing Staffing	5.00	\$ 160,125.00	0.00	-	0.00	-	0.00	-	2.71	\$ 86,800	
Drivers	Non Billing Staffing	6.00	\$ 362,024.00	0.00	-	0.00	-	0.00	-	2.71	\$ 163,720	
Intake Counselor	Certified AOD Counselor	7.92	\$ 507,660.00	4.83	309,930	0.05	3,050	3.04	194,680			
Intake LPHA	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT)	5.28	\$ 351,440.00	3.22	214,560	0.03	2,110	2.02	134,770			
Intake Director	Non Billing Staffing	1.32	\$ 130,640.00	0.81	85,250	0.01	840	0.51	53,550			
Intake Manager	Non Billing Staffing	1.32	\$ 120,760.00	0.81	73,720	0.01	730	0.51	46,310			
Employee Benefits:		106.01	\$ 7,441,835.00	25.93	\$ 3,499,280	0.52	39,470	28.58	2,198,020	13.00	\$ 660,950	
TOTAL SALARIES & BENEFITS		32.00%	\$ 2,381,406.00	32.00%	\$ 1,119,793	32.00%	12,630	32.00%	703,366	32.00%	211,500	
			\$ 9,823,241.00		\$ 4,619,073.00		\$ 52,100.00		\$ 2,901,386		\$ 872,450.00	
									\$ 734,402.00		\$ 78,936.00	
									\$ 78,936.00		\$ 78,936.00	
									\$ 252,239.00		\$ 233,719.00	

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Residential
 Program Code 3834ARS, 3806ARM

Appendix Number B-1
 Page Number 4
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	Residential - ODS Residential 3.1	Residential - ODS Residential 3.3	Residential - ODS Residential 3.5	Residential - Room and Board	Residential - Room and Board	Outpatient	Outpatient	Outpatient	Outpatient
Funding Term	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25
Rent	\$ 114,320.00	\$ 63,040.00	\$ 780.00	\$ 50,500.00	\$ -					
Utilities (telephone, electricity, water, gas)	\$ 806,613.00	\$ 266,850.00	\$ 3,350.00	\$ 203,220.00	\$ 182,073.00	\$ 151,120.00				
Building Repair/Maintenance	\$ 383,634.00	\$ 125,470.00	\$ 1,580.00	\$ 100,480.00	\$ 85,304.00	\$ 70,800.00				
Occupancy Total:	\$ 1,304,567.00	\$ 455,360.00	\$ 5,710.00	\$ 354,200.00	\$ 267,377.00	\$ 221,920.00	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 32,070.00	\$ 17,680.00	\$ 220.00	\$ 14,170.00	\$ -					
Photocopying	\$ -	\$ -	\$ -	\$ -	\$ -					
Program Supplies	\$ 80,210.00	\$ 44,230.00	\$ 560.00	\$ 35,420.00	\$ -					
Computer Hardware/Software	\$ -	\$ -	\$ -	\$ -	\$ -					
Materials & Supplies Total:	\$ 112,280.00	\$ 61,910.00	\$ 780.00	\$ 49,590.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -	\$ -	\$ -	\$ -					
Insurance	\$ 232,090.00	\$ 75,810.00	\$ 950.00	\$ 60,720.00	\$ 51,700.00	\$ 42,910.00				
Professional License	\$ -	\$ -	\$ -	\$ -	\$ -					
Permits	\$ 55,510.00	\$ 30,620.00	\$ 380.00	\$ 24,510.00	\$ -					
Equipment Lease & Maintenance	\$ 52,720.00	\$ 29,070.00	\$ 370.00	\$ 23,280.00	\$ -					
General Operating Total:	\$ 340,320.00	\$ 135,500.00	\$ 1,700.00	\$ 108,510.00	\$ 51,700.00	\$ 42,910.00	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 446,410.00	\$ 70,970.00	\$ 890.00	\$ 56,840.00	\$ 173,610.00	\$ 144,100.00				
Client Healthcare Related/Transportation	\$ 319,166.00	\$ -	\$ -	\$ -	\$ 164,146.00	\$ 136,240.00			\$ 7,510.00	\$ 11,270.00
Food	\$ 236,529.00	\$ -	\$ -	\$ -	\$ 129,249.00	\$ 107,280.00				
Other Total:	\$ 1,002,105.00	\$ 70,970.00	\$ 890.00	\$ 56,840.00	\$ 467,005.00	\$ 387,620.00	\$ -	\$ -	\$ 7,510.00	\$ 11,270.00
TOTAL OPERATING EXPENSE	\$ 2,759,272.00	\$ 723,740	\$ 9,080	\$ 569,140	\$ 786,082	\$ 652,450.00	\$ -	\$ -	\$ 7,510.00	\$ 11,270.00

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

DHCS Legal Entity Number 00348					Appendix Number B-2	
Provider Name HealthRIGHT 360					Page Number 5	
Provider Number 383805, 388924					Fiscal Year 2024-2025	
Contract ID Number 1000010457					Funding Notification Date 02/12/25	
Program Name		HR360 Residential Step-Down				
Program Code		88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD	
Mode (MH) or Modality (SUD)		Res-59	Res-59	Res-59	Res-59	
Service Description		ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences	ODS Room & Board Recovery Residences	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	
FUNDING USES						TOTAL
Salaries & Employee Benefits		\$ 1,569,064	\$ 782,697	\$ 1,555,013	\$ 1,384,799	\$ 5,291,573
Operating Expenses		\$ 463,280	\$ 244,940	\$ 543,220	\$ 476,930	\$ 1,728,370
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 2,032,344	\$ 1,027,637	\$ 2,098,233	\$ 1,861,729	\$ 7,019,943
Indirect Expenses		\$ 304,856	\$ 102,766	\$ 314,733	\$ 279,265	\$ 1,001,620
Indirect %		15.0%	10.0%	15.0%	15.0%	14.3%
TOTAL FUNDING USES		\$ 2,337,200	\$ 1,130,403	\$ 2,412,966	\$ 2,140,994	\$ 8,021,563
BHS SUD FUNDING SOURCES						
SUD Fed SABG Discretionary, CFDA 93.959					\$ 2,140,994	\$ 2,140,994
SUD County General Fund		\$ 2,337,200				\$ 2,337,200
Opioid Settlement			\$ 1,130,403			\$ 1,130,403
SUD County Prop C				\$ 2,412,966		\$ 2,412,966
TOTAL BHS SUD FUNDING SOURCES		\$ 2,337,200	\$ 1,130,403	\$ 2,412,966	\$ 2,140,994	\$ 8,021,563
TOTAL DPH FUNDING SOURCES		\$ 2,337,200	\$ 1,130,403	\$ 2,412,966	\$ 2,140,994	\$ 8,021,563
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,337,200	1,130,403	2,412,966	2,140,994	8,021,563
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased		53	26	55	48	
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
Unduplicated Clients (UDC)		66	27	3	66	
DPH Units of Service		16,862	8,156	17,410	15,447	
Unit Type		Bed Days	Bed Days	Bed Days	Bed Days	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 138.61	\$ 138.60	\$ 138.60	\$ 138.60	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 138.61	\$ 138.60	\$ 138.60	\$ 138.60	162

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457 Appendix Number B-2
 Program Name HR360 Residential Step-Down Page Number 6
 Program Code 88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		Recovery Residence		Recovery Residence		Recovery Residence		Recovery Residence		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		7/1/24-6/30/25		7/1/24-6/30/25		7/1/24-6/30/25		7/1/24-6/30/25		7/1/24-6/30/25		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Recovery Coach	Non Billing Staffing	41.75	\$ 2,485,427.00	13.06	\$ 780,585	6.44	\$ 382,292	11.79	\$ 699,570	10.46	\$ 622,980				
Health and Wellness Coordinators	Non Billing Staffing	4.00	\$ 283,170.00	1.07	\$ 75,860	0.55	\$ 39,160	1.26	\$ 88,940	1.12	\$ 79,210				
Manager	Non Billing Staffing	2.00	\$ 187,400.00	0.54	\$ 50,200	0.28	\$ 25,920	0.63	\$ 58,860	0.56	\$ 52,420				
Managing Director	Non Billing Staffing	1.00	\$ 115,590.00	0.27	\$ 30,970	0.14	\$ 15,980	0.31	\$ 36,310	0.28	\$ 32,330				
Cook	Non Billing Staffing	6.00	\$ 343,560.00	1.61	\$ 92,040	0.83	\$ 47,510	1.89	\$ 107,910	1.67	\$ 96,100				
Administrative Assistant	Non Billing Staffing	2.00	\$ 114,710.00	0.54	\$ 30,730	0.28	\$ 15,860	0.63	\$ 36,030	0.56	\$ 32,090				
Drivers	Non Billing Staffing	6.00	\$ 343,560.00	1.61	\$ 92,040	0.83	\$ 47,510	1.89	\$ 107,910	1.67	\$ 96,100				
Intake Coordinator	Non Billing Staffing	2.00	\$ 135,350.00	0.54	\$ 36,260	0.28	\$ 18,720	0.63	\$ 42,510	0.56	\$ 37,860				
		0.00	\$ -												
Totals:		64.75	\$ 4,008,767.00	19.22	\$ 1,188,685.00	9.62	\$ 592,952.00	19.02	\$ 1,178,040.00	16.88	\$ 1,049,090.00	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 1,282,806.00	32.00%	\$ 380,379	32.00%	\$ 189,745	32.00%	\$ 376,973	32.00%	\$ 335,709	0.00%		0.00%	
TOTAL SALARIES & BENEFITS			\$ 5,291,573.00		\$ 1,569,064.00		\$ 782,697.00		\$ 1,555,013.00		\$ 1,384,799.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Residential Step-Down
 Program Code 88077, 87067, 8927RSD, 9035RSD, 9665RSD, 8928RSD

Appendix Number B-2
 Page Number 7
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	Recovery Residence	Recovery Residence	Recovery Residence	Recovery Residence		
Funding Term	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>		
Rent	\$ 248,710.00	\$ 66,700.00	\$ 34,430.00	\$ 78,200.00	\$ 69,380.00		
Utilities (telephone, electricity, water, gas)	\$ 493,830.00	\$ 132,430.00	\$ 68,360.00	\$ 155,270.00	\$ 137,770.00		
Building Repair/Maintenance	\$ 299,950.00	\$ 80,440.00	\$ 41,520.00	\$ 94,310.00	\$ 83,680.00		
Occupancy Total:	\$ 1,042,490.00	\$ 279,570.00	\$ 144,310.00	\$ 327,780.00	\$ 290,830.00	\$ -	\$ -
Office Supplies	\$ 20,000.00	\$ 5,360.00	\$ 2,770.00	\$ 6,290.00	\$ 5,580.00		
Photocopying	\$ -						
Program Supplies	\$ 54,740.00	\$ 14,680.00	\$ 7,580.00	\$ 17,210.00	\$ 15,270.00		
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 74,740.00	\$ 20,040.00	\$ 10,350.00	\$ 23,500.00	\$ 20,850.00	\$ -	\$ -
Training/Staff Development	\$ 4,990.00	\$ 1,340.00	\$ 690.00	\$ 1,570.00	\$ 1,390.00		
Insurance	\$ 84,250.00	\$ 22,360.00	\$ 17,350.00	\$ 26,270.00	\$ 18,270.00		
Professional License	\$ -						
Permits	\$ 11,040.00	\$ 2,960.00	\$ 1,530.00	\$ 3,470.00	\$ 3,080.00		
Equipment Lease & Maintenance	\$ 46,270.00	\$ 12,410.00	\$ 6,400.00	\$ 14,550.00	\$ 12,910.00		
General Operating Total:	\$ 146,550.00	\$ 39,070.00	\$ 25,970.00	\$ 45,860.00	\$ 35,650.00	\$ -	\$ -
Local Travel	\$ 4,990.00	\$ 1,340.00	\$ 690.00	\$ 1,570.00	\$ 1,390.00		
Staff Travel Total:	\$ 4,990.00	\$ 1,340.00	\$ 690.00	\$ 1,570.00	\$ 1,390.00	\$ -	\$ -
Facility Depreciation	\$ 94,820.00	\$ 25,430.00	\$ 13,130.00	\$ 29,810.00	\$ 26,450.00		
Client Healthcare Related/Transportation	\$ 144,000.00	\$ 38,620.00	\$ 19,930.00	\$ 45,280.00	\$ 40,170.00		
Food	\$ 220,780.00	\$ 59,210.00	\$ 30,560.00	\$ 69,420.00	\$ 61,590.00		
Other Total:	\$ 459,600.00	\$ 123,260.00	\$ 63,620.00	\$ 144,510.00	\$ 128,210.00	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 1,728,370.00	\$ 463,280.00	\$ 244,940.00	\$ 543,220.00	\$ 476,930.00	\$ -	\$ -

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

DHCS Legal Entity Number 00348
 Provider Name HealthRIGHT 360
 Provider Number 388910
 Contract ID Number 1000010457

Appendix Number B-3
 Page Number 8
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Program Name	HR360 Perinatal Residential						
Program Code	89102	89102	89102	89102	89102	89102	
Mode (MH) or Modality (SUD)	ODS-112	ODS-113	ODS-114	Res-58-1	Res-58-1	ODS-91	
Service Description	ODS Residential 3.1	ODS Residential 3.3	ODS Residential 3.5	Board, Residential Treatment (Perinatal Only)	Board, Residential Treatment (Perinatal Only)	ODS Outpatient Treatment (OT)	
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	
FUNDING USES							TOTAL
Salaries & Employee Benefits	\$ 129,499	\$ 12,863	\$ 954,188	\$ 109,322	\$ 150,137	\$ 196,851	\$ 1,552,860
Operating Expenses	\$ 13,821	\$ 1,377	\$ 112,780	\$ 35,643	\$ 68,300	\$ 10,105	\$ 242,026
Subtotal Direct Expenses	\$ 143,320	\$ 14,240	\$ 1,066,968	\$ 144,965	\$ 218,437	\$ 206,956	\$ 1,794,886
Indirect Expenses	\$ 21,494	\$ 2,135	\$ 160,056	\$ 21,744	\$ 32,766	\$ 31,044	\$ 269,239
Indirect %	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES	\$ 164,814	\$ 16,375	\$ 1,227,024	\$ 166,709	\$ 251,203	\$ 238,000	\$ 2,064,125
BHS SUD FUNDING SOURCES							
SUD Fed SABG Perinatal Set-Aside, CFDA 93.959				\$ 166,709			\$ 166,709
SUD Fed DMC FFP, CFDA 93.778	\$ 20,211	\$ 2,008	\$ 157,187			\$ 22,481	\$ 201,887
SUD Fed Perinatal DMC FFP, CFDA 93.778	\$ 17,898	\$ 1,778	\$ 139,201			\$ 19,909	\$ 178,786
SUD State Perinatal DMC	\$ 9,637	\$ 957	\$ 74,955			\$ 10,720	\$ 96,269
SUD State General Fund (ODS Waiver)	\$ 10,883	\$ 1,081	\$ 84,639			\$ 12,105	\$ 108,708
SUD State Women/Children's Residential	\$ 18,248	\$ 1,813	\$ 141,927			\$ 20,298	\$ 182,286
SUD County General Fund	\$ 87,937	\$ 8,738	\$ 629,115		\$ 251,203	\$ 152,487	\$ 1,129,480
TOTAL BHS SUD FUNDING SOURCES	\$ 164,814	\$ 16,375	\$ 1,227,024	\$ 166,709	\$ 251,203	\$ 238,000	\$ 2,135,224.00
TOTAL DPH FUNDING SOURCES	\$ 164,814	\$ 16,375	\$ 1,227,024	\$ 166,709	\$ 251,203	\$ 238,000	\$ 1,812,922
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$164,814	\$16,375	\$ 1,227,024	\$ 166,709	\$ 251,203	\$ 238,000	\$2,135,224
BHS UNITS OF SERVICE AND UNIT COST							
Number of Beds Purchased	1.59	0.16	11.80	15	10		
SUD Only - Number of Outpatient Group Counseling Sessions							
SUD Only - Licensed Capacity for Narcotic Treatment Programs							
Payment Method	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
Unduplicated Clients (UDC)	5	2	56	22	41	41	
DPH Units of Service	463	46	3,447	1,577	2,379	3,079	
Unit Type	Day	Day	Day	Bed Days	Bed Days	15 Min	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 355.97	\$ 355.98	\$ 355.97	\$ 105.71	\$ 105.59	\$ 77.29	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 355.97	\$ 355.98	\$ 355.97	\$ 105.71	\$ 105.59	\$ 77.29	63

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number	1000010457	Appendix Number	B-3
Program Name	HR360 Perinatal Residential	Page Number	9
Program Code	89102	Fiscal Year	2024-2025
		Funding Notification Date	02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL	Perinatal Residential 3.1	Perinatal Residential 3.3	Perinatal Residential 3.5	Perinatal Residential - Room and Board	Perinatal Residential - Room and Board	Outpatient
Funding Term		7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25
Position Title	Practitioner Type (Select from Drop Down)	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries	FTE Salaries
AOD Counselors	Certified AOD Counselor	2.89 \$ 195,080.00	0.30 \$ 20,300	0.03 \$ 2,020	2.56 \$ 172,760	0.00 \$ -	0.00 \$ -	
Parenting Specialist/Peer Navigator	Certified AOD Counselor	1.00 \$ 71,000.00	0.10 \$ 7,080	0.01 \$ 700	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.89 \$ 63,220.00
Clinical Director (LPHA)	Non Billing Staffing	0.96 \$ 100,030.00	0.10 \$ 10,410	0.01 \$ 1,030	0.85 \$ 88,590	0.00 \$ -	0.00 \$ -	
Therapist	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT)	0.96 \$ 85,040.00	0.10 \$ 8,850	0.01 \$ 880	0.85 \$ 75,310	0.00 \$ -	0.00 \$ -	
Program Manager	Non Billing Staffing	0.97 \$ 90,840.00	0.10 \$ 9,370	0.01 \$ 930	0.66 \$ 61,820	0.00 \$ -	0.00 \$ -	0.20 \$ 18,720.00
Program Director	Non Billing Staffing	0.97 \$ 110,912.00	0.10 \$ 11,450	0.01 \$ 1,140	0.66 \$ 77,960	0.00 \$ -	0.00 \$ -	0.20 \$ 20,362.00
Managing Director	Non Billing Staffing	0.10 \$ 15,000.00	0.01 \$ 1,560	0.00 \$ 150	0.09 \$ 13,290	0.00 \$ -	0.00 \$ -	
Administrative Assistant	Non Billing Staffing	0.97 \$ 55,510.00	0.10 \$ 5,730	0.01 \$ 570	0.66 \$ 37,770	0.00 \$ -	0.00 \$ -	0.20 \$ 11,440.00
Compliance Quality Improvement	Non Billing Staffing	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	
Compliance Quality Assurance	Non Billing Staffing	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.00 \$ -	
Overnight/Weekend Staff	Non Billing Staffing	6.27 \$ 353,830.00	0.38 \$ 20,915	0.04 \$ 2,075	3.19 \$ 177,910	0.97 \$ 55,300	1.32 \$ 76,090.00	0.38 \$ 21,540.00
Food Service	Non Billing Staffing	0.96 \$ 54,940.00	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.35 \$ 20,100	0.61 \$ 34,840.00	
Drivers	Non Billing Staffing	0.50 \$ 20,918.00	0.00 \$ -	0.00 \$ -	0.00 \$ -	0.18 \$ 7,420	0.07 \$ 2,810.00	0.25 \$ 10,687.50
Intake Counselor	Non Billing Staffing	0.04 \$ 3,420.00	0.01 \$ 360	0.00 \$ 40	0.04 \$ 3,020	0.00 \$ -	0.00 \$ 0.00	
Intake LPHA	Non Billing Staffing	0.04 \$ 5,700.00	0.01 \$ 600	0.00 \$ 60	0.04 \$ 5,040	0.00 \$ -	0.00 \$ 0.00	
Intake Director	Non Billing Staffing	0.04 \$ 5,700.00	0.01 \$ 600	0.00 \$ 60	0.04 \$ 5,040	0.00 \$ -	0.00 \$ 0.00	
Intake Manager	Non Billing Staffing	0.04 \$ 4,930.00	0.01 \$ 520	0.00 \$ 50	0.04 \$ 4,360	0.00 \$ -	0.00 \$ 0.00	
Intake Medi-Cal Eligibility Worker	Non Billing Staffing	0.05 \$ 3,560.00	0.01 \$ 360	0.00 \$ 40	0.00 \$ -	0.00 \$ -	0.00 \$ 0.00	0.04 \$ 3,160.00
Totals:		16.76 \$ 1,176,410.00	1.31 \$ 98,105.00	0.13 \$ 9,745.00	9.67 \$ 722,870.00	1.49 \$ 82,820.00	2.00 \$ 113,740.00	2.16 \$ 149,129.50
Employee Benefits:		32.00% \$ 376,450.00	32.00% \$ 31,394	32.00% \$ 3,118	32.00% \$ 231,318	32.00% \$ 26,502	##### \$ 36,397	##### \$ 47,721.00
TOTAL SALARIES & BENEFITS		\$ 1,552,860.00	\$ 129,499.00	\$ 12,863.00	\$ 954,188.00	\$ 109,322.00	\$ 150,137.00	\$ 196,851.00

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Perinatal Residential
 Program Code 89102

Appendix Number B-3
 Page Number 10
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	Perinatal Residential 3.1	Perinatal Residential 3.3	Perinatal Residential 3.5	Perinatal Residential - Room and Board	Perinatal Residential - Room and Board	Outpatient
Funding Term	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>
Rent	\$ 2,967.00	\$ 185.00	\$ 18.00	\$ 1,580.00	\$ 434.00	\$ 750.00	
Utilities (telephone, electricity, water, gas)	\$ 113,348.00	\$ 7,379.00	\$ 736.00	\$ 63,200.00	\$ 15,383.00	\$ 26,650.00	
Building Repair/Maintenance	\$ 36,889.00	\$ 2,304.00	\$ 229.00	\$ 19,610.00	\$ 5,396.00	\$ 9,350.00	
Occupancy Total:	\$ 153,204.00	\$ 9,868.00	\$ 983.00	\$ 84,390.00	\$ 21,213.00	\$ 36,750.00	\$ -
Program Supplies	\$ 14,296.00	\$ 1,520.00	\$ 151.00	\$ 11,520.00			\$ 1,105.00
Computer Hardware/Software	\$ 7,256.00	\$ 751.00	\$ 75.00	\$ 5,430.00			\$ 1,000.00
Materials & Supplies Total:	\$ 21,552.00	\$ 2,271.00	\$ 226.00	\$ 16,950.00	\$ -	\$ -	\$ 2,105.00
Insurance	\$ 6,993.00	\$ 721.00	\$ 72.00	\$ 4,700.00			\$ 1,500.00
Equipment Lease & Maintenance	\$ 7,276.00	\$ 751.00	\$ 75.00	\$ 4,950.00			\$ 1,500.00
General Operating Total:	\$ 14,269.00	\$ 1,472.00	\$ 147.00	\$ 9,650.00	\$ -	\$ -	\$ 3,000.00
Local Travel	\$ 485.00	\$ 50.00	\$ 5.00	\$ 430.00			
Staff Travel Total:	\$ 485.00	\$ 50.00	\$ 5.00	\$ 430.00	\$ -	\$ -	\$ -
Facility Depreciation	\$ 2,516.00	\$ 160.00	\$ 16.00	\$ 1,360.00	\$ 360.00	\$ 620.00	
Client Healthcare Related/Transportation	\$ 16,636.00	\$ -	\$ -	\$ -	\$ 5,976.00	\$ 5,660.00	\$ 5,000.00
Food	\$ 33,364.00	\$ -	\$ -	\$ -	\$ 8,094.00	\$ 25,270.00	
Other Total:	\$ 52,516.00	\$ 160.00	\$ 16.00	\$ 1,360.00	\$ 14,430.00	\$ 31,550.00	\$ 5,000.00
TOTAL OPERATING EXPENSE	\$ 242,026.00	\$ 13,821.00	\$ 1,377.00	\$ 112,780.00	\$ 35,643.00	\$ 68,300.00	\$ 10,105.00

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

DHCS Legal Entity Number 00348
 Provider Name HealthRIGHT 360
 Provider Number 383806
 Contract ID Number 1000010457

Appendix Number B-4
 Page Number 11
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Program Name		HR360 Residential Withdrawal Management							
Program Code		3806RWM	3806RWM	3806RWM	3806RWM	3806RWM	3806RWM	3806RWM	
Mode (MH) or Modality (SUD)		ODS-109	Res-58	Res-58	ODS-91	ODS-91	ODS-91	ODS-91	
Service Description		ODS Withdrawal Management 3.2	ODS Room & Board, Residential Treatment	ODS Room & Board, Residential Treatment	ODS Outpatient Treatment (OT) - (AOD Counselor)	ODS Outpatient Treatment (OT) (LVN)	ODS Outpatient Treatment (OT) (Nurse Practitioner)	Treatment (OT) - (Licensed Physician)	
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	1/0/1900	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	
FUNDING USES									TOTAL
Salaries & Employee Benefits		\$ 1,675,582	\$ 100,162	\$ 131,208	\$ 226,653	\$ 185,477	\$ 53,080	\$ 42,616	\$ 2,414,778
Operating Expenses		\$ 192,950	\$ 112,320	\$ 110,557	\$ 5,000	\$ -	\$ -	\$ -	\$ 420,827
Capital Expenses									\$ -
Subtotal Direct Expenses		\$ 1,868,532	\$ 212,482	\$ 241,765	\$ 231,653	\$ 185,477	\$ 53,080	\$ 42,616	\$ 2,835,605
Indirect Expenses		\$ 280,283	\$ 31,871	\$ 36,268	\$ 34,749	\$ 27,826	\$ 7,966	\$ 6,396	\$ 425,359
Indirect %		15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%	15.0%
TOTAL FUNDING USES		\$ 2,148,815	\$ 244,353	\$ 278,033	\$ 266,402	\$ 213,303	\$ 61,046	\$ 49,012	\$ 3,260,964
BHS SUD FUNDING SOURCES									
SUD Fed SABG Discretionary, CFDA 93.959		\$ -		\$ 278,033					\$ 278,033
SUD Fed DMC FFP, CFDA 93.778		\$ 669,690							\$ 669,690
SUD State General Fund (ODS Waiver)		\$ 360,602							\$ 360,602
SUD County General Fund		\$ 1,118,523	\$ 244,353		\$ 266,402	\$ 213,303	\$ 61,046	\$ 49,012	\$ 1,952,639
TOTAL BHS SUD FUNDING SOURCES		\$ 2,148,815	\$ 244,353	\$ 278,033	\$ 266,402	\$ 213,303	\$ 61,046	\$ 49,012	\$ 3,260,964
TOTAL DPH FUNDING SOURCES		\$ 2,148,815	\$ 244,353	\$ 278,033	\$ 266,402	\$ 213,303	\$ 61,046	\$ 49,012	\$ 3,260,964
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		2,148,815	244,353	278,033	266,402	213,303	61,046	49,012	3,260,964
BHS UNITS OF SERVICE AND UNIT COST									
Number of Beds Purchased		22	15	17					
SUD Only - Number of Outpatient Group Counseling Sessions									
SUD Only - Licensed Capacity for Narcotic Treatment Programs									
Payment Method		Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	Fee-For-Service (FFS)	
Unduplicated Clients (UDC)		310	211	240					
DPH Units of Service		4,336	2,955	3,362	3,447	2,792	343	137	
Unit Type		Day	Bed Days	Bed Days	15 Min	15 Min	15 Min	15 Min	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 495.58	\$ 82.69	\$ 82.69	\$ 77.29	\$ 76.40	\$ 178.04	\$ 358.04	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 495.58	\$ 82.69	\$ 82.69	\$ 77.29	\$ 76.40	\$ 178.04	\$ 358.04	451

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Residential Withdrawal Management
 Program Code 3834RWM, 3806RWM

Appendix Number B-4
 Page Number 13
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	Residential - ODS Withdraw Mgmt 3.2	Residential - Room and Board	Residential - Room and Board	Outpatient (AOD Counselor)	Outpatient (LVN)	Outpatient (Nurse Practitioner)	Outpatient (Licens ed Physician)
Funding Term	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25	7/1/24-6/30/25
Rent	\$ 36,340.00	\$ 36,340.00						
Utilities (telephone, electricity, water, gas)	\$ 47,700.00	\$ 47,700.00						
Building Repair/Maintenance	\$ 27,450.00	\$ 27,450.00						
Occupancy Total:	\$ 111,490.00	\$ 111,490.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 2,080.00	\$ 2,080.00						
Photocopying	\$ -	\$ -						
Program Supplies	\$ 6,830.00	\$ 6,830.00						
Computer Hardware/Software	\$ -	\$ -						
Materials & Supplies Total:	\$ 8,910.00	\$ 8,910.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -						
Insurance	\$ 10,040.00	\$ 10,040.00						
Professional License	\$ -	\$ -	\$ -					
Permits	\$ 8,410.00	\$ 8,410.00	\$ -					
Equipment Lease & Maintenance	\$ 6,430.00	\$ 6,430.00	\$ -					
General Operating Total:	\$ 24,880.00	\$ 24,880.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 47,670.00	\$ 47,670.00	\$ -					
Client Healthcare Related/Transportation	\$ 14,197.00	\$ -	\$ 3,490.00	\$ 5,707.00	\$ 5,000.00			
Food	\$ 213,680.00	\$ -	\$ 108,830.00	\$ 104,850.00				
Other Total:	\$ 275,547.00	\$ 47,670.00	\$ 112,320.00	\$ 110,557.00	\$ 5,000.00	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 420,827.00	\$ 192,950.00	\$ 112,320.00	\$ 110,557.00	\$ 5,000.00	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348

Provider Name HealthRIGHT 360

Provider Number 388926

Contract ID Number 1000010457

Appendix Number B-5

Page Number 14

Fiscal Year 2024-2025

Funding Notification Date 02/12/25

Program Name	HR360 Outpatient / Intensive OP (1563 Mission)					
Program Code	8926OP, 8926RS	8926OP, 8926RS				
Mode (MH) or Modality (SUD)	ODS-91	Anc-68				
Service Description	Outpatient Services	SA-Ancillary Svcs Case Mgmt				
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24-6/30/25	7/1/24-6/30/25				
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 2,479,171	\$ 96,571	\$ -	\$ -		\$ 2,575,742
Operating Expenses	\$ 872,240	\$ -	\$ -	\$ -		\$ 872,240
Subtotal Direct Expenses	\$ 3,351,411	\$ 96,571	\$ -	\$ -	\$ -	\$ 3,447,982
Indirect Expenses	\$ 502,712	\$ 14,483	\$ -	\$ -		\$ 517,195
Indirect %	15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 3,854,123	\$ 111,054	\$ -	\$ -	\$ -	\$ 3,965,177
BHS SUD FUNDING SOURCES						
SUD Fed DMC FFP, CFDA 93.778	\$ 1,242,965					\$ 1,242,965
SUD State Drug Medi-Cal/Public Safety Realignment (PSR)	\$ 488,445					\$ 488,445
SUD State General Fund (ODS Waiver)	\$ 186,273					\$ 186,273
SUD County General Fund	\$ 945,214					\$ 945,214
Opioid Settlement	\$ 991,226					\$ 991,226
SUD County Prop C Homeless Services		\$ 111,054				\$ 111,054
TOTAL BHS SUD FUNDING SOURCES	\$ 3,854,123	\$ 111,054	\$ -	\$ -	\$ -	\$ 3,965,177
TOTAL DPH FUNDING SOURCES	\$ 3,854,123	\$ 111,054	\$ -	\$ -	\$ -	\$ 3,965,177
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	3,854,123	111,054	-	-	-	3,965,177
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions	1,800	N/A				
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Outpatient Blended Rate (FFS)	Cost Reimbursement (CR)				
Unduplicated Clients (UDC)	418	Inclusive C51				
DPH Units of Service	11,714	2,296				
Unit Type	Hours	Hours	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 329.01	\$ 48.37	\$ -	\$ -	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 329.01	\$ 48.37	\$ -	\$ -	\$ -	418.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Outpatient / Intensive OP (1563 Mission)
 Program Code 8926OP, 8926RS

Appendix Number B-5
 Page Number 15
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		ODS Outpatient Treatment (OT)		Client Navigation		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		7/1/24-6/30/25		7/1/24-6/30/25		7/1/24-6/30/25		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselor - Certified	Certified AOD Counselor	11.00	\$ 748,000.00	11.00	\$ 748,000.00										
Case Manager	Non Billing Staffing	2.00	\$ 110,000.00	2.00	\$ 110,000.00										
LPHA	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPH	5.00	\$ 432,500.00	5.00	\$ 432,500.00										
LPHA Supervisor	Non Billing Staffing	1.00	\$ 94,000.00	1.00	\$ 94,000.00										
Program Director	Non Billing Staffing	1.00	\$ 123,200.00	1.00	\$ 123,200.00										
Program Manager	Non Billing Staffing	1.00	\$ 101,700.00	1.00	\$ 101,700.00										
Admin Assistant	Non Billing Staffing	3.00	\$ 165,000.00	3.00	\$ 165,000.00										
Client Navigator	Non Billing Staffing	1.40	\$ 73,160.00			1.40	\$ 73,160.00								
Intake Counselor	Non Billing Staffing	0.50	\$ 34,000.00	0.50	\$ 34,000.00										
Intake LPHA	Non Billing Staffing	0.50	\$ 42,260.00	0.50	\$ 42,260.00										
Intake Medi-Cal Eligibility	Non Billing Staffing	0.50	\$ 27,500.00	0.50	\$ 27,500.00										
Totals:		26.90	\$ 1,951,320.00	25.50	\$ 1,878,160.00	1.40	\$ 73,160.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 624,422.00	32.00%	\$ 601,011.00	32.00%	\$ 23,411.00	0.00%	\$ -	0.00%	\$ -	0.00%		0.00%	
TOTAL SALARIES & BENEFITS			\$ 2,575,742.00		\$ 2,479,171.00		\$ 96,571.00		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number HealthRIGHT 360
 Program Name HR360 Outpatient / Intensive OP (1563 Mission)
 Program Code 8926OP, 8926RS

Appendix Number B-5
 Page Number 16
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	ODS OP	Client Navigation				
Funding Term	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>				
Rent/Mortgage	\$ -						
Utilities (telephone, electricity, water, gas)	\$ 132,500.00	\$ 132,500.00					
Building Repair/Maintenance	\$ 52,000.00	\$ 52,000.00					
Occupancy Total:	\$ 184,500.00	\$ 184,500.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 16,000.00	\$ 16,000.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 16,000.00	\$ 16,000.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 32,000.00	\$ 32,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 18,000.00	\$ 18,000.00					
Insurance	\$ 66,500.00	\$ 66,500.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 18,000.00	\$ 18,000.00					
General Operating Total:	\$ 102,500.00	\$ 102,500.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 12,000.00	\$ 12,000.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 12,000.00	\$ 12,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 480,000.00	\$ 480,000.00					
Client Healthcare Related/Transportation	\$ 46,240.00	\$ 46,240.00					
Food	\$ 15,000.00	\$ 15,000.00					
Other Total:	\$ 541,240.00	\$ 541,240.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 872,240.00	\$ 872,240.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348			Appendix Number B-6			
Provider Name HealthRIGHT 360			Page Number 17			
Provider Number 388926			Fiscal Year 2024-2025			
Contract ID Number 1000010457			Funding Notification Date 02/12/25			
Program Name			HR360 Outpatient / Intensive OP (AAHC)			
Program Code			3873DOP, 3873DRS	3873DOP, 3873DRS		
Mode (MH) or Modality (SUD)			ODS-91	Anc-68		
Service Description			Outpatient Services	SA-Ancillary Svcs Case Mgmt		
Funding Term (mm/dd/yy-mm/dd/yy):			7/1/24-6/30/25	7/1/24-6/30/25		
FUNDING USES						TOTAL
Salaries & Employee Benefits			\$ 769,560	\$ 68,640		\$ 838,200
Operating Expenses			\$ 176,262	\$ -		\$ 176,262
Subtotal Direct Expenses			\$ 945,822	\$ 68,640	\$ -	\$ 1,014,462
Indirect Expenses			\$ 141,873	\$ 10,296		\$ 152,169
Indirect %			15.0%	15.0%	0.0%	15.0%
TOTAL FUNDING USES			\$ 1,087,695	\$ 78,936	\$ -	\$ 1,166,631
BHS SUD FUNDING SOURCES						
SUD Fed DMC FFP, CFDA 93.778			\$ 350,784			\$ 350,784
SUD State Drug Medi-Cal/Public Safety Realignment (PSR)			\$ 137,847			\$ 137,847
SUD State General Fund (ODS Waiver)			\$ 52,569			\$ 52,569
SUD County General Fund			\$ 266,755			\$ 266,755
Opioid Settlement			\$ 279,740			\$ 279,740
SUD County Prop C Homeless Services				\$ 78,936		\$ 78,936
TOTAL BHS SUD FUNDING SOURCES			\$ 1,087,695	\$ 78,936	\$ -	\$ 1,166,631
TOTAL DPH FUNDING SOURCES			\$ 1,087,695	\$ 78,936	\$ -	\$ 1,166,631
TOTAL FUNDING SOURCES (DPH AND NON-DPH)			1,087,695	78,936	-	1,166,631
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions			600	N/A		
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method			Outpatient Blended Rate (FFS)	Cost Reimbursement (CR)		
Unduplicated Clients (UDC)			120	Inclusive C51		
DPH Units of Service			3,293	1,640		
Unit Type			Hours	Hours	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)			\$ 330.34	\$ 48.13	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)			\$ 330.34	\$ 48.13	\$ -	120.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Outpatient / Intensive OP (AAHC)
 Program Code 3873DOP, 3873DRS

Appendix Number B-6
 Page Number 18
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		ODS Outpatient Treatment (OT)		Client Navigation		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		7/1/24-6/30/25		7/1/24-6/30/25		7/1/24-6/30/25		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselor - Certified	Certified AOD Counselor	3.00	\$ 195,000.00	3.00	\$ 195,000.00										
Case Manager	Non Billing Staffing	1.00	\$ 55,000.00	1.00	\$ 55,000.00										
LPHA	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPH	1.50	\$ 133,500.00	1.50	\$ 133,500.00										
LPHA Supervisor	Non Billing Staffing	0.50	\$ 47,500.00	0.50	\$ 47,500.00										
Program Manager	Non Billing Staffing	1.00	\$ 95,000.00	1.00	\$ 95,000.00										
Admin Assistant	Non Billing Staffing	1.00	\$ 57,000.00	1.00	\$ 57,000.00										
Client Navigator	Non Billing Staffing	1.00	\$ 52,000.00			1.00	\$ 52,000.00								
Totals:		9.00	\$ 635,000.00	8.00	\$ 583,000.00	1.00	\$ 52,000.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 203,200.00	32.00%	\$ 186,560.00	32.00%	\$ 16,640.00	0.00%	\$ -	0.00%	\$ -	0.00%		0.00%	
TOTAL SALARIES & BENEFITS			\$ 838,200.00		\$ 769,560.00		\$ 68,640.00		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number HealthRIGHT 360
 Program Name HR360 Outpatient / Intensive OP (AAHC)
 Program Code 3873DOP, 3873DRS

Appendix Number B-6
 Page Number 19
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	ODS OP	Client Navigation				
Funding Term	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>				
Rent/Mortgage	\$ 73,682.00	\$ 73,682.00					
Utilities (telephone, electricity, water, gas)	\$ 23,450.00	\$ 23,450.00					
Building Repair/Maintenance	\$ 23,133.00	\$ 23,133.00					
Occupancy Total:	\$ 120,265.00	\$ 120,265.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 8,245.00	\$ 8,245.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 7,500.00	\$ 7,500.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 15,745.00	\$ 15,745.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,254.00	\$ 5,254.00					
Insurance	\$ 3,810.00	\$ 3,810.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 5,258.00	\$ 5,258.00					
General Operating Total:	\$ 14,322.00	\$ 14,322.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,000.00	\$ 1,000.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 1,000.00	\$ 1,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 930.00	\$ 930.00					
Client Healthcare Related/Transportation	\$ 12,000.00	\$ 12,000.00					
Food	\$ 12,000.00	\$ 12,000.00					
Other Total:	\$ 24,930.00	\$ 24,930.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 176,262.00	\$ 176,262.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348

Provider Name HealthRIGHT 360

Provider Number 388926

Contract ID Number 1000010457

Appendix Number B-7

Page Number 20

Fiscal Year 2024-2025

Funding Notification Date 02/12/25

Program Name	HR360 Outpatient / Intensive OP (ADAPT)					
Program Code	3837OP, 3837RS	3837OP, 3837RS				
Mode (MH) or Modality (SUD)	ODS-91	Anc-68				
Service Description	Outpatient Services	SA-Ancillary Svcs Case Mgmt				
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24-6/30/25	7/1/24-6/30/25				
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 1,118,212	\$ 68,640				\$ 1,186,852
Operating Expenses	\$ 201,150	\$ -				\$ 201,150
Subtotal Direct Expenses	\$ 1,319,362	\$ 68,640	\$ -	\$ -	\$ -	\$ 1,388,002
Indirect Expenses	\$ 197,902	\$ 10,296				\$ 208,198
Indirect %	15.0%	15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 1,517,264	\$ 78,936	\$ -	\$ -	\$ -	\$ 1,596,200
BHS SUD FUNDING SOURCES						
SUD Fed DMC FFP, CFDA 93.778	\$ 489,321					\$ 489,321
SUD State Drug Medi-Cal/Public Safety Realignment (PSR)	\$ 192,287					\$ 192,287
SUD State General Fund (ODS Waiver)	\$ 73,331					\$ 73,331
SUD County General Fund	\$ 372,106					\$ 372,106
Opioid Settlement	\$ 390,219					\$ 390,219
SUD County Prop C Homeless Services		\$ 78,936				\$ 78,936
TOTAL BHS SUD FUNDING SOURCES	\$ 1,517,264	\$ 78,936	\$ -	\$ -	\$ -	\$ 1,596,200
TOTAL DPH FUNDING SOURCES	\$ 1,517,264	\$ 78,936	\$ -	\$ -	\$ -	\$ 1,596,200
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	1,517,264	78,936	-	-	-	1,596,200
BHS UNITS OF SERVICE AND UNIT COST						
Number of Beds Purchased						
SUD Only - Number of Outpatient Group Counseling Sessions	600	N/A				
SUD Only - Licensed Capacity for Narcotic Treatment Programs						
Payment Method	Outpatient Blended Rate (FFS)	Cost Reimbursement (CR)				
Unduplicated Clients (UDC)	165	Inclusive C51				
DPH Units of Service	4,583	1,640				
Unit Type	Hours	Hours			0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 331.03	\$ 48.13	\$ -	\$ -	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 331.03	\$ 48.13	\$ -	\$ -	\$ -	165.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name HR360 Outpatient / Intensive OP (ADAPT)
 Program Code 3837OP_3837RS

Appendix Number B-7
 Page Number 21
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		ODS Outpatient Treatment (OT)		Client Navigation		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		7/1/24-6/30/25		7/1/24-6/30/25		7/1/24-6/30/25		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
AOD Counselor - Certified	Certified AOD Counselor	4.00	\$ 264,000.00	4.00	\$ 264,000.00										
LPHA	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPH	2.10	\$ 178,500.00	2.10	\$ 178,500.00										
LPHA Supervisor	Non Billing Staffing	0.50	\$ 46,000.00	0.50	\$ 46,000.00										
Program Director	Non Billing Staffing	1.00	\$ 101,000.00	1.00	\$ 101,000.00										
Admin Assistant	Non Billing Staffing	1.00	\$ 60,000.00	1.00	\$ 60,000.00										
Client Navigator	Non Billing Staffing	1.00	\$ 52,000.00			1.00	\$ 52,000.00								
Intake Counselor	Non Billing Staffing	1.00	\$ 65,000.00	1.00	\$ 65,000.00										
Intake LPHA	Non Billing Staffing	0.90	\$ 77,630.00	0.90	\$ 77,630.00										
Intake Medi-Cal Eligibility	Non Billing Staffing	1.00	\$ 55,000.00	1.00	\$ 55,000.00										
Totals:		12.50	\$ 899,130.00	11.50	\$ 847,130.00	1.00	\$ 52,000.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:															
		32.00%	\$ 287,722.00	32.00%	\$ 271,082.00	32.00%	\$ 16,640.00	0.00%	\$ -	0.00%	\$ -	0.00%		0.00%	
TOTAL SALARIES & BENEFITS			\$ 1,186,852.00		\$ 1,118,212.00		\$ 68,640.00		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number HealthRIGHT 360
 Program Name HR360 Outpatient / Intensive OP (ADAPT)
 Program Code 3837OP, 3837RS

Appendix Number B-7
 Page Number 22
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	ODS OP	Client Navigation				
Funding Term	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>					
Rent/Mortgage	\$ 92,750.00	\$ 92,750.00					
Utilities (telephone, electricity, water, gas)	\$ 37,000.00	\$ 37,000.00					
Building Repair/Maintenance	\$ 34,500.00	\$ 34,500.00					
Occupancy Total:	\$ 164,250.00	\$ 164,250.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 8,000.00	\$ 8,000.00					
Photocopying	\$ -	\$ -					
Program Supplies	\$ 8,000.00	\$ 8,000.00					
Computer Hardware/Software	\$ -	\$ -					
Materials & Supplies Total:	\$ 16,000.00	\$ 16,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 2,400.00	\$ 2,400.00					
Insurance	\$ 1,200.00	\$ 1,200.00					
Professional License	\$ -	\$ -					
Permits	\$ -	\$ -					
Equipment Lease & Maintenance	\$ 12,000.00	\$ 12,000.00					
General Operating Total:	\$ 15,600.00	\$ 15,600.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ 1,200.00	\$ 1,200.00					
Out-of-Town Travel	\$ -	\$ -					
Field Expenses	\$ -	\$ -					
Staff Travel Total:	\$ 1,200.00	\$ 1,200.00	\$ -	\$ -	\$ -	\$ -	\$ -
Facility Depreciation	\$ 500.00	\$ 500.00					
Client Healthcare Related/Transportation	\$ 1,200.00	\$ 1,200.00					
Food	\$ 2,400.00	\$ 2,400.00					
Other Total:	\$ 4,100.00	\$ 4,100.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 201,150.00	\$ 201,150.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348

Provider Name HealthRIGHT 360

Provider Number 383835

Contract ID Number 1000010457

Appendix Number B-8

Page Number 23

Fiscal Year 2024-2025

Funding Notification Date 02/12/25

Program Name	HR360 Representative Payee Pgm						
Program Code	88359						
Mode (MH) or Modality (SUD)	Anc-68						
Service Description	SA-Ancillary Svcs Case Mgmt						
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24-6/30/25						
FUNDING USES							TOTAL
Salaries & Employee Benefits	\$ 142,176	\$ -	\$ -				\$ 142,176
Operating Expenses	\$ 21,475	\$ -	\$ -				\$ 21,475
Subtotal Direct Expenses	\$ 163,651	\$ -	\$ -	\$ -	\$ -		\$ 163,651
Indirect Expenses	\$ 24,545						\$ 24,545
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%		15.0%
TOTAL FUNDING USES	\$ 188,196	\$ -	\$ -	\$ -	\$ -		\$ 188,196
BHS SUD FUNDING SOURCES							
SUD County General Fund	\$ 188,196						\$ 188,196
TOTAL BHS SUD FUNDING SOURCES	\$ 188,196	\$ -	\$ -	\$ -	\$ -		\$ 188,196
TOTAL DPH FUNDING SOURCES	\$ 188,196	\$ -	\$ -	\$ -	\$ -		\$ 188,196
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	188,196	-	-	-	-		188,196
BHS UNITS OF SERVICE AND UNIT COST							
Payment Method	Cost Reimbursement (CR)						
Unduplicated Clients (UDC)	75						
DPH Units of Service	464						
Unit Type	Hours	0	0	0	0		
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 406.03	\$ -	\$ -	\$ -	\$ -		Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 406.03	\$ -	\$ -	\$ -	\$ -		75.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
Program Name HR360 Representative Payee Pgm
Program Code 8926QP, 8926RS

Appendix Number B-8
Page Number 24
Fiscal Year 2024-2025
Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Representative Payee		1.00	\$ 40,110.00	1.00	\$ 40,110										
Program Manager		1.00	\$ 67,600.00	1.00	\$ 67,600										
Totals:		2.00	\$ 107,710.00	2.00	\$ 107,710.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 34,466.00	32.00%	\$ 34,466	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS			\$ 142,176.00		\$ 142,176.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name HR360 Representative Payee Pgm
 Program Code 88359

Appendix Number B-8
 Page Number 25
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	HR360 Representative Payee Pgm					
Funding Term	<i>7/1/24-6/30/25</i>	<i>7/1/24-6/30/25</i>					
Rent	\$ 12,480.00	\$ 12,480.00					
Utilities (telephone, electricity, water, gas)	\$ 2,080.00	\$ 2,080.00					
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ 14,560.00	\$ 14,560.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 6,240.00	\$ 6,240.00					
Program Supplies	\$ 675.00	\$ 675.00					
Materials & Supplies Total:	\$ 6,915.00	\$ 6,915.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 21,475.00	\$ 21,475.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348

Provider Name HealthRIGHT 360

Provider Number 38K3

Contract ID Number 1000010457

Appendix Number B-9

Page Number 26

Fiscal Year 2024-2025

Funding Notification Date 02/12/25

Program Name	Adult Outpatient					
Program Code	38K3OP					
Mode (MH) or Modality (SUD)	15					
Service Description	Outpatient Services					
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24-6/30/25					
FUNDING USES						TOTAL
Salaries & Employee Benefits	\$ 344,532	\$ -	\$ -			\$ 344,532
Operating Expenses	\$ 30,536	\$ -	\$ -			\$ 30,536
Capital Expenses						\$ -
Subtotal Direct Expenses	\$ 375,068	\$ -	\$ -	\$ -	\$ -	\$ 375,068
Indirect Expenses	\$ 56,260					\$ 56,260
Indirect %	15.0%	0.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES	\$ 431,328	\$ -	\$ -	\$ -	\$ -	\$ 431,328
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)	\$ 168,098					\$ 168,098
MH Adult State 1991 MH Realignment	\$ 182,084					\$ 182,084
MH Adult County General Fund	\$ 81,146					\$ 81,146
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ 431,328	\$ -	\$ -	\$ -	\$ -	\$ 431,328
TOTAL DPH FUNDING SOURCES	\$ 431,328	\$ -	\$ -	\$ -	\$ -	\$ 431,328
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	431,328	-	-	-	-	431,328
BHS UNITS OF SERVICE AND UNIT COST						
Payment Method	Outpatient Blended Rate (FFS)					
Unduplicated Clients (UDC)	35					
DPH Units of Service	1,021					
Unit Type	Hours	0	0	0	0	
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)	\$ 422.37	\$ -	\$ -	\$ -	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)	\$ 422.37	\$ -	\$ -	\$ -	\$ -	35.00

original stated n/a, document populated as hours

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name Adult Outpatient
 Program Code 38K3OP

Appendix Number B-9
 Page Number 27
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		10000-251984-10000-10001792-0001		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity		Dept-Auth-Proj-Activity	
Funding Term		7/1/24-6/30/25		7/1/24-6/30/25		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):	
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	Non Billing Staffing	0.40	\$ 26,000.00	0.40	\$ 26,000										
Director of MH Services	Non Billing Staffing	0.30	\$ 36,000.00	0.30	\$ 36,000										
Therapist	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA	1.50	\$ 135,000.00	1.50	\$ 135,000										
MH Manager	Non Billing Staffing	0.40	\$ 40,000.00	0.40	\$ 40,000										
Admin Assistant	Non Billing Staffing	0.50	\$ 24,009.00	0.50	\$ 24,009										
Totals:		3.10	\$ 261,009.00	3.10	\$ 261,009.00	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 83,523.00	32.00%	\$ 83,523.00	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 344,532.00		\$ 344,532.00		\$ -		\$ -		\$ -		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name Adult Outpatient
 Program Code 38K3OP

Appendix Number B-9
 Page Number 28
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	10000-251984- 10000-10001792-0001					
Funding Term	7/1/24-6/30/25	7/1/24-6/30/25					
Rent	\$ 14,283.00	\$ 14,283.00					
Utilities (telephone, electricity, water, gas)	\$ 6,207.00	\$ 6,207.00					
Building Repair/Maintenance	\$ 2,072.00	\$ 2,072.00					
Occupancy Total:	\$ 22,562.00	\$ 22,562.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 825.00	\$ 825.00					
Program Supplies	\$ 2,208.00	\$ 2,208.00					
Computer Hardware/Software	\$ 1,382.00	\$ 1,381.50					
Materials & Supplies Total:	\$ 4,415.00	\$ 4,415.00	\$ -	\$ -	\$ -	\$ -	\$ -
Insurance	\$ 1,351.00	\$ 1,351.00					
Equipment Lease & Maintenance	\$ 1,518.00	\$ 1,518.00					
General Operating Total:	\$ 2,869.00	\$ 2,869.00	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ -	\$ -					
Client Healthcare Related/Transportation	\$ 690.00	\$ 690.00					
	\$ -	\$ -					
Other Total:	\$ 690.00	\$ 690.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 30,536.00	\$ 30,536.00	\$ -	\$ -	\$ -	\$ -	\$ -

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

DHCS Legal Entity Number 00348				Appendix Number B-10		
Provider Name HealthRIGHT 360				Page Number 29		
Provider Number 38JB				Fiscal Year 2024-2025		
Contract ID Number 1000010457				Funding Notification Date 02/12/25		
Program Name		ADAPT MH				
Program Code		38JBOP				
Mode (MH) or Modality (SUD)		15				
Service Description		Outpatient Services				
Funding Term (mm/dd/yy-mm/dd/yy):		7/1/24-6/30/25				
FUNDING USES		TOTAL				
Salaries & Employee Benefits		\$ 209,225	\$ -	\$ -		\$ 209,225
Operating Expenses		\$ 15,843	\$ -	\$ -		\$ 15,843
Capital Expenses						\$ -
Subtotal Direct Expenses		\$ 225,068	\$ -	\$ -	\$ -	\$ 225,068
Indirect Expenses		\$ 33,760				\$ 33,760
Indirect %		15.0%	0.0%	0.0%	0.0%	15.0%
TOTAL FUNDING USES		\$ 258,828	\$ -	\$ -	\$ -	\$ 258,828
BHS MENTAL HEALTH FUNDING SOURCES						
MH Adult Fed SDMC FFP (50%)		\$ 44,332				\$ 44,332
MH Adult State 1991 MH Realignment						
MH Adult County General Fund		\$ 214,496				\$ 214,496
TOTAL BHS MENTAL HEALTH FUNDING SOURCES		\$ 258,828	\$ -	\$ -	\$ -	\$ 258,828
TOTAL DPH FUNDING SOURCES		\$ 258,828	\$ -	\$ -	\$ -	\$ 258,828
TOTAL FUNDING SOURCES (DPH AND NON-DPH)		258,828	-	-	-	258,828
BHS UNITS OF SERVICE AND UNIT COST						
Payment Method		Outpatient Blended Rate (FFS)				
Unduplicated Clients (UDC)		19				
DPH Units of Service		414				
Unit Type		N/A	0	0	0	0
Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)		\$ 625.19	\$ -	\$ -	\$ -	Total UDC
Cost Per Unit - Contract Rate (DPH & Non-DPH FUNDING SOURCES)		\$ 625.19	\$ -	\$ -	\$ -	19.00

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010457
 Program Name ADAPT MH
 Program Code 38JBOP

Appendix Number B-8
 Page Number 30
 Fiscal Year 2024-2025
 Funding Notification Date 02/12/25

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practitioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		10000-251984-10000-10001792-0001	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity	Dept-Auth-Proj-Activity
Funding Term		7/1/24-6/30/25		7/1/24-6/30/25	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Position Title	Practitioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Case Manager	Non Billing Staffing	0.50	\$ 30,000.00	0.50	\$ 30,000				
Director of MH Services	Non Billing Staffing	0.10	\$ 11,000.00	0.10	\$ 11,000				
Therapist	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA	0.90	\$ 85,500.00	0.90	\$ 85,500				
MH Manager	Non Billing Staffing	0.20	\$ 20,000.00	0.20	\$ 20,000				
Admin Assistant	Non Billing Staffing	0.20	\$ 12,000.00	0.20	\$ 12,000				
Totals:		1.90	\$ 158,500.00	1.90	\$ 158,500.00	0.00	\$ -	0.00	\$ -
Employee Benefits:		32.00%	\$ 50,725.00	32.00%	\$ 50,725.00	0.00%	\$ -	0.00%	\$ -
TOTAL SALARIES & BENEFITS			\$ 209,225.00		\$ 209,225.00		\$ -		\$ -

Appendix B - DPH 4: Operating Expenses Detail

Contract ID Number 1000010457
 Program Name ADAPT MH
 Program Code 38JBOP

Appendix Number B-10
 Page Number 31
 Fiscal Year 24-25
 Funding Notification Date 02/12/25

Expense Categories & Line Items	TOTAL	10000-251984-10000- 10001792-0001					
Funding Term	7/1/24-6/30/25	7/1/24-6/30/25					
Rent	\$ 8,150.00	\$ 8,150.00					
Utilities (telephone, electricity, water, gas)	\$ 3,131.00	\$ 3,131.00					
Building Repair/Maintenance	\$ 1,045.00	\$ 1,045.00					
Occupancy Total:	\$ 12,326.00	\$ 12,326.00	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 416.00	\$ 416.00					
Program Supplies	\$ 611.00	\$ 611.00					
Computer Hardware/Software	\$ 695.00	\$ 695.00					
Materials & Supplies Total:	\$ 1,722.00	\$ 1,722.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -	\$ -					
Insurance	\$ 680.00	\$ 680.00					
Equipment Lease & Maintenance	\$ 765.00	\$ 765.00					
General Operating Total:	\$ 1,445.00	\$ 1,445.00	\$ -	\$ -	\$ -	\$ -	\$ -
Client Healthcare Related/Transportation	\$ 350.00	\$ 350.00					
Other Total:	\$ 350.00	\$ 350.00	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 15,843.00	\$ 15,843.00	\$ -	\$ -	\$ -	\$ -	\$ -

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name HealthRIGHT 360
Contract ID Number 1000010457

Page Number 32
Fiscal Year 2024-2025
Funding Notification Date 2/12/25

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount
Chief Executive Officer	0.25	108,970
Chief Financial Officer	0.25	87,176
Chief Information Officer	0.25	87,176
Chief Operating Officer	0.16	41,932
VP of Quality and Compliance	0.47	61,279
VP of Development	0.24	53,752
Research and Evaluation Director	0.65	54,213
Workforce Development Director	0.08	7,507
Controller	0.40	78,459
Grants Director	0.65	83,855
Budget Manager	0.45	41,597
Fiscal Projects Director	0.37	64,500
Budget/Fiscal Analyst	0.65	61,607
Payroll Manager	0.57	79,337
Budget Coordinator	0.57	53,752
General Ledger Accountant	0.11	11,504
Accounts Payable	1.33	99,295
Billing Specialist	1.33	99,295
Billing Assistant	1.33	99,295
Human Resources Director	0.40	130,765
Human Resources Analyst	3.00	261,529
Human Resources Coordinator	1.00	81,728
Electronic Medical Records Manager	0.57	53,215
EMR OPs Software Development Director	0.75	96,751
EMR Training and Data Analyst	0.39	29,862
Client Programmer II	0.23	17,989
IT Manager - Data Control	0.75	57,576
Senior IT Systems Analyst	0.42	34,395
IT Analyst	0.63	52,135
PC Support Analyst	0.63	52,135
IT Specialist - Data Specialist	0.47	39,077
IT Specialist - Data Entry	0.44	35,528
IT Specialist - Data Control	0.44	35,528
IT Data Analyst	0.16	13,039
Billing	1.50	95,894
Travel Coordinator	0.29	28,787
Administrative Assistant	0.39	27,518
Procurement Manager	0.70	53,752
Driver/Procurement Assistant	0.08	6,592
Facility Operations Director	0.05	5,193
Transportation and Facility Manager	0.03	3,247
Maintenance Staff	0.10	7,886
Subtotal:	23.55	2,494,622
Employee Benefits:	32.0%	798,279
Total Salaries and Employee Benefits:		3,292,901

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)	Amount
Rent	322,960
Utilities (Telephone, Electricity, Water, Gas)	326,804
Building Repair/Maintenance	9,756
Office Supplies	79,427
Insurance	186,986
Training/Staff Development	19,158
Staff Travel (Local & Out of Town)	124,496
Rental of Equipment	56,615
Payroll Service	77,212
IT Licenses	65,933
Program Licenses	13,460
Total Operating Costs	1,282,807
Total Indirect Costs	4,575,708

Contractor / Provider	Provider Name			HealthRIGHT 360			Contract ID			1000010457		
Total Funding Amount / Fiscal Year	Funding Amount			\$ 35,422,888			Fiscal Year			2024-2025		
Address / Phone												
Contact Person												

Program Name									
Appendix Number	B-1			A-# / B-#			A-# / B-#		
Program/ Appendix Funding Amount	\$14,469,876			Program/ Appendix Funding Amount			Program/ Appendix Funding Amount		
Funding Term	2024-2025			Funding Term			Funding Term		
		UOS	UDC		UOS	UDC		UOS	UDC
Name of Mode (MH) or Modality (SUD)	ODS-112			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation		25,500	283	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	ODS-113			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation	292	#REF!	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	ODS-114			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation	16,563	184	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Res-58			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation	23,066	293	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	ODS-91			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation	3,024	0	Write UOS formula calculation			Write UOS formula calculation		

Program Name									
Appendix Number	A-# / B-#			A-# / B-#			A-# / B-#		
Program/ Appendix Funding Amount	Program/ Appendix Funding Amount			Program/ Appendix Funding Amount			Program/ Appendix Funding Amount		
Funding Term	Funding Term			Funding Term			Funding Term		
		UOS	UDC		UOS	UDC		UOS	UDC
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation			Write UOS formula calculation		

Program Name						
Appendix Number	A-# / B-#			A-# / B-#		
Program/ Appendix Funding Amount	Program/ Appendix Funding Amount			Program/ Appendix Funding Amount		
Funding Term	Appendix Term			Appendix Term		
		UOS	UDC		UOS	UDC
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation		
Name of Mode (MH) or Modality (SUD)	Name of Mode (MH) or Modality (SUD)			Name of Mode (MH) or Modality (SUD)		
Write UOS formula calculation	Write UOS formula calculation			Write UOS formula calculation		

Target Population						
Description of Services						

Appendix D
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
THIRD PARTY COMPUTER SYSTEM ACCESS AGREEMENT
(SAA)

SFDPH SAA

i

TABLE OF CONTENTS

SECTION 1 - “THIRD PARTY” CATEGORIES	1
SECTION 2 - DEFINITIONS.....	1
SECTION 3 – GENERAL REQUIREMENTS	1
SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS	3
SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS.....	4
SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS	4
SECTION 7 - DEPARTMENT’S RIGHTS	4
SECTION 8 - DATA BREACH; LOSS OF CITY DATA.	5
Attachment 1 to SAA.....	7

TERMS AND CONDITIONS

The following terms and conditions govern Third Party access to San Francisco Department of Public Health (“Department” and/or “City”) Computer Systems. Third Party access to Department Computer Systems and Department Confidential Information is predicated on compliance with the terms and conditions set forth herein.

SECTION 1 - “THIRD PARTY” CATEGORIES

1. **Third Party In General:** means an entity seeking to access a Department Computer System. Third Party includes, but is not limited to, Contractors (including but not limited to Contractor’s employees, agents, subcontractors), Researchers, and Grantees, as further defined below. Category-specific terms for Treatment Providers, Education Institutions, and Health Insurers are set forth Sections 4 through 6, herein.
2. **Treatment Provider:** means an entity seeking access to Department Computer Systems in order to obtain patient information necessary to provide patient treatment, billing, and healthcare operations, including access for Physician Practices, Hospitals, Long Term Care Facilities, and Nursing Homes.
3. **Education Institution:** means an entity seeking access to Department Computer Systems to support the training of its students while performing education activities at Department facilities.
4. **Health Insurer:** means an entity seeking access to provide health insurance or managed care services for Department patients.

SECTION 2 - DEFINITIONS

1. **“Agreement”** means an Agreement between the Third Party and Department that necessitates Third Party’s access to Department Computer System. Agreement includes, but is not limited to, clinical trial agreements, accreditation agreements, affiliation agreements, professional services agreements, no-cost memoranda of understanding, and insurance network agreements.
2. **“Department Computer System”** means an information technology system used to gather and store information, including Department Confidential Information, for the delivery of services to the Department.
3. **“Department Confidential Information”** means information contained in a Department Computer System, including identifiable protected health information (“PHI”) or personally identifiable information (“PII”) of Department patients.
4. **“Third Party”** and/or **“Contractor”** means a Third Party Treatment Provider, Education Institution, and/or Health Insurer, under contract with the City.
5. **“User”** means an individual who is being provided access to a Department Computer Systems on behalf of Third Party. Third Party Users include, but are not limited to, Third Party’s employees, students/trainees, agents, and subcontractors.

SECTION 3 – GENERAL REQUIREMENTS

1. **Third Party Staff Responsibility.** Third Party is responsible for its work force and each Third Party User’s compliance with these Third Party System Access Terms and Conditions.
2. **Limitations on Access.** User’s access shall be based on the specific roles assigned by Department to ensure that access to Department Computer Systems and Department Confidential Information is limited to the minimum necessary to perform under the Agreement.

3. **Qualified Personnel.** Third Party and Department (i.e., training and onboarding) shall ensure that Third Party Users are qualified to access a Department Computer System.
4. **Remote Access/Multifactor Authentication.** Department may permit Third Party Users to access a Department Computer System remotely. Third Party User shall use Department's multifactor authentication solution when accessing Department systems remotely or whenever prompted.
5. **Issuance of Unique Accounts.** Department will issue a unique user account for each User of a Department Computer System. Third Party User is permitted neither to share such credentials nor use another user's account.
6. **Appropriate Use.** Third Party is responsible for the appropriate use and safeguarding of credentials for Department Computer System access issued to Third Party Users. Third Party shall take the appropriate steps to ensure that their employees, agents, and subcontractors will not intentionally seek out, download, transfer, read, use, or disclose Department Confidential Information other than for the use category described in Section 1 – "Third Party" Categories.
7. **Notification of Change in Account Requirements.** Third Party shall promptly notify Department via Third Party's Report for DPH Service Desk (dph.helpdesk@sfdph.org) in the event that Third Party or a Third Party User no longer has a need to use Department Computer Systems(s), or if the Third Party User access requirements change. Such notification shall be made no later than one (1) business day after determination that use is no longer needed or that access requirements have changed.
8. **Assistance to Administer Accounts.** The Parties shall provide all reasonable assistance and information necessary for the other Party to administer the Third Party User accounts.
9. **Security Controls.** Third Party shall appropriately secure Third Party's computing infrastructure, including but not limited to computer equipment, mobile devices, software applications, and networks, using industry standard tools to reduce the threat that an unauthorized individual could use Third Party's computing infrastructure to gain unauthorized access to a Department Computer System. Third Party shall also take commercially reasonable measures to protect its computing infrastructure against intrusions, viruses, worms, ransomware, or other disabling codes. General security controls include, but are not limited to:
 - a. **Password Policy.** Third Party must maintain a password policy based on information security best practices for password length, complexity, and reuse. Third Party credentials used to access Third Party networks and systems must be configured for a password change no greater than every 90 calendar days.
 - b. **Workstation/Laptop Encryption.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must be configured with full disk encryption using a FIPS 140-2 certified algorithm.
 - c. **Endpoint Protection Tools.** All Third Party-owned or managed workstations, laptops, tablets, smart phones, and similar devices that access a Department Computer System must maintain a current installation of comprehensive anti-virus, anti-malware, anti-ransomware, desktop firewall, and intrusion prevention software with automatic updates scheduled at least daily.
 - d. **Patch Management.** To correct known security vulnerabilities, Third Party shall install security patches and updates in a timely manner on all Third Party-owned workstations, laptops, tablets, smart phones, and similar devices that access Department Computer Systems based on Third Party's risk assessment of such patches and updates, the technical requirements

of Third Party's computer systems, and the vendor's written recommendations. If patches and updates cannot be applied in a timely manner due to hardware or software constraints, mitigating controls must be implemented based upon the results of a risk assessment.

e **Mobile Device Management.** Third Party shall ensure both corporate-owned and personally owned mobile devices have Mobile Device Management (MDM) installed. Given the prevalence of restricted data in Third Party's environment, all mobile devices used for Third Party's business must be encrypted. This applies to both corporate-owned and privately-owned mobile devices. At a minimum, the MDM should: Enforce an entity's security policies and perform real-time compliance checking and reporting; Enforce strong passwords/passcodes for access to mobile devices; Perform on-demand remote wipe if a mobile device is lost or stolen; Mandate device encryption.

10. **Auditing Accounts Issued.** Department reserves the right to audit the issuance and use of Third Party User accounts. To the extent that Department provides Third Party with access to tools or reports to audit what Department Confidential Information a Third Party User has accessed on a Department Computer System, Third Party must perform audits on a regular basis to determine if a Third Party User has inappropriately accessed Department Confidential Information.

11. **Assistance with Investigations.** Third Party must provide all assistance and information reasonably necessary for Department to investigate any suspected inappropriate use of a Department Computer Systems or access to Department Confidential Information. The Department may terminate a Third Party' User's access to a Department Computer System following a determination of inappropriate use of a Department Computer System.

12. **Inappropriate Access, Failure to Comply.** If Third Party suspects that a Third Party User has inappropriately accessed a Department Computer System or Department Confidential Information, Third Party must immediately, and within no more than one (1) business day, notify Department.

13. **Policies and Training.** Third Party must develop and implement appropriate policies and procedures to comply with applicable privacy, security and compliance rules and regulations. Third Party shall provide appropriate training to Third Party Users on such policies. Access will only be provided to Third Party Users once all required training is completed.

14. **Third Party Data User Confidentiality Agreement.** Before Department Computer System access is granted, as part of Department's compliance, privacy, and security training, each Third Party User must complete Department's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

15. **Corrective Action.** Third Party shall take corrective action upon determining that a Third Party User may have violated these Third Party System Access Terms and Conditions.

16. **No Technical or Administrative Support.** Except as provided herein or otherwise agreed, the Department will provide no technical or administrative support to Third Party or Third Party User(s) for Department Computer System access; provided, however, that the foregoing does not apply to technical or administrative support necessary to fulfill Third Party's contractual and/or legal obligations, or as required to comply with the terms of this Agreement.

SECTION 4 – ADDITIONAL REQUIREMENTS FOR TREATMENT PROVIDERS

1. **Permitted Access, Use and Disclosure.** Treatment Providers and Treatment Provider Users shall access Department Confidential Information of a patient/client in accordance with applicable

privacy rules and data protection laws. Requests to obtain data for research purposes require approval from an Institutional Review Board (IRB).

2. **Redisclosure Prohibition.** Treatment Providers may not redisclose Department Confidential Information, except as otherwise permitted by law.

3. **HIPAA Security Rule.** Under the HIPAA Security Rule, Treatment Providers must implement safeguards to ensure appropriate protection of protected/electronic health information (PHI/EHI), including but not limited to the following:

- a) Ensure the confidentiality, integrity, and security of all PHI/EHI they create, receive, maintain or transmit when using Department Computer Systems;
- b) Identify and protect against reasonably anticipated threats to the security or integrity of the information;
- c) Protect against reasonably anticipated, impermissible uses or disclosures; and
- d) Ensure compliance by their workforce.

SECTION 5 – ADDITIONAL REQUIREMENTS FOR EDUCATION/TEACHING INSTITUTIONS

1. **Education Institution is Responsible for its Users.** Education Institutions shall inform Education Institution Users (including students, staff, and faculty) of their duty to comply with the terms and conditions herein. Department shall ensure that all Education Institution Users granted access to a Department Computer System shall first successfully complete Department's standard staff training for privacy and compliance, information security and awareness, and software-application specific training before being provided User accounts and access to Department Computer Systems.

2. **Tracking of Training and Agreements.** Department shall maintain evidence of all Education Institution Users (including students, staff, and faculty) having successfully completed Department's standard staff training for privacy and compliance and information security and awareness. Such evidence shall be maintained for a period of five (5) years from the date of graduation or termination of the Third Party User's access.

SECTION 6 – ADDITIONAL REQUIREMENTS FOR HEALTH INSURERS

1. **Permitted Access, Use and Disclosure.** Health Insurers and Health Insurer Users may access Department Confidential Information only as necessary for payment processing and audits, including but not limited to quality assurance activities, wellness activities, care planning activities, and scheduling.

2. **Member / Patient Authorization.** Before accessing, using, or further disclosing Department Confidential Information, Health Insurers must secure all necessary written authorizations from the patient / member or such individuals who have medical decision-making authority for the patient / member.

SECTION 7 - DEPARTMENT'S RIGHTS

1. **Periodic Reviews.** Department reserves the right to perform regular audits to determine if a Third Party's access to Department Computer Systems complies with these terms and conditions.

2. **Revocation of Accounts for Lack of Use.** Department may revoke any account if it is not used for a period of ninety (90) days.

3. **Revocation of Access for Cause.** Department and Third Party reserves the right to suspend or terminate a Third Party User's access to Department Computer Systems at any time for cause, i.e., the Parties determined that a Third-Party User has violated the terms of this Agreement and/or Applicable law.

4. **Third Party Responsibility for Cost.** Each Third Party is responsible for its own costs incurred in connection with this Agreement or accessing Department Computer Systems.

SECTION 8 - DATA BREACH; LOSS OF CITY DATA.

1. **Data Breach Discovery.** Following Third Party's discovery of a breach of City Data disclosed to Third Party pursuant to this Agreement, Third Party shall notify City in accordance with applicable laws. Third Party shall:

- i. mitigate, to the extent practicable, any risks or damages involved with the breach or security incident and to protect the operating environment; and
- ii. comply with any requirements of federal and state laws as applicable to Third Party pertaining to the breach of City Data.

2. **Investigation of Breach and Security Incidents.** To the extent a breach or security system is identified within Third Party's System that involves City Data provided under this Agreement, Third Party shall investigate such breach or security incident. For the avoidance of doubt, City shall investigate any breach or security incident identified within the City's Data System. To the extent of Third Party discovery of information that relates to the breach or security incident of City Data, Third Party User shall inform the City of:

- i. the City Data believed to have been the subject of breach;
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used, accessed or acquired the City Data;
- iii. to the extent known, a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. to the extent known, a description of the probable and proximate causes of the breach or security incident;

3. **Written Report.** To the extent a breach is identified within Third Party's System, Third Party shall provide a written report of the investigation to the City as soon as practicable; provided, however, that the report shall not include any information protected under the attorney-client privileged, attorney-work product, peer review laws, and/or other applicable privileges. The report shall include, but not be limited to, the information specified above, as well as information on measures to mitigate the breach or security incident.

4. **Notification to Individuals.** If notification to individuals whose information was breached is required under state or federal law, Third Party shall cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach

5. **Sample Notification to Individuals.** If notification to individuals is required, Third Party shall cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.

6. **Media Communications.** The Parties shall together determine any communications related to a Data Breach.

7. **Protected Health Information.** Third Party and its subcontractors, agents, and employees shall comply with all federal and state laws regarding the transmission, storage and protection of all PHI disclosed to Third Party by City. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of PHI given to Third Party by City, Third Party shall indemnify City for the amount of such fine or penalties or damages, including costs of notification, but only in proportion to and to the extent that such fine, penalty or damages are caused by or result from the impermissible acts or omissions of Third Party. This section does not apply to the extent fines or penalties or damages were caused by the City or its officers, agents, subcontractors or employees.

Attachment 1 to SAA
System Specific Requirements

I. For Access to Department Epic through Care Link the following terms shall apply:

A. Department Care Link Requirements:

- 1. Connectivity.**
 - a) Third Party must obtain and maintain an Internet connection and equipment in accordance with specifications provided by Epic and/or Department. Technical equipment and software specifications for accessing Department Care Link may change over time. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.
- 2. Compliance with Epic Terms and Conditions.**
 - a) Third Party will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the Department Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing Department Care Link:
- 3. Epic-Provided Terms and Conditions**
 - a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
 - b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

II. For Access to Department Epic through Epic Hyperspace the following terms shall apply:

A. Department Epic Hyperspace:

- 1. Connectivity.**
 - a) Third Party must obtain and maintain an Internet connection and required equipment in accordance with specifications provided by Epic and Department. Technical equipment and software specifications for accessing Department Epic Hyperspace will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System in accordance with the terms of this agreement.
- 2. Application For Access and Compliance with Epic Terms and Conditions.**
 - a) Prior to entering into agreement with Department to access Department Epic Hyperspace, Third Party must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at:

<https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation notifies Department, in writing, of Third Party's permissions to access Department Epic Hyperspace prior to completing this agreement. Third Party will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

III. For Access to Department myAvatar the following terms shall apply:

A. Department myAvatar

1. Connectivity.

- a. Third Party must obtain an Internet connection and required equipment in accordance with specifications provided by Department. Technical equipment and software specifications for accessing Department myAvatar will change over time. You may request a copy of required browser, system, and connection requirements from the Department IT division. Third Party is responsible for all associated costs. Third Party shall ensure that Third Party Data Users access the System only through equipment owned or leased and maintained by Third Party.

2. Information Technology (IT) Support.

- a. Third Party must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

3. Access Control.

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at:
<https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Applicants must complete the myAvatar Account Request Form found at
https://www.sfdph.org/dph/files/CBHSDocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf
- c. All licensed, waived, registered and/or certified providers must complete the Department credentialing process in accordance with the DHCS MHSUDS Information Notice #18-019.



San Francisco Department of Public Health
Business Associate Agreement

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

RECITALS

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

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

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

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

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

1. Definitions.

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall



San Francisco Department of Public Health
Business Associate Agreement

have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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

c. Business Associate is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

d. Covered Entity means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

e. Data Aggregation means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

f. Designated Record Set means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

g. Electronic Protected Health Information means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

h. Electronic Health Record means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

i. Health Care Operations shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

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



San Francisco Department of Public Health
Business Associate Agreement

k. Protected Health Information or PHI means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

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

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

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

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

2. Obligations of Business Associate.

a. Attestations. Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

b. User Training. The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain,



San Francisco Department of Public Health
Business Associate Agreement

records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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

d. Permitted Disclosures. BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

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

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

h. Accounting of Disclosures. Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

i. Access to Protected Information. BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying



San Francisco Department of Public Health
Business Associate Agreement

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

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

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

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

m. Data Ownership. BA acknowledges that BA has no ownership rights with respect to the Protected Information.

n. Notification of Breach. BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to



San Francisco Department of Public Health
Business Associate Agreement

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

o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.

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

3. Termination.

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

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

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



San Francisco Department of Public Health
Business Associate Agreement

PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

d. Civil and Criminal Penalties. BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).

e. Disclaimer. CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

4. Amendment to Comply with Law.

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

5. Reimbursement for Fines or Penalties.

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

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

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

APPENDIX E



San Francisco Department of Public Health Business Associate Agreement

Attachment 3 – Protected Information Destruction Order Purge Certification 01-10-2024

Office of Compliance and Privacy Affairs
San Francisco Department of Public Health
101 Grove Street, Room 330, San Francisco, CA 94102
Email: compliance.privacy@sfdph.org
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:		Contractor City Vendor ID	
------------------	--	---------------------------	--

PRIVACY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...								Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?								
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?								
	If yes:	Name & Title:		Phone #		Email:			
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]								
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]								
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?								
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisory authorization to do so AND that health information is only transferred or created on encrypted devices approved by SFPDH Information Security staff?								

II. Contractors who serve patients/clients and have access to SFPDH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...								Yes	No*
G	Have (or will have if/when applicable) evidence that SFPDH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFPDH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?								
H	Have evidence in each patient's / client's chart or electronic file that a Privacy Notice that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFPDH.)								
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?								
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?								
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?								

III. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
--	---------------	--	-----------	--	------	--

IV. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
-------------------------------	--------------	--	-----------	--	------	--

Contractor Name:		Contractor City Vendor ID	
------------------	--	---------------------------	--

DATA SECURITY ATTESTATION

INSTRUCTIONS: Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFPDH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFPDH.

Exceptions: If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:		Phone #			
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFPDH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFPDH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFPDH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

II. ATTEST: Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
--	---------------	--	-----------	--	------	--

III. *EXCEPTIONS: If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or compliance.privacy@sfdph.org for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
-------------------------------	--------------	--	-----------	--	------	--

Attachment 3 to Appendix E

**Protected Information Destruction Order
Purge Certification - Contract ID #**

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

Electronic Data: Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

Hard-Copy Data: Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

So Certified

Signature

Title:

Date:

Appendix F

Invoice

Contractor shall submit invoices according to the procedures established by the Department of Public Health.

The Invoice Analyst for the City shall email the Contractor the appropriate invoice template to use.

Failure to use the provided invoice template by the City may result in delayed payments.